CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 22, 2021

Dave Tennis
Indiana Department of Environmental Management
Office of Water Quality – Surface Water, Operations & Enforcement
100 N. Senate Avenue, IGCN 1255
Indianapolis, Indiana 46204

Re: City of Fort Wayne
2020 CSO Great Lakes Public Notification Plan Annual Report
Allen County, NPDES Permit #IN0032191

Dear Mr. Tennis:

The City of Fort Wayne is pleased to submit the 2020 Annual Report as required by the CSO Great Lakes Public Notification Plan.

Should you have questions or need additional information, please contact Brandi Wallace at (206) 427-5582 or brandi.wallace@cityoffortwayne.org.

Sincerely,

Kumar Menon
City Utilities Director

Enclosures

City of Fort Wayne, Indiana
2020 Great Lakes CSO Public Notification Plan Annual Report

Annual Notice. By May 1st of each calendar year beginning in 2019, City Utilities will make available to the public, the EPA and the IDEM Commissioner, an annual notice describing the CSO discharges from its identified discharge points that occurred in the previous calendar year. The annual notice will include the following information:

1. A description of the location and receiving water for each CSO discharge point.

The City of Fort Wayne is authorized to discharge from Combined Sewer Overflow (CSO) outfalls listed in Attachment A of its National Pollutant Discharge Elimination System (NPDES) permit. A list of those outfalls and location is included in Appendix 1 of this report. The receiving waters are the Maumee River, unnamed ditch to the Maumee River, Wigman Drain, St. Mary's River, St. Joseph River, Spy Run Creek, Natural Drain #4, and Baldwin Ditch as depicted in the attached map at Appendix 2.

2. For each CSO event, the date, approximate duration, and cause of each wet weather discharge that occurred in the previous calendar year. Because CSO discharges in Fort Wayne typically occur at multiple locations during the same precipitation related event, the annual report will provide an estimate of the cumulative volume discharged to each affected water body.

The City is required to submit monthly Discharge Monitoring Reports (DMR) to IDEM and EPA via the NetDMR software system. The 2020 DMRs for all 12 months are included in Appendix 3. These reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

3. If any dry weather CSO discharges occurred in the previous calendar year, City Utilities will report the date, location, duration, volume and cause of each.

The City experienced four Dry Weather Overflows in 2020. These Dry Weather Overflows were reported to IDEM in accordance with the NPDES Permit requirements. These incidents, including date, location, duration, volume, and cause, are identified in Table 1 below.

Table 1

CSO Discharge Point	Date	Location	Duration (Hours)	Volume (million gallons)	Cause
CSO 028	5/4/2020	M10 238 Griswold Pump Station	one minute	0.0087 MGD	A power surge from an interruption in power caused a pump to turn on for one minute.
CSO 029	6/11/2020	M10 265	2.67	20	Contractor incorrectly installed a private

					lateral downstream of the overflow weir
CSO 020	8/24/2020	K15 116	23	35,000	Hydraulic gate lost power causing flow to be diverted to the river.
CSO 068	12/21/2020	N18 254	0.25	160	Contractor had line plugged, when bypass pump turned on it overloaded the system causing an overflow over the weir.

4. A map showing the location of the receiving water for each CSO discharge point and a description of any treatment provided at the CSO discharge location – if any.

The receiving waters are the Maumee River, unnamed ditch to the Maumee River, Wigman Drain, St. Mary's River, St. Joseph River, Spy Run Creek, Natural Drain #4, and Baldwin Ditch as depicted in the attached map at Appendix 2. The City is required to construct floatables control on CSO outfalls as part of its Long-Term Control Plan (LTCP). The CSO outfalls identified in Table 2 below have screening capabilities installed. Future LTCP projects include screening on remaining outfalls as agreed to in the Consent Decree.

Table 2

CSO Outfall	Year Floatables facility was installed
17	2009
21	2009
52	2009
2	2013
3	2013
54	2013
57	2013
36	2015
44	2015
45	2015
51	2015
68	2015

60	2017
61	2018
62	2018
*	2019
4	2020
18	2020
39	2020

Note 1.: Zero floatables facilities installed in 2019
Note 2.: An internal review of Long-Term Control Plan projects resulted in four CSO outfalls identified as having floatables control technology installed in 2013. These were inadvertently omitted from previous reports.

5. The report will include a summary of available water monitoring data for CSO discharges for the past calendar year.

The City is required to submit monthly Discharge Monitoring Reports (DMR) to IDEM and EPA via the NetDMR software system. The 2020 DMRs for all 12 months are included in Appendix 3. These reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

6. The report will contain a map showing public access areas potentially impacted by CSO discharges.

A map illustrating public access areas potentially impacted by CSO discharges is included at Appendix 2. The boat icon in the legend indicates official public access areas.

7. Contact information for City Utilities.

Contact information for City Utilities regarding CSO Public Notices is provided below. The contact person is also responsible for maintaining the website, or alternative information about how the annual notice is available if it is not on the website.

- Frank Suarez, Public Information Officer
  Frank.suarez@cityoffortwayne.org
  260-427-6051

The City's Great Lakes CSO Public Notification Plan Annual Report is located on its website, which is available at https://www.cityoffortwayne.org/cso-notification.html

8. A concise summary of implementation of the nine minimum controls and the status of implementation of the long-term control plan, including the following:
   a. A description of the key milestones remaining for LTCP implementation will be provided in the City's Six-Month Status Update as required in Section XII (Reporting) of the Consent Decree.

b. The average annual number of CSO discharges anticipated after complete implementation of the long-term control plan is four (4) overflow events in a typical year on the St. Mary's and Maumee Rivers and one (1) overflow event in a typical year on the St. Joseph River.

   Completed Six-Month Status Update reports are located on the City's website at https://www.cityoffortwayne.org/utilities/162-clean-river-team/3207-consent-decree.html

9. For each CSO discharge event, the report will include representative rain gauge data showing, to the nearest 0.1 inch, the total inches of precipitation that resulted in a CSO discharge – if precipitation was the cause.

The 2020 DMRs for all 12 months are included in Appendix 3. In addition to rain gauge data, these reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

10. A summary of City Utilities' activities to implement the nine minimum control measures, its long term control plan and Consent Decree are prepared every six months. Summaries are posted on City Utilities' website and submitted to the US EPA, IDEM and the Department of Justice. The reports include work completed and key milestones to complete implementation of the plan and a specified level of control that is to be achieved when implementation of the plan is complete.

    Each of the requirements contained in paragraph 10 of City Utilities' Public Notification Plan have been completed. Summaries of City Utilities' activities to implement the nine minimum control measures, its long term control plan, and Consent Decree have been submitted to the US EPA, IDEM and the Department of Justice and are available at https://www.cityoffortwayne.org/utilities/162-clean-river-team/3207-consent-decree.html. The reports include work completed and key milestones as required.

    This annual notification will be posted on City Utilities website at https://www.cityoffortwayne.org/utilities/combined-sewers.html and a link to the notification will be submitted to NPDES_CSO@epa.gov along with contact information for the City Utilities employee who is responsible for maintaining the website. Notice that the annual report is available will also be sent via email to all subscribers to Fort Wayne's CSO notification list, to the Fort Wayne/Allen County Department of Health and to other public entities receiving CSO notification as identified elsewhere in this document.

APPENDIX 1

ATTACHMENT A

Precipitation Related Combined Sewer Overflow Discharge Requirements

I. Discharge Authorization

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

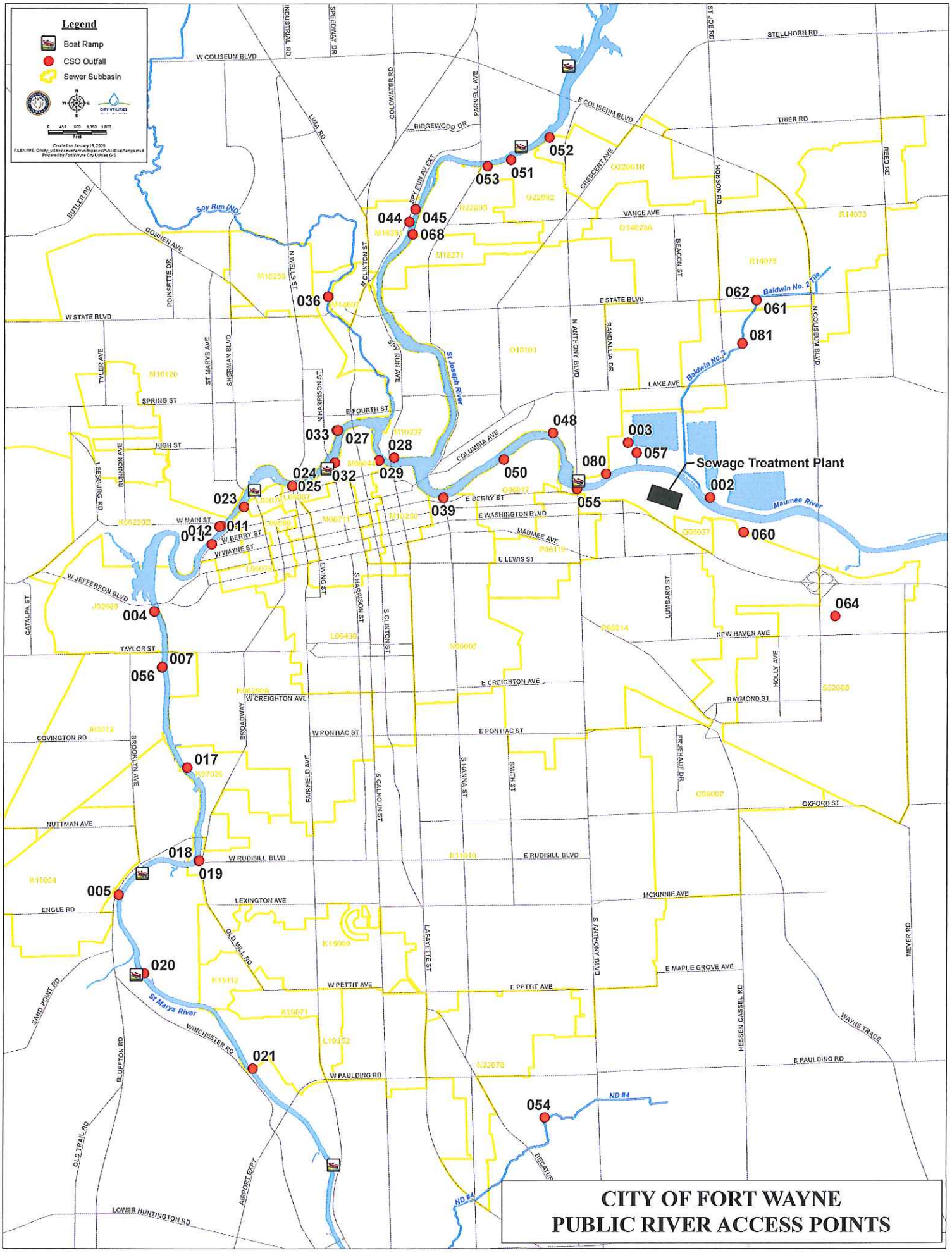
Outfall	Location	Receiving Water
002	Q06-104, 3,350' West of Coliseum Blvd., 3,500' South of Lake Avenue 41° 04' 50" N 85° 05' 59" W	Maumee River
003	P10-025, 900' East of Pemberton Drive, 1,600' South of Lake Avenue 41° 05' 07" N 85° 06' 32" W	Wigman Drain
004	J02-90, 210' South of bridge at W. Jefferson & St. Mary's River 41° 04' 16" N 85° 09' 44" W	Saint Mary's River
005	J11-164, 210' Southeast of Manito Blvd. & Indiana Village Blvd. 41° 02' 50" N 85° 09' 59" W	Saint Mary's River
007	K03-92, 250' Southeast of Electric Ave. & Brown St. 41° 03' 59" N 85° 09' 41" W	Saint Mary's River
011	K06-233, 230' Southeast of Main St. & Camp Allen Dr. 41° 04' 42" N 85° 09' 17" W	Saint Mary's River
012	K06-234, 230' Southeast of Main St. and Camp Allen Dr. 41° 04' 42" N 85° 09' 17" W	Saint Mary's River

013	K06-298, 80' North of Thieme Dr. & Berry St. 41° 04' 37" N 85° 09' 22" W	Saint Mary's River
017	K07-176, 130' Southwest of St. Mary's Pkwy &Waldron Circle 41° 03' 29" N 85° 09' 32" W	Saint Mary's River
018	K11-165, 150' West of Broadway & Rudisill Blvd. 41° 03' 00" N 85° 09' 28" W	Saint Mary's River
019	K11-178, 150' West of Broadway & Rudisill Blvd. 41° 03' 00" N 85° 09' 28" W	Saint Mary's River
020	K15-116,1300' West of Hartman Rd. & Westover Rd. 41° 02' 33" N 85° 09' 41" W	Saint Mary's River
021	K19-044, 850' West of Old Mill Rd. & Fairfax Ave. 41° 01' 57" N 85° 09' 05" W	Saint Mary's River
023	L06-103, 90' Northwest of Jackson St. & Superior St. 41° 04' 47" N 85° 09' 09" W	Saint Mary's River
024	L06-420, 220' North of Superior St. & Fairfield Ave. 41° 04' 54" N 85° 08' 48" W	Saint Mary's River
025	L06-421, 220' North of Superior St. & Fairfield Ave. 41° 04' 54" N 85° 08' 49" W	Saint Mary's River
027	M10-202, 200' Southeast of Third St. & Calhoun St. 41° 05' 11" N 85° 08' 30" W	Saint Mary's River
028	M10-238, 150' East of Saint Mary's River Bridge & Spy Run Ave. 41° 05' 02" N 85° 08' 07" W	Saint Mary's River
029	M10-265, 230' East of Duck St. & Barr St. 41° 05' 02" N 85° 08' 13" W	Saint Mary's River

032	M10-306, 120' North of Clair St. & Harrison St. 41° 05' 01" N 85° 08' 33" W	Saint Mary's River
033	M10-313, 200' Southeast of Third St. & Calhoun St. 41° 05' 11" N 85° 08' 30" W	Saint Mary's River
036	M18-032, 520' North of State Blvd. & Westbrook Dr. 41° 05' 52" N 85° 08' 34" W	Spy Run Creek
039	N06-022, 120' North of Hanna St. & Berry St. 41° 04' 50" N 85° 07' 48" W	Maumee River
044	N22-93, 150' East of Dalgreen Ave & Spy Run Ave. 41° 06' 15" N 85° 08' 00" W	Saint Joseph River
045	N22-103, 100' East of Penn St. & Spy Run Ave. 41° 06' 19" N 85° 07' 58" W	Saint Joseph River
048	O10-252, 350' West of Edgewater & Garfield 41° 05' 10" N 85° 07' 03" W	Maumee River
050	O10-277, 100' North of Coombs St. & Herbert St. 41° 05' 03" N 85° 07' 21" W	Maumee River
051	O22-002, 120' Northwest of St. Joseph Dr. & Woodrow Ave. 41° 06' 41" N 85° 07' 03" W	Saint Joseph River
052	O22-004, 370' West of N. Anthony Blvd. & St. Joseph River Dr. 41° 06' 43" N 85° 06' 32" W	Saint Joseph River
053	O22-094, 200' East of Parnell Ave bridge & the St. Joseph River 41° 06' 32" N 85° 07' 29" W	Saint Joseph River

054	O23-080, 240' East of Mercer Ave. & Hollis Ln. 41° 01' 41" N 85° 07' 07" W	Natural Drain #4
055	P06-192, 430' North of N. Anthony Blvd. & Wayne St. 41° 04' 52" N 85° 06' 53" W	Maumee River
056	J03-313, Brown Street Pump Station 41° 05' 06" N 85° 06' 32" W	Saint Mary's River
057	P10-121, Stormwater Liftstation Wet Well 41° 05' 02" N 85° 06' 28" W	Maumee River
060	R06-31, 670' Northeast of Greenwalt Ave. & Maumee Ave. 41° 04' 37" N 85° 05' 39" W	Unnamed Ditch to Maumee River
061	R14-137, 200' West of Lavern Ave. & State Blvd. 41° 05' 50" N 85° 05' 40" W	Baldwin Ditch
062	R14-138, 200' West of Lavern Ave. & State Blvd. 41° 05' 50" N 85° 05' 40" W	Baldwin Ditch
064	S02-35, 610' Southeast of Coliseum Blvd. S. & New Haven Ave. 41° 04' 16" N 85° 05' 11" W	Unnamed Ditch to Maumee River
068	N18-254, 54' North of Northside Dr. & Glazier Ave. on east bank 41° 06' 2.5" N 85° 08' 0.09" W	St. Joseph River
080	P10-001, 250' East, NE of Pemberton Dr. & Niagra Dr. 41° 04' 57" N 85° 06' 44" W	Maumee River
081	R14-032, 200' North and 710' West of Nevada & Laverne Dr. 41° 05' 37" N 85° 05' 46" W	Baldwin Ditch

APPENDIX 2



CITY OF FORT WAYNE
PUBLIC RIVER ACCESS POINTS

APPENDIX 3

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

February 20, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of January 2020

We are pleased to enclose a completed CSO MRO form for the month of January 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City's City-County's rain gauge malfunctioned. As a result, the City is using the Fort Wayne International Airport rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055. The total monthly precipitation reported for these outfalls is 3.86 inches. Please disregard the information in the City-County precipitation data column on the pdf copy of the MRO.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Beck
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50545 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| City: | Fort Wayne | | | | | | | Page [1] of [12] | | Permit Number: IN0032191 | | | | | | |

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:	Fort Wayne							Page [2] of [12]		Permit Number: IN0032191							
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y									
Monitoring Period:	[MONTH]	1-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									

WWTP Influent Data			Precipitation Data - Bunche Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
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	78.19	86.87	10:10 AM	0.25	0.03	0.01	5 m												
2	74.64	79.99					5 m												
3	69.80	75.16					5 m												
4	65.39	73.16					5 m												
5	43.00	53.42	12:20 PM	0.08	0.01	0.01	5 m												
6	46.76	65.78					5 m												
7	39.47	65.89					5 m												
8	42.42	57.15					5 m												
9	43.04	57.32					5 m												
10	86.98	95.11	12:05 AM	4.75	0.70	0.03	5 m												
11	95.00	95.34	12:15 AM	7.67	1.47	0.06	5 m												
12	95.27	98.38	12:00 AM	0.25	0.03	0.01	5 m												
13	95.00	95.20	1:45 AM	0.25	0.03	0.01	5 m												
14	90.97	95.14					5 m												
15	79.86	84.92	5:30 PM	0.08	0.01	0.01	5 m												
16	73.48	89.75					5 m												
17	65.15	76.36					5 m												
18	83.02	95.29	4:45 AM	5.17	0.83	0.04	5 m												
19	91.93	92.28	2:20 PM	0.17	0.02	0.01	5 m												
20	73.62	84.51					5 m												
21	65.29	71.48					5 m												
22	61.63	66.89					5 m												
23	55.73	64.16	9:55 PM	0.25	0.03	0.01	5 m												
24	78.78	100.31	1:40 AM	3.58	0.54	0.05	5 m												
25	99.73	100.35	6:05 AM	0.67	0.08	0.01	5 m												
26	91.75	98.24	11:25 AM	0.67	0.08	0.01	5 m												
27	73.50	87.97					5 m												
28	67.24	73.71	2:55 PM	0.08	0.01	0.01	5 m												
29	60.35	67.67					5 m												
30	59.25	65.82					5 m												
31	51.42	55.64					5 m												
Totals:	2187.66			23.92	3.87			0	Days	0.00		0		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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)
Susan Beck	2/20/2020

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:	Fort Wayne							Page [2] of [12]		Permit Number: IN0032191							
Facilit	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y									
Monitoring Period:	[MONTH]	1-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Flow (Hourly) (MGD):	85		Design Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days						Days						Days				

	CSO Outfall No.						CSO Outfall No.					
Day of Month	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												
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Totals:		Days						Days				

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page [3] of [12]						Permit Number: IN0032191						City:	Fort Wayne												
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y												Facilit	Fort Wayne - P.L. Brunner WWTP												
Monitoring Period:	[MONTH]	1-2020						Check box if no CSO discharge occurred for the month:												Monitoring Period:	[MONTH]	1-2020											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified												Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60										
WWTP Influent Data		Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24							CSO Outfall No. 25						CSO Outfall No. 29									
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	Day of Month	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	78.19	86.87					5 m													1												
2	74.64	79.99					5 m													2												
3	69.80	75.16					5 m													3												
4	65.39	73.16					5 m													4												
5	43.00	53.42					5 m													5												
6	46.76	65.78					5 m													6												
7	39.47	65.89					5 m													7												
8	42.42	57.15					5 m													8												
9	43.04	57.32					5 m													9												
10	86.98	95.11	12:15 AM	3.50	0.81	0.11	5 m													10							1:35 PM	M	2.42	M	0.029	M
11	95.00	95.34	12:05 AM	7.50	1.60	0.47	5 m	8:15 AM	M	3.33	M	0.7	M	8:25 AM	M	1.17	M	0.303	M	11	8:15 AM	M	2.17	M	0.135	M	12:00 AM	M	10.44	M	2.443	M
12	95.27	98.38	12:00AM	0.33	0.06	0.03	5 m													12							12:00 AM	M	9.91	M	2.766	M
13	95.00	95.20					5 m													13												
14	90.97	95.14					5 m													14												
15	79.86	84.92					5 m													15												
16	73.48	89.75					5 m													16												
17	65.15	76.36					5 m													17												
18	83.02	95.29	1:00 AM	4.50	0.72	0.21	5 m													18							6:55 AM	M	8.08	M	0.029	M
19	91.93	92.28					5 m													19												
20	73.62	84.51					5 m													20												
21	65.29	71.48					5 m													21												
22	61.63	66.89					5 m													22												
23	55.73	64.16					5 m													23												
24	78.78	100.31	2:35 AM	3.50	0.49	0.10	5 m	12:05 PM	M	0.83	M	0.059	M							24	12:20 PM	M	0.50	M	0.001	M	11:55 AM	M	2.83	M	0.079	M
25	99.73	100.35	11:30 AM	0.33	0.18	0.04	5 m													25												
26	91.75	98.24					5 m													26												
27	73.50	87.97					5 m													27												
28	67.24	73.71					5 m													28												
29	60.35	67.67					5 m													29												
30	59.25	65.82					5 m													30												
31	51.42	55.64					5 m													31												
Totals:	2197.66			19.65	3.86			2	Days	4.16		0.759		1	Days	1.17		0.303		Totals:	2	Days	2.67		0.136		5	Days	33.68		5.346	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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)
Susan Beck	2/20/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 1-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60

	CSO Outfall No. 32					CSO Outfall No. 39						CSO Outfall No. 50						CSO Outfall No. 55					
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10	1:15 AM	M	1.33	M	0.014	M	1:20 AM	M	2.00	M	0.063	M							2:10 AM	M	0.83	M	0.014	M
11	6:15 AM	M	5.25	M	0.642	M	12:00 AM	M	18.25	M	2.63	M	8:35 AM	M	3.08	M	0.473	M	12:10 AM	M	16.83	M	2.542	M
12							12:00 AM	M	9.58	M	0.593	M							12:00 AM	M	4.25	M	0.151	M
13																								
14																								
15																								
16																								
17																								
18	6:25 AM	M	1.58	M	0.001	M	6:35 AM	M	14.00	M	0.583	M							7:20 AM	M	10.42	M	0.526	M
19																								
20																								
21																								
22																								
23																								
24	11:50 AM	M	1	M	0.039	M	11:50 AM	M	4.50	M	0.176	M							12:00 PM	M	2.08	M	0.111	M
25																								
26																								
27																								
28																								
29																								
30																								
31																								
	4	Days	9.16		0.696		5	Days	48.33		4.045		Totals: 1	Days	3.08		0.473		5	Days	34.41		3.344	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
Susan Beck	2/20/2020

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: Fort Wayne | Page [5] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Fairfield Gauge					CSO Outfall No. 13							CSO Outfall No. 17						
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	78.19	86.87	9:00 AM	0.33	0.14	0.11	5 m												
2	74.64	79.99					5 m												
3	69.80	75.16					5 m												
4	65.39	73.16					5 m												
5	43.00	53.42					5 m												
6	46.76	65.78					5 m												
7	39.47	65.89					5 m												
8	42.42	57.15					5 m												
9	43.04	57.32					5 m												
10	86.98	95.11	12:05 AM	3.67	0.48	0.03	5 m												
11	95.00	95.34	12:05 AM	7.25	1.40	0.07	5 m	8:30 AM	M	15.50	M	3.324	M	8:15 AM	M	6.00	M	1.149	M
12	95.27	98.38	12:50 AM	0.17	0.02	0.01	5 m	12:00 AM	M	5.25	M	0.541	M	4:10 PM	M	1.00	M	0.231	M
13	95.00	95.20	2:00 AM	0.25	0.03	0.01	5 m												
14	90.97	95.14					5 m												
15	79.86	84.92					5 m												
16	73.48	89.75	11:15 AM	0.08	0.04	0.04	5 m												
17	65.15	76.36					5 m												
18	83.02	95.29	4:30 AM	4.08	0.64	0.04	5 m	7:20 AM	M	3.33	M	0.13	M	9:50 AM	M	5.17	M	0.172	M
19	91.93	92.28	10:10 AM	0.08	0.05	0.05	5 m												
20	73.62	84.51					5 m												
21	65.29	71.48					5 m												
22	61.63	66.89					5 m												
23	55.73	64.16	9:55 PM	0.17	0.02	0.01	5 m												
24	78.78	100.31	2:50 AM	2.75	0.38	0.03	5 m	12:25 PM	M	1.83	M	0.191	M	12:20 PM	M	0.92	M	0.006	M
25	99.73	100.35	7:25 AM	0.33	0.04	0.01	5 m												
26	91.75	98.24	12:00 PM	0.42	0.05	0.01	5 m												
27	73.50	87.97	2:45 PM	0.08	0.01	0.01	5 m												
28	67.24	73.71	12:00 PM	0.17	0.02	0.01	5 m												
29	60.35	67.67					5 m												
30	59.25	65.82					5 m												
31	51.42	65.64					5 m												
Totals:	2197.66			19.83	3.32			4	Days	25.91		4.186		4	Days	13.09		1.558	

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

Susan Beck, Program Manager | 260-427-6213

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)

Susan Beck | 2/20/2020

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: Fort Wayne | Page [5] of [12] | Permit Number: IN0032191
Facilit Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
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28																								
29																								
30																								
31																								
Totals:		Days						Days						Days						Days				

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: Fort Wayne | Page [6] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Harrison Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
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	78.19	86.87	10:40 AM	0.17	0.03	0.02	5 m												
2	74.64	79.99					5 m												
3	69.80	75.16					5 m												
4	65.39	73.16					5 m												
5	43.00	53.42					5 m												
6	46.76	65.78					5 m												
7	39.47	65.89					5 m												
8	42.42	57.15					5 m												
9	43.04	57.32					5 m												
10	86.98	95.11	12:05 AM	4.50	0.57	0.03	5 m	1:25 AM	M	11.67	M	1.585	M						
11	95.00	95.34	12:00 AM	7.83	1.45	0.11	5 m	8:45 AM	M	1.50	M	8.261	M						
12	95.27	98.38	12:20 AM	0.33	0.04	0.01	5 m												
13	95.00	95.20	1:50 AM	0.25	0.03	0.01	5 m												
14	90.97	95.14					5 m												
15	79.86	84.92	8:30 PM	0.08	0.01	0.01	5 m												
16	73.48	89.75					5 m												
17	65.15	76.36					5 m												
18	83.02	95.29	5:10 AM	4.25	0.81	0.04	5 m	7:15 AM	M	0.08	M	0.052	M						
19	91.93	92.28					5 m												
20	73.62	84.51					5 m												
21	65.29	71.48					5 m												
22	61.63	66.89					5 m												
23	55.73	64.16	9:50 PM	0.25	0.03	0.01	5 m												
24	78.78	100.31	1:15 AM	3.67	0.56	0.05	5 m	11:50 AM	M	12.17	M	5.571	M						
25	99.73	100.35	6:15 AM	0.58	0.07	0.01	5 m	12:00 AM	M	2.00	M	0.619	M						
26	91.75	98.24	11:20 AM	0.67	0.08	0.01	5 m												
27	73.50	87.97	11:05 AM	0.08	0.01	0.01	5 m												
28	67.24	73.71	3:40 PM	0.08	0.01	0.01	5 m												
29	60.35	67.67					5 m												
30	59.25	65.82	11:30 AM	0.08	0.01	0.01	5 m												
31	51.42	65.64					5 m												
Totals:	2197.66			22.82	3.71			5	Days	27.42		16.088		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6213

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: Susan Beck
Date (mm/dd/yy): 2/20/2020

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: Fort Wayne | Page [6] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No. 80						CSO Outfall No. 81					
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10	1:05 AM	M	5.50	M	0.261	M	7:05 AM	M	5.67	M	0.093	M												
11	12:00 AM	M	19.17	M	7.752	M	12:00 AM	M	24.00	M	2.934	M												
12	12:00 AM	M	2.75	M	0.642	M	12:00 AM	M	5.33	M	0.425	M												
13	6:10 PM	M	0.08	M	0.002	M	12:10 PM	M	0.08	M	0.013	M												
14																								
15																								
16																								
17																								
18	6:10 AM	M	14.17	M	1.516	M	7:05 AM	M	16.92	M	0.793	M												
19																								
20																								
21																								
22																								
23																								
24	11:40 AM	M	9.33	M	0.602	M	12:15 PM	M	11.75	M	0.313	M												
25							12:00 AM	M	7.42	M	0.063	M												
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	6	Days	51.00		10.775		7	Days	72.17		4.634		0	Days	0.00		0		0	Days	0.00		0	

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: | Fort Wayne | | | | | Page [7] of [12] | | Permit Number: IN0032191 | | | | |

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:	Fort Wayne					Page [8] of [12]		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP					Public Notification Requirements Met? Y			
Monitoring Period:	[MONTH]	1-2020				Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60			Measured/Metered (M) or Estimated (E) must be specified			

WWTP Influent Data			Precipitation Data - Irwin Gauge					CSO Outfall No. 54						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	78.19	86.87	10:55 AM	0.42	0.05	0.01	5 m												
2	74.64	79.99					5 m												
3	69.80	75.16					5 m												
4	65.39	73.16					5 m												
5	43.00	53.42	12:20 PM	0.08	0.01	0.01	5 m												
6	46.76	65.78					5 m												
7	39.47	65.89					5 m												
8	42.42	57.15					5 m												
9	43.04	57.32					5 m												
10	86.98	95.11	12:10 AM	4.17	0.53	0.02	5 m												
11	95.00	95.34	2:05 AM	7.33	1.49	0.10	5 m	5:40 AM	M	7.00	M	0.051	M						
12	95.27	98.38	12:15 AM	0.42	0.05	0.01	5 m												
13	95.00	95.20	2:10 AM	0.25	0.03	0.01	5 m												
14	90.97	95.14					5 m												
15	79.86	84.92	5:00 PM	0.08	0.01	0.01	5 m												
16	73.48	89.75					5 m												
17	65.15	76.36					5 m												
18	83.02	95.29	4:50 AM	3.33	0.66	0.04	5 m												
19	91.93	92.28	2:55 PM	0.08	0.03	0.03	5 m												
20	73.62	84.51					5 m												
21	65.29	71.48					5 m												
22	61.63	66.89					5 m												
23	55.73	64.16	9:40 PM	0.25	0.03	0.01	5 m												
24	78.78	100.31	1:35 AM	3.83	0.52	0.03	5 m												
25	99.73	100.35	5:50 AM	0.67	0.08	0.01	5 m												
26	91.75	98.24	1:20 PM	0.75	0.09	0.01	5 m												
27	73.50	87.97	11:15 AM	0.08	0.01	0.01	5 m												
28	67.24	73.71	11:20 AM	0.17	0.02	0.01	5 m												
29	60.35	67.67					5 m												
30	59.25	65.82					5 m												
31	51.42	55.64					5 m												
Totals:	2197.66			21.91	3.61			1	Days	7.00		0.051			Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6213

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: Susan Beck
Date (mm/dd/yy): 2/20/2020

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:	Fort Wayne					Page [8] of [12]		Permit Number: IN0032191	
Facility:	Facilit Fort Wayne - P.L. Brunner WWTP					Public Notification Requirements Met? Y			
Monitoring Period:	[MONTH]	1-2020				Check box if no CSO discharge occurred for the month:			
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60			Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:		Days						Days						Days						Days				

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: Fort Wayne	Page [9] of [12]	Permit Number: IN0032191	City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Monitoring Period: [MONTH] 1-2020	Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 1-2020
Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60

WWTP Influent Data			Precipitation Data - Brentwood Gauge					CSO Outfall No. 28						CSO Outfall No. 48						CSO Outfall No. 51						CSO Outfall No. 52					
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	Day of Month	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	78.19	86.87	10:40 AM	0.25	0.03	0.01	5 m													1											
2	74.84	79.99					5 m													2											
3	69.80	75.16					5 m													3											
4	65.39	73.16					5 m													4											
5	43.00	53.42					5 m													5											
6	46.76	65.78					5 m													6											
7	39.47	65.89					5 m													7											
8	42.42	57.15					5 m													8											
9	43.04	57.32					5 m													9											
10	86.98	95.11	12:10 AM	3.83	0.49	0.02	5 m													10											
11	95.00	95.34	12:35 AM	7.17	1.46	0.08	5 m	8:40 AM	M	3.78	M	1.035	M							11											
12	95.27	98.38	12:40 AM	0.25	0.03	0.01	5 m	12:00 AM	M	1.82	M	0.531	M							12											
13	95.00	95.20	2:15 AM	0.25	0.03	0.01	5 m													13											
14	90.97	95.14	5:10 PM	0.08	0.01	0.01	5 m													14											
15	79.86	84.92					5 m													15											
16	73.48	89.75					5 m													16											
17	65.15	76.36					5 m													17											
18	83.02	95.29	5:00 AM	5.33	0.82	0.03	5 m													18											
19	91.93	92.28	2:20 PM	0.08	0.02	0.02	5 m													19											
20	73.62	84.51					5 m													20											
21	65.29	71.48					5 m													21											
22	61.63	66.89					5 m													22											
23	55.73	64.16	10:00 PM	0.17	0.02	0.01	5 m													23											
24	78.78	100.31	12:05 AM	3.67	0.53	0.05	5 m													24											
25	99.73	100.35	10:05 AM	0.50	0.06	0.01	5 m													25											
26	91.75	98.24	12:45 PM	0.25	0.03	0.01	5 m													26											
27	73.50	87.97					5 m													27											
28	67.24	73.71					5 m													28											
29	60.35	67.67					5 m													29											
30	59.25	65.82					5 m													30											
31	51.42	65.64					5 m													31											
Totals:	2197.66			21.83	3.53			2	Days	5.60		1.566		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.000		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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)
Susan Beck	2/20/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50548 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 1-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 53					CSO Outfall No. 61						CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 002						CSO Outfall No. 003					
Day of Month	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	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	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
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13																									9:07AM	M	14.88	M	98.72	M						
14																									12:00am	M	11.55	M	9.44	M						
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31																																			
Totals:	0	Days	0		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0		2	Days	26.43		108.16		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck Program Manager	260-427-6213

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)
Susan Beck	2/20/2020

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: | Fort Wayne | | | | | | | [11] [12] | Permit Number: IN0032191 | | | | | | |

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:	**Fort Wayne**	**Page: [12] of [12]**	**Permit Number:** **IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	**Y**
Monitoring Period:	**1-2020**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD):**	**60**

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	Wet Weather
11	Wet Weather
12	Wet Weather
13	Wet Weather
14	
15	
16	
17	
18	Wet Weather
19	Wet Weather
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22	
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24	Wet Weather
25	Wet Weather
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck,Program Manager	260-427-6213

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)
Susan Beck	2/20/2020

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-A ALTERNATIVE MAIN OUTFALL WHEN 001-A IS BEING SERVICED.		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

REPORT QUARTERLY METALS ON THE 002-AQ DMR FORM. MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample															
					Permit Req.						>=	7.0 DLYAVMIN					19 - mg/L		01/01 - Daily	G4 - GRAB-4
					Value NODI							C - No Discharge								
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	8345.0 MO AVG	<=	12518.0 MX WK AV	26 - lb/d			<=	10.0 MO AVG	<=	15.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI		C - No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample															
					Permit Req.	<=	1502.0 MO AVG	<=	2253.0 MX WK AV	26 - lb/d			<=	1.8 MO AVG	<=	2.7 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI		C - No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	1.0 MO AVG			19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI									C - No Discharge						
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	11.0 MO AVG	<=	21.5 DAILY MX	26 - lb/d			<=	0.022 MO AVG	<=	0.043 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
					Value NODI		C - No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
01114	Lead, total recoverable	G - Raw Sewage Influent	0	--	Sample															
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
					Value NODI		C - No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample															
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG			03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI		C - No Discharge													
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	4173.0 MO AVG	<=	6259.0 MX WK AV	26 - lb/d			<=	5.0 MO AVG	<=	7.5 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI		C - No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
81012	Phosphorus, total percent removal	1 - Effluent Gross	0	--	Sample															
					Permit Req.						>=	75.0 MO AV MN					23 - %		01/01 - Daily	CA - CALCTD
					Value NODI							C - No Discharge								
82220	Flow, total	1 - Effluent Gross	0	--	Sample															
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									01/30 - Monthly	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

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	3.53	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	12.5	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	1.029	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										=	3.26	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

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											=	65.5	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample											=	4.535	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											=	3.26	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											=	7.0	4K - #/mo	AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-92		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.26	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	26.58	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										=	35.807	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										=	3.26	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	3.26	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	25.91	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	4.186	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										=	3.32	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:04 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	13.09				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						=	1.558				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						=	3.32				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						=	4.0				4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL				4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:05 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	27.42	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										=	16.088	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										=	3.71	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:05 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.71	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:05 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	51.0	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										=	10.775	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										=	3.71	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:05 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	72.17	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	4.634	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										=	3.71	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	4.16					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.759					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						=	3.86					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:02 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample										=	1.17	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
					Sample										=	0.303	3R - Mgal		AL/EV - All Events	ES - ESTIMA
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
					Sample										=	3.86	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:02 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	2.67	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										=	0.136	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										=	3.86	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										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:02 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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				
					Sample										=	3.27	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample										=	5.6	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
					Sample										=	1.566	3R - Mgal		AL/EV - All Events	ES - ESTIMA
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
					Sample										=	3.53	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:08 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	33.68	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										=	5.346	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										=	3.86	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:03 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	9.16					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.696					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						=	3.86					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:03 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

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											=	16.77	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample											=	35.115	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											=	3.27	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											=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	5.83	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.008	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										=	3.27	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:11 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	48.33	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										=	4.045	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										=	3.86	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:03 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	**044-C** CSO: N22-93		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.27	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:11 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.27	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:11 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.53	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:08 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample										=	3.08	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
					Sample										=	0.473	3R - Mgal		AL/EV - All Events	ES - ESTIMA
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
					Sample										=	3.86	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:04 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.53	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:08 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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			
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.53	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:09 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.53	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:09 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample										=	7.0	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
					Sample										=	0.051	3R - Mgal		AL/EV - All Events	ES - ESTIMA
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
					Sample										=	3.61	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:08 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	34.41	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										=	3.344	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										=	3.86	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:04 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	8.03	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										=	10.78	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										=	3.26	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.87	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:01 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:01 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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			
					Sample																
50037	Duration	EG - Effluent Gross	0	–	Permit Req.												Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI												C - No Discharge				
					Sample																
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.												Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI												C - No Discharge				
					Sample											=	3.53	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.												Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI																
					Sample																
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.												Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:09 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.53	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:09 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 01/01/20 to 01/31/20	**DMR Due Date:**	02/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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											=	3.87	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:01 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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				
					Sample																
50037	Duration	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT	
					Value NODI											C - No Discharge					
					Sample																
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA	
					Value NODI											C - No Discharge					
					Sample										=	3.53	5W - in/mo		AL/EV - All Events	RT - RCOTOT	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT	
					Value NODI																
					Sample																
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:09 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.71	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 01/01/20 to 01/31/20**	**DMR Due Date:**	**02/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.71	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-02-20 10:15 (Time Zone: -05:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 18, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of February 2020

We are pleased to enclose a completed CSO MRO form for the month of February 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City's City-County's rain gauge malfunctioned. As a result, the City is using the new Ewing St_L02 rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055. The total monthly precipitation reported for these outfalls is 1.65 inches.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Beck
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

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:	Fort Wayne							Page [1] of [12]		Permit Number: IN0032191							
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y									
Monitoring Period:	[MONTH]	2-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified									

WWTP Influent Data			Precipitation Data - Adams Gauge					CSO Outfall No.						CSO Outfall No. 60					
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	58.51	66.91	12:25 PM	0.08	0.01	0.01	5 m												
2	47.10	54.71					5 m												
3	50.08	63.18	10:30 AM	0.08	0.01	0.01	5 m												
4	51.03	60.05	5:05 PM	0.08	0.01	0.01	5 m												
5	48.41	61.87	11:50 AM	0.08	0.01	0.01	5 m												
6	52.66	60.97					5 m												
7	50.80	59.85	11:50 AM	0.25	0.08	0.04	5 m												
8	52.38	63.06	11:45 AM	0.33	0.04	0.01	5 m												
9	50.18	92.11	5:35 PM	1.58	0.20	0.02	5 m												
10	84.84	92.27	12:30 AM	0.25	0.03	0.01	5 m												
11	71.15	77.08	10:45 AM	0.08	0.01	0.01	5 m												
12	56.69	71.60					5 m												
13	61.92	77.91	1:10 PM	0.67	0.08	0.01	5 m												
14	54.06	65.80	9:55 AM	0.08	0.01	0.01	5 m												
15	57.58	66.74	10:55 PM	0.17	0.02	0.01	5 m												
16	51.46	69.48	12:45 AM	0.75	0.14	0.03	5 m												
17	57.09	68.37	8:15 PM	1.17	0.15	0.02	5 m												
18	70.98	91.96	12:20 AM	0.58	0.08	0.02	5 m												
19	60.71	92.94					5 m												
20	55.55	63.18					5 m												
21	52.78	63.32					5 m												
22	45.54	58.14					5 m												
23	45.59	62.75					5 m												
24	51.84	92.19	4:15 PM	1.83	0.24	0.02	5 m												
25	65.01	92.83	4:35 AM	2.17	0.29	0.04	5 m												
26	76.32	87.97	12:30 PM	0.08	0.01	0.01	5 m												
27	68.22	80.51	11:05 AM	0.08	0.01	0.01	5 m												
28	54.22	61.80					5 m												
29	55.44	71.74					5 m												
30																			
31																			
Totals:	1658.14			10.38	1.43				Days					0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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)
Susan Beck	3/18/2020

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:	Fort Wayne							Page [1] of [12]		Permit Number: IN0032191							
Facility:	Facilit Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y									
Monitoring Period:	[MONTH]	2-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Flow (Hourly) (MGD):		85	Design Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified									

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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28																		
29																		
30																		
31																		
Totals:		Days						Days						Days				

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: | Fort Wayne | | | | | | | Page [2] of [12] | | Permit Number: IN0032191 | | | | | | |

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:	Fort Wayne	Page [3] of [12]	Permit Number: IN0032191	City: Fort Wayne
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Monitoring Period:	[MONTH] 2-2020	Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 2-2020
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60

	WWTP Influent Data		Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24						CSO Outfall No. 25						CSO Outfall No. 29					
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	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	58.51	66.91	2:05 PM	0.08	0.01	0.01	5 m																								
2	47.10	54.71					5 m																								
3	50.08	63.18					5 m																								
4	51.03	60.05					5 m																								
5	48.41	61.87	12:55AM	1.25	0.15	0.03	5 m																								
6	52.66	60.97	12:45AM	0.83	0.10	0.01	5 m																								
7	50.80	59.85					5 m																								
8	52.38	63.06					5 m																								
9	50.18	92.11	3:35 PM	1.75	0.21	0.03	5 m																								
10	84.84	92.27	12:40AM	0.25	0.03	0.02	5 m																								
11	71.15	77.08					5 m																								
12	56.69	71.60	5:45 PM	1.50	0.18	0.04	5 m																								
13	61.92	77.91	12:25AM	0.67	0.08	0.02	5 m																								
14	54.06	65.80					5 m																								
15	57.58	66.74					5 m																								
16	51.46	69.48					5 m																								
17	57.09	68.37	5:20 PM	1.33	0.16	0.07	5 m																								
18	70.98	91.96	12:25AM	0.33	0.04	0.02	5 m																			12:45 AM	M	0.5	M	0.001	M
19	60.71	92.94					5 m																								
20	55.55	63.18					5 m																								
21	52.78	63.32					5 m																								
22	45.54	58.14					5 m																								
23	45.59	62.75					5 m																								
24	51.84	92.19	4:10 PM	1.83	0.23	0.07	5 m																			7:20 PM	M	0.75	M	0.002	M
25	65.01	92.83	12:10AM	2.25	0.27	0.08																				5:45 PM	M	1.42	M	0.011	M
26	76.32	87.97	2:40 AM	1.50	0.18	0.03	5 m																								
27	68.22	80.51	10:20AM	0.08	0.01	0.01	5 m																								
28	54.22	61.80					5 m																								
29	55.44	71.74					5 m																								
30																															
31																															
Totals:	1658.14			13.65	1.65			0	Days	0.00		0		0	Days	0.00		0		Totals:	0	Days	0.00		0.000		3	Days	2.67		0.014	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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)
Susan Beck	3/18/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 2-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85
		Design Flow (MGD): 60

	CSO Outfall No. 32					CSO Outfall No. 39							CSO Outfall No. 50						CSO Outfall No. 55					
	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	Day of Month	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											
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													21											
													22											
													23											
													24											
							5:35 PM	M	1.08	M	0.018	M	25							5:35 PM	M	0.58	M	0.01	M
													26											
													27											
													28											
													29											
													30											
													31											
	0	Days	0		0		1	Days	1.08		0.018		Totals:	0	Days	0.00		0		1	Days	0.58		0.01	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck Program Manager	260-427-6213

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)*
Susan Beck	3/18/2020

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: | Fort Wayne | | | | | | | Page [5] of [12] | | Permit Number: IN0032191 | | | | | | |

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: Fort Wayne | Page [6] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 2-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Harrison Gauge				CSO Outfall No. 18						CSO Outfall No. 19					
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	58.51	66.91					5 m												
2	47.10	54.71					5 m												
3	50.08	63.18					5 m												
4	51.03	60.05					5 m												
5	48.41	61.87					5 m												
6	52.66	60.97					5 m												
7	50.80	59.85	9:15 AM	0.83	0.12	0.02	5 m												
8	52.38	63.06	11:50 AM	0.08	0.01	0.01	5 m												
9	50.18	92.11	5:40 PM	1.33	0.18	0.02	5 m	8:20 PM	M	3.42	M	0.545	M						
10	84.84	92.27	1:20 AM	0.25	0.03	0.01	5 m	12:00 AM	M	3.25	M	0.391	M						
11	71.15	77.08					5 m												
12	56.69	71.60					5 m												
13	61.92	77.91	1:20 PM	0.50	0.06	0.01	5 m												
14	54.06	65.80	1:15 PM	0.08	0.01	0.01	5 m												
15	57.58	66.74	11:10 PM	0.08	0.01	0.01	5 m												
16	51.46	69.48	12:15 AM	0.67	0.11	0.03	5 m												
17	57.09	68.37	8:10 PM	1.33	0.16	0.01	5 m												
18	70.98	91.96	12:05 AM	0.67	0.08	0.01	5 m	12:05 AM	M	3.17	M	0.58	M						
19	60.71	92.94					5 m												
20	55.55	63.18					5 m												
21	52.78	63.32					5 m												
22	45.54	58.14					5 m												
23	45.59	62.75					5 m												
24	51.84	92.19	4:10 PM	1.83	0.25	0.03	5 m	6:35 PM	M	2.67	M	0.391	M						
25	65.01	92.83	4:20 AM	2.25	0.31	0.02	5 m	5:25 PM	M	6.00	M	1.593	M						
26	76.32	87.97					5 m												
27	68.22	80.51	10:10 AM	0.08	0.01	0.01	5 m												
28	54.22	61.80					5 m												
29	55.44	71.74	4:10 PM	0.08	0.01	0.01	5 m												
30																			
31																			
Totals:	1658.14			10.06	1.35			5	Days	18.51		3.500		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Susan Beck	3/18/2020

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: Fort Wayne | Page [6] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 2-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No. 80						CSO Outfall No. 81					
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9	8:00 PM	M	3.17	M	0.01	M	10:20 PM	M	1.67	M	0.02	M												
10							12:00 AM	M	7.67	M	0.052	M												
11																								
12																								
13																								
14																								
15																								
16																								
17	11:50 PM	M	0.17	M	0.002	M																		
18	12:00 AM	M	2.08	M	0.021	M	1:35 AM	M	2.00	M	0.015	M												
19																								
20																								
21																								
22																								
23																								
24	6:35 PM	M	1.08	M	0.007	M																		
25	5:00 PM	M	2.00	M	0.047	M	6:20 PM	M	5.17	M	0.044	M												
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	5	Days	8.50		0.087		4	Days	16.51		0.131		0	Days	0.00		0		0	Days	0.00		0	

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: Fort Wayne | Page [7] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 2-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Study Gauge					CSO Outfall No. 4					CSO Outfall No. 5				
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	58.51	66.91	2:30 PM	0.08	0.01	0.01	5 m												
2	47.10	54.71					5 m												
3	50.08	63.18					5 m												
4	51.03	60.05					5 m												
5	48.41	61.87					5 m												
6	52.66	60.97					5 m												
7	50.80	59.85	9:20 AM	1.08	0.15	0.03	5 m												
8	52.38	63.06					5 m												
9	50.18	92.11	6:05 PM	1.83	0.24	0.02	5 m							7:30 PM	M	2.00	M	0.001	M
10	84.84	92.27	12:05 AM	0.25	0.03	0.01	5 m												
11	71.15	77.08	12:25 PM	0.08	0.02	0.02	5 m												
12	56.69	71.60					5 m												
13	61.92	77.91	12:35 PM	0.50	0.15	0.07	5 m												
14	54.06	65.80	9:45 AM	0.08	0.01	0.01	5 m												
15	57.58	66.74	1:05 PM	0.17	0.02	0.01	5 m												
16	51.46	69.48	12:15 AM	0.50	0.08	0.03	5 m												
17	57.09	68.37	5:35 PM	1.42	0.17	0.01	5 m												
18	70.98	91.96	12:10 AM	0.67	0.09	0.02	5 m							12:00 AM	M	1.50	M	0.005	M
19	60.71	92.94					5 m												
20	55.55	63.18					5 m												
21	52.78	63.32					5 m												
22	45.54	58.14					5 m												
23	45.59	62.75					5 m												
24	51.84	92.19	4:15 PM	1.92	0.24	0.02	5 m												
25	65.01	92.83	4:45 AM	2.58	0.31	0.01	5 m							5:05 PM	M	2.00	M	0.01	M
26	76.32	87.97					5 m												
27	68.22	80.51	10:35 AM	0.17	0.04	0.02	5 m												
28	54.22	61.80	9:45 AM	0.08	0.01	0.01	5 m												
29	55.44	71.74					5 m												
30																			
31																			
Totals:	1658.14			11.41	1.57			0	Days	0.00		0		3	Days	5.50		0.016	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6213

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: Susan Beck
Date (mm/dd/yy): 3/18/2020

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: Fort Wayne | 7 [12] | Permit Number: IN0032191
Facilit Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 2-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 007					CSO Outfall No. 11					CSO Outfall No. 12					CSO Outfall No. 56				
Day of Month	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	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																								
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25																								
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31																								
Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0		0		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page [8] of [12]		Permit Number: IN0032191							
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y									
Monitoring Period:	[MONTH]	2-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Irwin Gauge					CSO Outfall No. 54					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	58.51	66.91	12:50 PM	0.08	0.01	0.01	5 m												
2	47.10	54.71					5 m												
3	50.08	63.18	10:15 AM	0.08	0.02	0.02	5 m												
4	51.03	60.05	5:35 PM	0.08	0.01	0.01	5 m												
5	48.41	61.87	11:40 AM	0.08	0.01	0.01	5 m												
6	52.66	60.97					5 m												
7	50.80	59.85	10:45 AM	1.17	0.34	0.06	5 m												
8	52.38	63.06					5 m												
9	50.18	92.11	6:00 PM	1.67	0.23	0.03	5 m												
10	84.84	92.27	12:00 AM	0.42	0.06	0.02	5 m												
11	71.15	77.08					5 m												
12	56.69	71.60					5 m												
13	61.92	77.91	12:35 PM	1.00	0.14	0.02	5 m												
14	54.06	65.80	9:55 AM	0.17	0.03	0.02	5 m												
15	57.58	66.74	11:40 PM	0.08	0.01	0.01	5 m												
16	51.46	69.48	12:35 AM	0.67	0.11	0.02	5 m												
17	57.09	68.37	8:20 PM	1.17	0.15	0.02	5 m												
18	70.98	91.96	12:10 AM	0.75	0.11	0.02	5 m												
19	60.71	92.94					5 m												
20	55.55	63.18					5 m												
21	52.78	63.32					5 m												
22	45.54	58.14					5 m												
23	45.59	62.75					5 m												
24	51.84	92.19	4:15 PM	2.08	0.26	0.02	5 m												
25	65.01	92.83	4:35 AM	2.33	0.29	0.02	5 m												
26	76.32	87.97					5 m												
27	68.22	80.51	10:25 AM	1.00	0.17	0.03	5 m												
28	54.22	61.80					5 m												
29	55.44	71.74					5 m												
30																			
31																			
Totals:	1658.14			12.83	1.95			0	Days	0.00		0			Days				

Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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2																		
3																		
4																		
5																		
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Totals:		Days						Days						Days				

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

Telephone

Susan Beck, Program Manager

260-427-6213

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)
Susan Beck	3/18/2020

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	Page [8] of [12]	Permit Number: IN0032191
Facilit	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH] 2-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																		
2																		
3																		
4																		
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30																		
31																		
Totals:		Days						Days						Days				

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	Page [9] of [12]	Permit Number: IN0032191	City:	Fort Wayne
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y		Facilit	Fort Wayne - P.L. Brunner WWTP
Monitoring Period:	[MONTH] 2-2020	Check box if no CSO discharge occurred for the month:		Monitoring Period:	[MONTH] 2-2020
Design Peak Hourly Flow (MGD):	85 Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD):	85 Design Flow (MGD): 60

WWTP Influent Data			Precipitation Data - Brentwood Gauge					CSO Outfall No. 28						CSO Outfall No. 48							CSO Outfall No. 51						CSO Outfall No. 52					
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	Day of Month	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	58.51	66.91					5 m													1											
2	47.10	54.71	9:25 AM	0.08	0.01	0.01	5 m													2											
3	50.08	63.18	12:50 PM	0.08	0.01	0.01	5 m													3											
4	51.03	60.05					5 m													4											
5	48.41	61.87	11:50 AM	0.08	0.02	0.02	5 m													5											
6	52.66	60.97					5 m													6											
7	50.80	59.85	10:40 AM	0.75	0.19	0.06	5 m													7											
8	52.38	63.06					5 m													8											
9	50.18	92.11	5:50 PM	1.75	0.21	0.01	5 m													9											
10	84.84	92.27	12:15 AM	0.25	0.03	0.01	5 m													10											
11	71.15	77.08	11:10 AM	0.08	0.03	0.03	5 m													11											
12	56.69	71.60					5 m													12											
13	61.92	77.91	1:15 PM	0.83	0.10	0.01	5 m													13											
14	54.06	65.80	12:00 PM	0.17	0.02	0.01	5 m													14											
15	57.58	66.74	11:50 PM	0.08	0.01	0.01	5 m													15											
16	51.46	69.48	12:35 AM	0.75	0.16	0.04	5 m													16											
17	57.09	68.37	8:25 PM	1.00	0.13	0.02	5 m													17											
18	70.98	91.96	12:00 AM	0.58	0.07	0.01	5 m													18											
19	60.71	92.94					5 m													19											
20	55.55	63.18					5 m													20											
21	52.78	63.32					5 m													21											
22	45.54	58.14					5 m													22											
23	45.59	62.75					5 m													23											
24	51.84	92.19	4:15 PM	1.83	0.24	0.02	5 m													24											
25	55.01	92.83	12:00 AM	2.25	0.30	0.02	5 m													25											
26	76.32	87.97					5 m													26											
27	68.22	80.51	11:25 AM	0.50	0.07	0.02	5 m													27											
28	54.22	61.80	3:40 PM	0.08	0.01	0.01	5 m													28											
29	55.44	71.74					5 m													29											
30																				30											
31																				31											
Totals:	1658.14			11.14	1.61			0	Days	0.00		0		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.000		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck, Program Manager	260-427-6213

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)*
Susan Beck	3/18/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50545 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 2-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85	Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 53					CSO Outfall No. 61						CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 002						CSO Outfall No. 003					
Day of Month	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	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	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
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31																																			
Totals:	0	Days	0		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0.00		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck Program Manager	260-427-6213

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)
Susan Beck	3/18/2020

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: Fort Wayne | [11] [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 2-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Price Gauge					CSO Outfall No.					CSO Outfall No. 27				
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	58.51	66.91	1:55 PM	0.08	0.01	0.01	5 m												
2	47.10	54.71					5 m												
3	50.08	63.18	10:30 AM	0.08	0.01	0.01	5 m												
4	51.03	60.05					5 m												
5	48.41	61.87					5 m												
6	52.66	60.97					5 m												
7	50.80	59.85	11:15 AM	0.33	0.07	0.02	5 m												
8	52.38	63.06	11:05 AM	0.17	0.02	0.01	5 m												
9	50.18	92.11	5:35 PM	1.42	0.18	0.02	5 m												
10	84.84	92.27	12:05 AM	0.25	0.03	0.01	5 m												
11	71.15	77.08	10:35 AM	0.08	0.01	0.01	5 m												
12	56.69	71.60					5 m												
13	61.92	77.91	12:30 PM	0.83	0.13	0.02	5 m												
14	54.06	65.80	12:50 PM	0.08	0.01	0.01	5 m												
15	57.58	66.74	10:50 PM	0.17	0.02	0.01	5 m												
16	51.46	69.48	1:00 AM	0.25	0.06	0.03	5 m												
17	57.09	68.37	5:30 PM	1.25	0.16	0.02	5 m												
18	70.98	91.96	12:35 AM	0.42	0.05	0.01	5 m												
19	60.71	92.94					5 m												
20	55.55	63.18					5 m												
21	52.78	63.32					5 m												
22	45.54	58.14					5 m												
23	45.59	62.75					5 m												
24	51.84	92.19	4:20 PM	1.92	0.24	0.02	5 m												
25	65.01	92.83	1:30 AM	2.42	0.30	0.02	5 m												
26	76.32	87.97	12:10 AM	0.08	0.01	0.01	5 m												
27	68.22	80.51	10:55 AM	0.92	0.14	0.02	5 m												
28	54.22	61.80					5 m												
29	55.44	71.74					5 m												
30																			
31																			
Totals:	1658.14			10.75	1.45				Days					0	Days	0.00		0.000	

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

Susan Beck, Program Manager | 260-427-6213

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)

Susan Beck | 3/18/2020

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: Fort Wayne | age [11] of [12] | Permit Number: IN0032191
Facilit Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 2-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 33					CSO Outfall No. 36					CSO Outfall No. 44					CSO Outfall No. 45				
Day of Month	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	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																								
3																								
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31																								
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0		0	Days	0		0.000	

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: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period:	2-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	Wet Weather
10	Wet Weather
11	
12	
13	
14	
15	
16	
17	Wet Weather
18	Wet Weather
19	
20	
21	
22	
23	
24	Wet Weather
25	Wet Weather
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Beck,Program Manager	260-427-6213

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)
Susan Beck	3/18/2020

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Beck				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.61	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2020_02.pdf	pdf	218704.0
IN0032191_002C_CSOMRO_2020_02.pdf	pdf	461814.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:08 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	1.61	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:05 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.57	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	5.5	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										=	0.016	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										=	1.57	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	1.57	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.57	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234		

Report Dates & Status

Monitoring Period:	**From 02/01/20 to 02/29/20**	**DMR Due Date:**	**03/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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				
					Sample																
50037	Duration	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT	
					Value NODI											C - No Discharge					
					Sample																
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA	
					Value NODI											C - No Discharge					
					Sample										=	1.57	5W - in/mo		AL/EV - All Events	RT - RCOTOT	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT	
					Value NODI																
					Sample																
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:01 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	1.8	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	4K - #/mo				AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge						

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.42	B2 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	B2 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.001	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										=	1.8	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	18.51	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	3.5	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										=	1.35	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.35	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	8.5	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.087	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										=	1.35	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	16.51	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										=	0.131	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										=	1.35	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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		
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI												C - No Discharge				
					Sample															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI												C - No Discharge				
					Sample											=	1.65	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI																
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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					
					Sample																	
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo				WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge						
					Sample																	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal				AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge						
					Sample										=	1.65	5W - in/mo				AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0			AL/EV - All Events	RT - RCOTOT
					Value NODI																	
					Sample																	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo				AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge						

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.65	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.45	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:05 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		
Report Dates & Status					
Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated
Considerations for Form Completion					
CSO: M10-238MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	–				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	1.61	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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											=	2.67	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											=	0.014	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											=	1.65	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											=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.65	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.45	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:05 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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 [SSO 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											=	1.45	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:05 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	1.08	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										=	0.018	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										=	1.65	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.45	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:05 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.45	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:06 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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				
					Sample																
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT	
					Value NODI											C - No Discharge					
					Sample																
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA	
					Value NODI											C - No Discharge					
					Sample										=	1.61	5W - in/mo		AL/EV - All Events	RT - RCOTOT	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT	
					Value NODI																
					Sample																
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277		

Report Dates & Status

Monitoring Period:	**From 02/01/20 to 02/29/20**	**DMR Due Date:**	**03/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.65	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.61	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004		

Report Dates & Status

Monitoring Period:	**From 02/01/20 to 02/29/20**	**DMR Due Date:**	**03/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

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			
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	1.61	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.61	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.95	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.58	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										=	0.01	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										=	1.65	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		
Report Dates & Status					
Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated
Considerations for Form Completion					
CSO: J03-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	–				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.57	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:01 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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				
					Sample																
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample																
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	1.89	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample																
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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			
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI												C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI												C - No Discharge				
					Sample											=	1.43	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI																
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.												Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:55 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.61	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.61	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	1.89	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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 [SSO 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											=	1.61	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.35	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 02/01/20 to 02/29/20	**DMR Due Date:**	03/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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 [SSO 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										=	1.35	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 10:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-03-18 11:09 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 21, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of March 2020

We are pleased to enclose a completed CSO MRO form for the month of March 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City's City-County's rain gauge malfunctioned. As a result, the City is using the new Ewing St_L02 rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

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:	Fort Wayne							Page [1] of [12]		Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y							
Monitoring Period:	[MONTH]	3-2020						Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified							

WWTP Influent Data			Precipitation Data - Adams Gauge					CSO Outfall No.						CSO Outfall No. 60					
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	57.79	87.73	11:05 AM	0.33	0.06	0.02	5 m												
2	91.33	92.38	1:40 AM	3.25	0.54	0.03	5 m												
3	91.73	92.54	5:35 AM	0.33	0.06	0.03	5 m												
4	87.11	92.15	10:00 AM	0.17	0.02	0.01	5 m												
5	78.01	85.77	6:40 PM	0.17	0.02	0.01	5 m												
6	73.05	80.05	4:35 AM	0.25	0.03	0.01	5 m												
7	48.93	55.70	9:00 AM	0.08	0.01	0.01	5 m												
8	51.49	65.75					5 m												
9	46.69	57.11	10:15 PM	0.17	0.02	0.01	5 m												
10	76.25	88.45	12:20 AM	1.67	0.21	0.02	5 m												
11	53.34	57.66					5 m												
12	56.21	65.09					5 m												
13	46.03	60.23					5 m												
14	49.60	61.32					5 m												
15	45.01	62.06	10:10 AM	0.42	0.06	0.02	5 m												
16	49.90	60.99	5:20 PM	0.08	0.01	0.01	5 m												
17	45.78	62.08	4:00 AM	0.17	0.02	0.01	5 m												
18	58.30	88.35	1:40 PM	5.83	0.93	0.03	5 m												
19	88.00	88.27	12:10 AM	2.17	0.39	0.04	5 m												
20	88.00	88.30	7:10 AM	0.17	0.02	0.01	5 m												
21	87.59	88.36					5 m												
22	82.98	88.80					5 m												
23	73.84	88.20	9:20 AM	1.00	0.16	0.04	5 m												
24	70.45	78.17					5 m												
25	69.19	74.32					5 m												
26	70.37	88.20	4:15 PM	1.08	0.15	0.02	5 m												
27	65.37	80.55	6:00 PM	0.50	0.07	0.02	5 m												
28	82.58	88.39	2:55 AM	3.00	0.66	0.14	5 m												
29	88.00	88.37	11:25 AM	0.08	0.04	0.04	5 m												
30	84.93	88.31					5 m												
31	75.29	81.89	2:00 PM	0.50	0.06	0.01	5 m												
Totals:	2133.14			21.42	3.48				Days					0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rees, Program Manager	260-427-6213

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)
Susan Rees	4/21/2020

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:	Fort Wayne							Page [1] of [12]		Permit Number: IN0032191					
Facilit	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y							
Monitoring Period:	[MONTH]	3-2020						Check box if no CSO discharge occurred for the month:							
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified							

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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																								
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30																								
31																								
Totals:			Days						Days						Days						Days			

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: | Fort Wayne | | | | | | Page [2] of [12] | | Permit Number: IN0032191 | | | | | |

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:	Fort Wayne						Page [3] of [12]		Permit Number: IN0032191										City:	Fort Wayne									
Facility:	Fort Wayne - P.L. Brunner WWTP						Public Notification Requirements Met? Y												Facilit	Fort Wayne - P.L. Brunner WWTP									
Monitoring Period:	[MONTH]	3-2020					Check box if no CSO discharge occurred for the month:												Monitoring Period:	[MONTH]	3-2020								
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified												Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60							
WWTP Influent Data		Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24							CSO Outfall No. 25				CSO Outfall No. 29						
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	Day of Month	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	57.79	87.73					5 m													1										
2	91.33	92.38	1:05 AM	3.67	0.70	0.23	5 m	4:30 AM	M	2.75	M	0.157	M	4:55 AM	M	1.00	M	0.056	M	2	4:35 AM	M	2.33	M	0.016	M	2:20 AM	M	4.25	M	0.339	M
3	91.73	92.54	6:00 AM	0.33	0.04	0.02	5 m													3										
4	87.11	92.15	9:40 AM	0.08	0.01	0.01														4										
5	78.01	85.77	6:30 PM	0.17	0.02	0.02	5 m													5										
6	73.05	80.05	3:00 AM	0.08	0.01	0.01	5 m													6										
7	48.93	55.70					5 m													7										
8	51.49	65.75					5 m													8										
9	46.69	57.11	8:25 PM	0.42	0.07	0.02	5 m													9										
10	76.25	88.45	12:05AM	1.92	0.24	0.08	5 m													10						3:30 AM	M	1.08	M	0.030	M
11	53.34	57.66					5 m													11										
12	56.21	65.09					5 m													12										
13	46.03	60.23					5 m													13										
14	49.60	61.32	6:15 PM	0.33	0.04	0.02	5 m													14										
15	45.01	62.06					5 m													15										
16	49.90	60.99	5:00 PM	0.17	0.02	0.01	5 m													16										
17	45.76	62.08					5 m													17										
18	58.30	88.35	1:35 PM	5.50	0.89	0.24	5 m	3:30 PM	M	2.92	M	0.153	M	7:05 PM	M	0.67	M	0.091	M	18	5:50 PM	M	1.33	M	0.014	M	3:40 PM	M	4.58	M	0.236	M
19	88.00	88.27	12:00AM	2.67	0.42	0.16	5 m	5:15 PM	M	1.00	M	0.116	M							19						12:15 AM	M	3.58	M	0.125	M
20	88.00	88.30	7:00 AM	0.08	0.01	0.01	5 m													20										
21	87.59	88.36					5 m													21										
22	82.98	88.80	5:45 PM	1.25	0.15	0.05	5 m													22										
23	73.84	88.20					5 m													23										
24	70.45	78.17					5 m													24										
25	69.19	74.32					5 m													25										
26	70.37	88.20	4:05 PM	1.08	0.14	0.04	5 m													26						6:55 PM	M	0.42	M	0.002	M
27	65.37	80.55	2:35 AM	0.58	0.07	0.02	5 m													27										
28	82.58	88.39	2:40 AM	2.33	0.61	0.26	5 m	2:55 AM	M	0.58	M	0.047	M	3:05 AM	M	0.33	M	0.051	M	28	3:00 AM	M	0.92	M	0.011	M	2:55 AM	M	1.83	M	0.18	M
29	88.00	88.37	2:10 AM	0.08	0.01	0.01														29						12:00 AM	M	0.92	M	0.039	M
30	84.93	88.31					5 m													30										
31	75.29	81.89	1:50 PM	0.42	0.05	0.01														31										
Totals:	2133.14			21.16	3.50			4	Days	7.25		0.473		3	Days	2.00		0.198		Totals:	3	Days	4.58		0.041		7	Days	16.66		0.951	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager

Telephone: 260-427-6213

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: Susan Reas

Date (mm/dd/yy): 4/21/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 3-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85
		Design Flow (MGD): 60

	CSO Outfall No. 32						CSO Outfall No. 39							CSO Outfall No. 50						CSO Outfall No. 55					
	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	Day of Month	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												
	1:20 AM	M	3	M	0.292	M	1:30 AM	M	13.50	M	0.652	M	2	4:35 AM	M	1.58	M	0.092	M	1:20 AM	M	7.58	M	0.913	M
													3												
													4												
													5												
													6												
													7												
													8												
													9												
	2:30 AM	M	0.5	M	0.013	M	2:40 AM	M	1.17	M	0.029	M	10							2:35 AM	M	0.92	M	0.018	M
													11												
													12												
													13												
													14												
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													16												
													17												
	4:15 PM	M	3.58	M	0.185	M	3:20 PM	M	8.67	M	0.65	M	18	6:45 PM	M	0.58	M	0.041	M	3:15 PM	M	5.42	M	0.476	M
	12:25 AM	M	1.58	M	0.068	M	12:00 AM	M	10.83	M	0.578	M	19							12:00 AM	M	5.75	M	0.281	M
							12:00 AM	M	1.50	M	0.006	M	20												
													21												
													22												
													23												
													24												
													25												
													26												
													27												
	3:50 AM	M	1.08	M	0.156	M	2:50 AM	M	4.50	M	0.357	M	28	2:55 AM	M	0.17	M	0.054	M	2:50 AM	M	3.25	M	0.404	M
	12:15 AM	M	0.5	M	0.02	M	12:00 AM	M	0.92	M	0.026	M	29							12:00 AM	M	0.17	M	0.003	M
													30												
													31												
	6	Days	10.24		0.734		7	Days	41.09		2.298		Totals:	3	Days	2.33		0.187		6	Days	23.09		2.085	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	4/21/2020

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:	Fort Wayne							Page [5] of [12]		Permit Number: IN0032191						
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y								
Monitoring Period:	[MONTH]	3-2020						Check box if no CSO discharge occurred for the month:								
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	50				Measured/Metered (M) or Estimated (E) must be specified								
WWTP Influent Data			Precipitation Data - Fairfield Gauge					CSO Outfall No. 13					CSO Outfall No. 17			
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	57.79	87.73	10:10 AM	0.42	0.08	0.02	5 m												
2	91.33	92.38	1:30 AM	3.17	0.59	0.05	5 m	4:50 AM	M	5.33	M	0.655	M	4:40 AM	M	4.33	M	0.093	M
3	91.73	92.54	4:40 PM	0.25	0.07	0.03	5 m												
4	87.11	92.15	9:45 AM	0.17	0.09	0.08	5 m												
5	78.01	85.77	6:40 PM	0.17	0.02	0.01	5 m												
6	73.05	80.05	12:20 PM	0.08	0.12	0.12	5 m												
7	48.93	55.70					5 m												
8	51.49	65.75					5 m												
9	46.69	57.11	10:00 PM	0.25	0.03	0.01	5 m												
10	76.25	89.45	12:30 AM	1.83	0.27	0.03	5 m												
11	53.34	57.66					5 m												
12	56.21	65.09					5 m												
13	46.03	60.23					5 m												
14	49.60	61.32					5 m												
15	45.01	62.06	10:00 AM	0.25	0.05	0.02	5 m												
16	49.80	60.99	6:30 PM	0.08	0.01	0.01	5 m												
17	45.78	62.08	1:10 PM	0.08	0.02	0.02	5 m												
18	58.30	88.35	1:40 PM	3.83	0.61	0.04	5 m	3:55 PM	M	5.42	M	0.586	M	5:55 PM	M	3.08	M	0.059	M
19	88.00	88.27	12:00 AM	1.67	0.26	0.03	5 m	12:00 AM	M	6.83	M	0.7	M	12:00 AM	M	2.08	M	0.18	M
20	88.00	88.30	4:15 AM	0.17	0.08	0.07	5 m												
21	87.59	88.36					5 m												
22	82.98	88.80					5 m												
23	73.84	88.20	9:20 AM	1.25	0.30	0.15	5 m												
24	70.45	78.17					5 m												
25	69.19	74.32					5 m												
26	70.37	88.20	4:05 PM	0.58	0.08	0.02	5 m												
27	65.37	80.55	10:45 AM	0.25	0.04	0.02	5 m												
28	82.58	88.39	2:40 AM	2.50	0.57	0.09	5 m	3:05 AM	M	0.67	M	0.067	M	3:05 AM	M	1.92	M	0.043	M
29	88.00	88.37	2:05 AM	0.17	0.04	0.03	5 m	12:00 AM	M	0.92	M	0.077	M						
30	84.93	88.31					5 m												
31	75.29	81.89	6:10 PM	0.08	0.01	0.01	5 m												
Totals:	2133.14			17.25	3.34			5	Days	19.17		2.085		4	Days	11.41		0.375	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	4/21/2020

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:	Fort Wayne							Page [5] of [12]		Permit Number: IN0032191						
Facilit	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y								
Monitoring Period:	[MONTH]	3-2020						Check box if no CSO discharge occurred for the month:								
Design Peak Flow (Hourly) (MGD):	85		Design Flow (MGD):	50				Measured/Metered (M) or Estimated (E) must be specified								
	CSO Outfall No.							CSO Outfall No.					CSO Outfall No.			
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
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26																		
27																		
28																		
29																		
30																		
31																		
Totals:		Days							Days					Days				

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: | Fort Wayne | | | | | | | | Page [6] of [12] | | Permit Number: IN0032191 | | | | | | | |

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: Fort Wayne | Page [7] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 3-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Study Gauge					CSO Outfall No. 4						CSO Outfall No. 5					
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	57.79	87.73	10:50 AM	0.50	0.08	0.02	5 m												
2	91.33	92.38	1:15 AM	2.58	0.47	0.06	5 m	5:30 AM	M	0.33	M	0.058	M	4:35 AM	M	12.75	M	0.599	M
3	91.73	92.54	6:05 AM	0.58	0.08	0.02	5 m												
4	87.11	92.15	9:45 AM	0.33	0.04	0.01	5 m												
5	78.01	85.77	6:35 PM	0.17	0.02	0.01	5 m												
6	73.05	80.05	5:05 AM	0.08	0.01	0.01	5 m												
7	48.93	55.70	8:55 AM	0.08	0.01	0.01	5 m												
8	51.49	65.75					5 m												
9	46.69	57.11	9:30 PM	0.33	0.04	0.01	5 m												
10	76.25	88.45	12:30 AM	1.58	0.21	0.02	5 m							2:45 AM	M	1.42	M	0.016	M
11	53.34	57.66					5 m												
12	56.21	65.09					5 m												
13	46.03	60.23	2:50 AM	0.17	0.02	0.01	5 m												
14	49.60	61.32					5 m												
15	45.01	62.06	10:05 AM	0.33	0.06	0.02	5 m												
16	49.90	60.99	4:55 PM	0.17	0.02	0.01	5 m												
17	45.78	62.08	2:30 PM	0.08	0.01	0.01	5 m												
18	58.30	88.35	1:35 PM	5.42	0.99	0.08	5 m	6:45 PM	M	0.33	M	0.062	M	3:15 PM	M	8.75	M	0.422	M
19	88.00	88.27	12:20 AM	2.67	0.42	0.03	5 m							12:00 AM	M	9.58	M	0.418	M
20	88.00	88.30					5 m												
21	87.59	88.36					5 m												
22	82.98	88.80	11:25 AM	0.17	0.02	0.01	5 m												
23	73.84	88.20	9:05 AM	1.17	0.17	0.03	5 m												
24	70.45	78.17					5 m												
25	69.19	74.32					5 m												
26	70.37	88.20	4:05 PM	1.08	0.14	0.02	5 m												
27	65.37	80.55	6:00 PM	0.42	0.05	0.01	5 m												
28	82.58	88.39	2:45 AM	2.25	0.58	0.15	5 m							2:55 AM	M	10.00	M	0.295	M
29	88.00	88.37	2:10 AM	0.17	0.02	0.01	5 m							12:00 AM	M	5.00	M	0.044	M
30	84.93	88.31					5 m												
31	75.29	81.89	2:20 PM	0.33	0.04	0.01	5 m												
Totals:	2133.14			20.66	3.50			2	Days	0.66		0.12		6	Days	47.50		1.794	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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Signature of Principal Executive Officer or Authorized Agent: Susan Reas
Date (mm/dd/yy): 4/21/2020

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: Fort Wayne | 7 [12] | Permit Number: IN0032191
Facilit Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 3-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 007						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	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	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																			5:34 AM	M	0.78	M	1.380	M
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																			5:59 PM	M	0.47	M	0.800	M
19																			12:04 AM	M	0.97	M	1.180	M
20																			12:16 AM	M	0.18	M	0.220	M
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																			11:56 AM	M	0.12	M	0.160	M
29																			12:04 AM	M	0.05	M	0.060	M
30																								
31																								
Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0		0		6	Days	2.57		3.800	

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:	Fort Wayne							Page [8] of [12]				Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y									
Monitoring Period:	[MONTH]	3-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Irwin Gauge					CSO Outfall No. 54						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
1	57.79	87.73	11:05 AM	0.58	0.12	0.03	5 m										
2	91.33	92.38	1:55 AM	3.17	0.51	0.03	5 m	6:35 AM	M	1.25	M	0.005	M				
3	91.73	92.54	3:45 AM	0.33	0.07	0.03	5 m										
4	87.11	92.15	9:50 AM	0.33	0.05	0.02	5 m										
5	78.01	85.77	6:40 PM	0.08	0.01	0.01	5 m										
6	73.05	80.05	3:35 AM	0.17	0.02	0.01	5 m										
7	48.93	55.70	8:05 AM	0.08	0.01	0.01	5 m										
8	51.49	65.75					5 m										
9	46.69	57.11	9:45 PM	0.33	0.04	0.01	5 m										
10	76.25	88.45	12:15 AM	2.00	0.24	0.01	5 m										
11	53.34	57.66					5 m										
12	56.21	65.09					5 m										
13	46.03	60.23					5 m										
14	49.60	61.32					5 m										
15	45.01	62.06	9:45 AM	0.42	0.08	0.02	5 m										
16	49.90	60.99	5:20 PM	0.17	0.02	0.01	5 m										
17	45.78	62.08	6:00 AM	0.17	0.02	0.01	5 m										
18	58.30	88.35	1:40 PM	5.67	0.96	0.06	5 m										
19	88.00	88.27	12:05 AM	2.75	0.42	0.03	5 m										
20	88.00	88.30	7:10 AM	0.17	0.05	0.03	5 m										
21	87.59	88.36					5 m										
22	82.98	88.80					5 m										
23	73.84	88.20	9:50 AM	1.00	0.19	0.03	5 m										
24	70.45	78.17					5 m										
25	69.19	74.32					5 m										
26	70.37	88.20	4:15 PM	1.17	0.14	0.01	5 m										
27	65.37	80.55	1:05 PM	0.50	0.07	0.02	5 m										
28	82.58	88.39	2:35 AM	3.00	0.90	0.12	5 m										
29	88.00	88.37	10:30 AM	0.08	0.03	0.03	5 m										
30	84.93	88.31					5 m										
31	75.28	81.89	7:20 PM	0.33	0.04	0.01	5 m										
Totals:	2133.14			22.50	3.99			1	Days	1.25		0.005		Days			

CSO Outfall No.																	
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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E

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:	Fort Wayne							Page [9] of [12]					Permit Number: IN0032191						City:	Fort Wayne											
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y											Facility	Fort Wayne - P.L. Brunner WWTP											
Monitoring Period:	[MONTH]	3-2020						Check box if no CSO discharge occurred for the month:											Monitoring Period:	[MONTH]	3-2020										
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60									
WWTP Influent Data		Precipitation Data - Brentwood Gauge						CSO Outfall No. 28					CSO Outfall No. 48							CSO Outfall No. 51					CSO Outfall No. 52							
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	Day of Month	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	57.79	87.73					5 m													1											
2	91.33	92.38	1:15 AM	2.83	0.44	0.03	5 m	5:30 AM	M	0.42	M	0.113	M							2											
3	91.73	92.54	7:05 AM	0.33	0.04	0.01	5 m													3											
4	87.11	92.15					5 m													4											
5	78.01	85.77	6:40 PM	0.17	0.02	0.01	5 m													5											
6	73.05	80.05	2:55 AM	0.17	0.02	0.01	5 m													6											
7	48.93	55.70	10:15 AM	0.08	0.01	0.01	5 m													7											
8	51.49	65.75					5 m													8											
9	46.69	57.11	9:45 PM	0.25	0.03	0.01	5 m													9											
10	76.25	88.45	12:30 AM	1.58	0.22	0.02	5 m													10											
11	53.34	57.66					5 m													11											
12	56.21	65.09					5 m													12											
13	46.03	60.23					5 m													13											
14	49.60	61.32					5 m													14											
15	45.01	62.06	10:40 AM	0.33	0.06	0.03	5 m													15											
16	49.90	60.99	5:05 PM	0.08	0.01	0.01	5 m													16											
17	45.78	62.08	3:45 AM	0.17	0.02	0.01	5 m													17											
18	58.30	88.35	1:45 PM	5.50	0.92	0.05	5 m	6:47 PM	M	0.42	M	0.113	M							18											
19	88.00	88.27	12:20 AM	2.67	0.41	0.03	5 m	5:54 PM	M	0.17	M	0.052	M							19											
20	88.00	88.30	4:10 AM	0.33	0.06	0.03	5 m													20											
21	87.59	88.36					5 m													21											
22	82.98	88.80					5 m													22											
23	73.84	88.20	7:10 AM	2.00	0.25	0.02	5 m													23											
24	70.45	78.17					5 m													24											
25	69.19	74.32					5 m													25											
26	70.37	88.20	4:05 PM	1.17	0.16	0.03	5 m													26											
27	65.37	80.55	5:50 PM	0.58	0.07	0.01	5 m													27											
28	82.58	88.39	2:30 AM	2.08	0.64	0.25	5 m													28											
29	88.00	88.37	2:15 AM	0.17	0.02	0.01	5 m													29											
30	84.93	88.31					5 m													30											
31	75.29	81.89	1:15 PM	0.58	0.07	0.01	5 m													31											
Totals:	2133.14			21.07	3.47			3	Days	1.01		0.278		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.000		0	

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

Susan Reas, Program Manager

Telephone

260-427-6213

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

Susan Reas

Date *(mm/dd/yy)*

4/21/2020

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

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 3-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 53						CSO Outfall No. 61							CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 002						CSO Outfall No. 003					
Day of Month	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	Day of Month	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	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																							
2													2																							
3													3																							
4													4																							
5													5																							
6													6																							
7													7																							
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31													31																							
0	Days	0		0		0	Days	0.00		0	Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0.00		0	Days	0.00		0			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	4/21/2020

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:	Fort Wayne			[11] [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	3-2020		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Price Gauge					CSO Outfall No.						CSO Outfall No. 27					
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	57.79	87.73	10:30 AM	0.08	0.02	0.02	5 m												
2	91.33	92.38	1:40 AM	3.08	0.47	0.04	5 m												
3	91.73	92.54	4:50 PM	0.17	0.02	0.01	5 m												
4	87.11	92.15					5 m												
5	78.01	85.77	6:30 PM	0.17	0.02	0.01	5 m												
6	73.06	80.05	4:35 AM	0.17	0.02	0.01	5 m												
7	48.93	55.70					5 m												
8	51.49	65.75					5 m												
9	46.69	57.11	9:45 PM	0.17	0.02	0.01	5 m												
10	76.25	88.45	12:00 AM	1.92	0.24	0.02	5 m												
11	53.34	57.66					5 m												
12	56.21	65.09					5 m												
13	46.03	60.23					5 m												
14	49.60	61.32					5 m												
15	45.01	62.06	10:15 AM	0.58	0.07	0.01	5 m												
16	49.90	60.99	5:20 PM	0.08	0.01	0.01	5 m												
17	45.78	62.08	5:40 AM	0.17	0.02	0.01	5 m												
18	58.30	88.35	1:55 PM	5.00	0.85	0.07	5 m												
19	88.00	88.27	12:25 AM	2.33	0.42	0.04	5 m												
20	88.00	88.30	4:10 AM	0.42	0.06	0.02	5 m												
21	87.59	88.36					5 m												
22	82.98	88.80					5 m												
23	73.84	88.20	6:40 AM	1.00	0.18	0.03	5 m												
24	70.45	78.17					5 m												
25	69.19	74.32					5 m												
26	70.37	88.20	4:05 PM	1.00	0.14	0.02	5 m												
27	65.37	80.55	11:15 AM	0.58	0.08	0.02	5 m												
28	82.58	88.39	2:50 AM	1.75	0.50	0.19	5 m												
29	88.00	88.37	11:25 AM	0.08	0.02	0.02	5 m												
30	84.93	88.31					5 m												
31	75.29	81.89	2:15 PM	0.50	0.06	0.01	5 m												
Totals:	2133.14			19.25	3.22				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	4/21/2020

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:	Fort Wayne			age [11] of [12]	Permit Number: IN0032191
Facility:	Facilit Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	3-2020		Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 33						CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45					
Day of Month	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	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	5:13 AM	M	2.45	M	5.04	M																		
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	6:25 PM	M	1.33	M	2.61	M																		
19	5:26 PM	M	1.48	M	3.065	M																		
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	3	Days	5.26		10.715		0	Days	0.00		0		0	Days	0		0.000		0	Days	0.00		0.000	

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:	**Fort Wayne**	**Page: [12] of [12]**	**Permit Number:** **IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	**Y**
Monitoring Period:	**3-2020**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD):**	**60**

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	Wet Weather
3	Wet Weather
4	
5	
6	
7	
8	
9	
10	Wet Weather
11	
12	
13	
14	
15	
16	
17	
18	Wet Weather
19	Wet Weather
20	Wet Weather
21	
22	
23	
24	
25	
26	Wet Weather
27	
28	Wet Weather
29	Wet Weather
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
Susan Reas, Program Manager	*260-427-6213*

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)**
Susan Reas	*4/21/2020*

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.47	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2020_03.pdf	pdf	508709.0
IN0032191_002C_Letter_2020_03.pdf	pdf	240322.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.47	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	**004-C** CSO: JO2-90		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.66	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.12	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										=	3.5	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										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	47.5	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	1.794	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										=	3.5	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	19.17	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	2.085	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										=	3.34	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	11.41				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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.375				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						=	3.34				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						=	4.0				4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	30.01	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										=	29.088	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										=	3.63	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	**019-C** CSO: K11-178		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	47.76					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	6.139					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						=	3.63					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						=	7.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	115.59	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										=	3.385	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										=	3.63	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										=	8.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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											=	7.25	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample											=	0.473	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											=	3.5	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											=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	2.0	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.198	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										=	3.5	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	4.58	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.041	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										=	3.5	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	1.01	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.278	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										=	3.47	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	16.66	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.951	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										=	3.5	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	10.24	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.734	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										=	3.5	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	5.26	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	10.715	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										=	3.22	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	41.09	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	2.298	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										=	3.5	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	**044-C** CSO: N22-93		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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 [SSO 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					
					Sample										=	3.47	5W - in/mo		AL/EV - All Events	RT - RCOTOT	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT	
					Value NODI																
					Sample																
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT	
					Value NODI											C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	2.33	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.187	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										=	3.5	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.47	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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			
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.47	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.47	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080		

Report Dates & Status

Monitoring Period:	**From 03/01/20 to 03/31/20**	**DMR Due Date:**	**04/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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			
					Sample										=	1.25	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
					Sample										=	0.005	3R - Mgal		AL/EV - All Events	ES - ESTIMA
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
					Sample										=	3.99	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Opt Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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											=	23.09	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample											=	2.095	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											=	3.5	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											=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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											=	2.57	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											=	3.8	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											=	3.5	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											=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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			
					Sample															
50037	Duration	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample										=	3.74	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.48	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.47	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.47	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.74	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.47	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 03/01/20 to 03/31/20	**DMR Due Date:**	04/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-04-21 09:32 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

May 21, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of April 2020

We are pleased to enclose a completed CSO MRO form for the month of April 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City's City-County's rain gauge malfunctioned. As a result, the City is using the new Ewing St_L02 rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

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: Fort Wayne | Page [1] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 4-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Adams Gauge					CSO Outfall No.						CSO Outfall No. 60					
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	52.93	77.69					5 m												
2	52.96	66.70	10:05 AM	0.08	0.01	0.01	5 m												
3	54.49	66.88					5 m												
4	45.81	55.04					5 m												
5	49.96	59.96					5 m												
6	44.50	62.27					5 m												
7	78.40	88.28	3:30 AM	1.92	0.32	0.03	5 m												
8	81.68	88.21	12:15 AM	0.58	0.23	0.12	5 m												
9	59.34	76.94	9:20 AM	0.08	0.01	0.01	5 m												
10	55.93	65.65					5 m												
11	52.40	64.14					5 m												
12	49.25	64.37	1:30 AM	0.75	0.09	0.01	5 m												
13	53.47	66.29	12:05 AM	0.25	0.03	0.01	5 m												
14	52.04	61.38					5 m												
15	45.22	61.68	12:30 PM	0.42	0.06	0.02	5 m												
16	45.87	58.92					5 m												
17	58.92	82.60	4:00 PM	2.25	0.29	0.02	5 m												
18	61.61	88.24	12:30 AM	0.58	0.08	0.02	5 m												
19	52.69	67.46					5 m												
20	52.19	62.00					5 m												
21	44.88	61.46	1:05 AM	0.42	0.05	0.01	5 m												
22	52.59	64.62					5 m												
23	40.12	58.37					5 m												
24	52.68	59.36					5 m												
25	47.31	59.42	6:05 AM	0.33	0.05	0.02	5 m												
26	51.18	60.67	12:10 AM	0.83	0.10	0.01	5 m												
27	45.89	58.50	10:00 PM	0.33	0.04	0.01	5 m												
28	44.60	58.96	12:45 AM	0.67	0.08	0.01	5 m												
29	71.94	88.30	12:35 AM	1.42	0.30	0.06	5 m												
30	53.78	75.72	10:40 AM	0.83	0.10	0.01	5 m												
31																			
Totals:	1614.63			11.74	1.64				Days					0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 5/21/2020

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: Fort Wayne | Page [1] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 4-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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31																		
Totals:		Days						Days						Days				

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:	Fort Wayne	Page [2] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period:	[MONTH] 4-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Bunche Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
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	62.93	77.69					5 m												
2	52.96	66.70	9:50 AM	0.08	0.01	0.01	5 m												
3	54.49	66.88					5 m												
4	45.81	55.04					5 m												
5	49.96	59.96					5 m												
6	44.50	62.27					5 m												
7	78.40	88.28	3:35 AM	1.75	0.36	0.07	5 m												
8	81.68	88.21	12:20 AM	0.50	0.15	0.06	5 m												
9	59.34	76.94	9:15 AM	0.08	0.01	0.01	5 m												
10	55.93	65.65					5 m												
11	52.40	64.14					5 m												
12	49.25	64.37	1:25 AM	1.17	0.15	0.02	5 m												
13	53.47	66.29	7:30 AM	0.17	0.02	0.01	5 m												
14	52.04	61.38					5 m												
15	45.22	61.68	12:45 PM	0.25	0.03	0.01	5 m												
16	45.87	58.92					5 m												
17	58.92	82.60	3:20 PM	3.42	0.46	0.04	5 m												
18	61.61	88.24	12:15 AM	0.92	0.20	0.08	5 m												
19	52.69	67.46					5 m												
20	52.19	62.00					5 m												
21	44.88	61.46	1:20 AM	0.33	0.04	0.01	5 m												
22	52.59	64.62					5 m												
23	40.12	58.37					5 m												
24	52.68	59.36					5 m												
25	47.31	59.42	6:00 AM	0.33	0.04	0.01	5 m												
25	51.18	60.67	12:15 AM	0.75	0.09	0.01	5 m												
27	45.89	58.50	9:45 PM	0.58	0.07	0.01	5 m												
28	44.60	58.96	12:40 AM	0.67	0.08	0.01	5 m												
29	71.94	88.30	12:35 AM	1.67	0.45	0.07	5 m												
30	53.78	75.72	10:40 AM	0.50	0.07	0.02	5 m												
31																			
Totals:	1614.63			13.17	2.23			0	Days	0.00		0		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	5/21/2020

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:	Fort Wayne	Page [2] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period:	[MONTH] 4-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:		Days						Days						Days						Days				

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:	Fort Wayne							Page [3] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	4-2020						Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
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	62.93	77.69					5 m												
2	52.96	66.70					5 m												
3	54.49	66.88					5 m												
4	45.81	55.04					5 m												
5	49.96	59.96					5 m												
6	44.50	62.27					5 m												
7	78.40	88.28	3:20 AM	2.00	0.59	0.14	5 m	5:05 AM	M	1.08	M	0.037	M						
8	81.68	88.21	12:10 AM	0.58	0.01	0.23	5 m	12:30 AM	M	0.58	M	0.069	M	12:45 AM	M	0.33	M	0.019	M
9	59.34	76.94					5 m												
10	55.93	65.65					5 m												
11	52.40	64.14					5 m												
12	49.25	64.37	1:15 AM	1.17	0.14	0.04	5 m												
13	53.47	66.29	7:35 AM	0.08	0.01	0.01	5 m												
14	52.04	61.38					5 m												
15	45.22	61.68	12:20PM	0.25	0.03	0.02	5 m												
16	45.87	58.92					5 m												
17	58.92	82.60	6:10 AM	3.17	0.38	0.08	5 m												
18	61.61	88.24					5 m												
19	52.69	67.46					5 m												
20	52.19	62.00					5 m												
21	44.88	61.46	12:55AM	0.25	0.03	0.02	5 m												
22	52.59	64.62					5 m												
23	40.12	58.37					5 m												
24	52.68	59.36					5 m												
25	47.31	59.42	11:30 PM	0.17	0.03	0.02	5 m												
26	51.18	60.67	12:05AM	0.83	0.09	0.03	5 m												
27	45.89	58.50	9:40 PM	0.50	0.09	0.03	5 m												
28	44.60	58.96	12:30AM	0.58	0.15	0.03	5 m												
29	71.94	88.30	12:30AM	1.83	0.39	0.29	5 m	1:15 AM	M	3.42	M	0.098	M	1:30 AM	M	0.67	M	0.077	M
30	53.78	75.72	9:00 AM	0.67	0.08	0.03	5 m												
31																			
Totals:	1614.63			12.08	2.02			3	Days	5.08		0.204		2	Days	1.00		0.096	

City:	Fort Wayne												
Facility:	Fort Wayne - P.L. Brunner WWTP												
Monitoring Period:	[MONTH]	4-2020											
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60										

	CSO Outfall No. 25						CSO Outfall No. 29					
Day of Month	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												
3												
4												
5												
6												
7	5:10 AM	M	0.58	M	0.001	M	5:50 AM	M	1.58	M	0.147	M
8	12:30 AM	M	0.50	M	0.014	M	12:25AM	M	0.92	M	0.156	M
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29	1:20 AM	M	0.67	M	0.045	M	12:50AM	M	1.92	M	0.271	M
30												
31												
Totals:	3	Days	1.75		0.060		3	Days	4.42		0.574	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager

Telephone: 260-427-6213

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: Susan Reas

Date (mm/dd/yy): 5/21/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 4-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60

	CSO Outfall No. 32						CSO Outfall No. 39							CSO Outfall No. 50						CSO Outfall No. 55					
	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	Day of Month	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												
													3												
													4												
													5												
													6												
	5:55 AM	M	1	M	0.09	M	5:05 AM	M	1.50	M	0.114	M	7							5:00 AM	M	1.08	M	0.062	M
	1:25 AM	M	0.58	M	0.105	M	12:25 AM	M	1.25	M	0.102	M	8	12:30 AM	M	0.17	M	0.029	M	12:20 AM	M	0.83	M	0.14	M
													9												
													10												
													11												
													12												
													13												
													14												
													15												
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													26												
													27												
													28												
	12:55 AM	M	1.5	M	0.187	M	1:15 AM	M	1.50	M	0.073	M	29	1:20 AM	M	0.25	M	0.025	M	1:05 AM	M	1.67	M	0.192	M
													30												
													31												
	3	Days	3.08		0.382		3	Days	4.25		0.289		Totals:	2	Days	0.42		0.054		3	Days	3.58		0.394	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)*
Susan Reas	5/21/2020

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: | Fort Wayne | | | | | | | Page [5] of [12] | | | | | | Permit Number: IN0032191 | | | | | | |

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:	Fort Wayne							Page [6] of [12]		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y			
Monitoring Period:	[MONTH]	4-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified			

WWTP Influent Data			Precipitation Data - Harrison Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
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	62.93	77.69					5 m												
2	52.96	66.70					5 m												
3	54.49	66.88					5 m												
4	45.81	55.04					5 m												
5	49.96	59.96					5 m												
6	44.50	62.27					5 m												
7	78.40	88.28	3:30 AM	2.00	0.39	0.03	5 m	5:20 AM	M	4.17	M	1.062	M						
8	81.68	88.21	12:15 AM	0.75	0.32	0.12	5 m	12:45 AM	M	2.08	M	1.147	M						
9	59.34	76.94					5 m												
10	55.93	65.65					5 m												
11	52.40	64.14					5 m												
12	49.25	64.37	1:25 AM	0.92	0.11	0.01	5 m												
13	53.47	66.29	7:35 AM	0.08	0.01	0.01	5 m												
14	52.04	61.38					5 m												
15	45.22	61.88	12:25 PM	0.33	0.04	0.01	5 m												
16	45.87	58.92					5 m												
17	58.92	82.60	4:40 PM	2.42	0.29	0.01	5 m												
18	61.61	88.24	12:15 AM	1.17	0.19	0.03	5 m	12:40 PM	M	3.17	M	0.447	M						
19	52.69	67.46					5 m												
20	52.19	62.00					5 m												
21	44.88	61.46	1:00 AM	0.25	0.04	0.02	5 m												
22	52.59	64.62					5 m												
23	40.12	58.37					5 m												
24	52.68	59.36					5 m												
25	47.31	59.42	5:45 AM	0.17	0.02	0.01	5 m												
26	51.18	60.67	12:15 AM	0.67	0.08	0.01	5 m												
27	45.89	58.50	9:45 PM	0.50	0.07	0.02	5 m												
28	44.60	58.96	1:10 AM	0.50	0.06	0.01	5 m												
29	71.94	88.30	12:45 AM	1.50	0.31	0.06	5 m	1:30 AM	M	3.92	M	1.008	M						
30	53.78	75.72	9:05 AM	0.67	0.08	0.01	5 m												
31																			
Totals:	1614.63			11.93	2.01			4	Days	13.34		3.664		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	5/21/2020

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:	Fort Wayne							Page [6] of [12]		Permit Number: IN0032191	
Facilit	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y			
Monitoring Period:	[MONTH]	4-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 20									CSO Outfall No. 21										CSO Outfall No. 80										CSO Outfall No. 81									
Day of Month	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					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																																							
3																																							
4																																							
5																																							
6																																							
7	5:15 AM	M	2.67	M	0.194	M				5:55 AM	M	2.17	M	0.01	M																									
8	12:35 AM	M	1.50	M	0.326	M				12:40 AM	M	1.92	M	0.066	M																									
9																																							
10																																							
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25																																							
26																																							
27																																							
28																																							
29	1:15 AM	M	2.25	M	0.275	M				1:45 AM	M	1.33	M	0.045	M																									
30																																							
31																																							
Totals:	3	Days	6.42		0.795					3	Days	5.42		0.121						0	Days	0.00		0						0	Days	0.00		0					

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: Fort Wayne | Page [7] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 4-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Study Gauge					CSO Outfall No. 4					CSO Outfall No. 5					CSO Outfall No. 007					CSO Outfall No. 11					CSO Outfall No. 12					CSO Outfall No. 56				
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	Day of Month	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	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	62.93	77.69					5 m													1																					
2	52.96	66.70	10:20 AM	0.08	0.01	0.01	5 m													2																					
3	54.49	66.88					5 m													3																					
4	45.81	55.04					5 m													4																					
5	49.96	59.96					5 m													5																					
6	44.50	62.27					5 m													6																					
7	78.40	88.28	3:15 AM	2.08	0.43	0.05	5 m							6:10 AM	M	2.75	M	0.042	M	7																					
8	81.68	88.21	12:15 AM	0.58	0.26	0.10	5 m							1:35 AM	M	1.33	M	0.067	M	8																					
9	59.34	76.94	9:20 AM	0.08	0.01	0.01	5 m													9																					
10	55.93	65.65					5 m													10																					
11	52.40	64.14					5 m													11																					
12	49.25	64.37	1:25 AM	1.00	0.12	0.01	5 m													12																					
13	53.47	66.29	6:45 AM	0.17	0.02	0.01	5 m													13																					
14	52.04	61.38					5 m													14																					
15	45.22	61.68	12:30 PM	0.25	0.04	0.02	5 m													15																					
16	45.87	58.92					5 m													16																					
17	58.92	82.60	4:50 PM	2.67	0.35	0.02	5 m													17																					
18	61.61	88.24	12:45 AM	1.00	0.17	0.02	5 m							1:25 PM	M	0.50	M	0.001	M	18																					
19	52.69	67.46					5 m													19																					
20	52.19	62.00					5 m													20																					
21	44.88	61.46	1:00 AM	0.50	0.08	0.02	5 m													21																					
22	52.59	64.62					5 m													22																					
23	40.12	58.37					5 m													23																					
24	52.68	59.36					5 m													24																					
25	47.31	59.42					5 m													25																					
26	51.18	60.67	12:05 AM	0.92	0.11	0.01	5 m													26																					
27	45.89	58.50	9:45 PM	0.58	0.07	0.01	5 m													27																					
28	44.60	58.96	12:55 AM	0.58	0.07	0.01	5 m													28																					
29	71.94	88.30	12:40 AM	1.58	0.32	0.06	5 m							1:15 AM	M	1.83	M	0.109	M	29																					
30	53.78	75.72	10:35 AM	0.67	0.08	0.01	5 m													30																					
31																				31																					
Totals:	1614.63			12.74	2.14			0	Days	0.00		0		4	Days	6.41		0.219		Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0		0		0	Days	0.00		0.000	

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

Susan Reas, Program Manager | 260-427-6213

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

Susan Reas | 5/21/2020

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: Fort Wayne | 7 [12] | Permit Number: IN0032191
Facility Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 4-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

CSO Outfall No. 007										CSO Outfall No. 11										CSO Outfall No. 12										CSO Outfall No. 56									
Day of Month	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	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	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
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28																																				
29																																				
30																																				
31																																				
Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0		0		0	Days	0.00		0		0	Days	0		0		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)
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| City: | Fort Wayne | | | | | | | Page [8] of [12] | | Permit Number: IN0032191 | | | | | | |

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	Page [9] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH] 4-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Brentwood Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
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	62.93	77.69					5 m												
2	52.96	66.70	8:25 AM	0.17	0.02	0.01	5 m												
3	54.49	66.88					5 m												
4	45.81	55.04					5 m												
5	49.96	59.96					5 m												
6	44.50	62.27					5 m												
7	78.40	88.28	3:30 AM	2.08	0.55	0.13	5 m												
8	81.68	88.21	12:15 AM	0.58	0.21	0.08	5 m												
9	59.34	76.94					5 m												
10	55.93	65.65					5 m												
11	52.40	64.14					5 m												
12	49.25	64.37	1:25 AM	1.08	0.14	0.02	5 m												
13	53.47	66.29	12:20 PM	0.08	0.01	0.01	5 m												
14	52.04	61.38					5 m												
15	45.22	61.68	12:30 PM	0.25	0.05	0.02	5 m												
16	45.87	58.92					5 m												
17	58.92	82.60	3:20 PM	2.33	0.70	0.35	5 m												
18	61.61	88.24	12:50 AM	0.75	0.09	0.01	5 m												
19	52.69	67.46					5 m												
20	52.19	62.00					5 m												
21	44.88	61.46	12:55 AM	0.50	0.07	0.02	5 m												
22	52.59	64.62					5 m												
23	40.12	58.37					5 m												
24	52.68	59.36					5 m												
25	47.31	59.42	10:15 PM	0.17	0.02	0.01	5 m												
26	51.18	60.67	1:45 AM	0.83	0.10	0.01	5 m												
27	45.89	58.50	10:00 PM	0.17	0.02	0.01	5 m												
28	44.60	58.96	12:55 AM	0.67	0.10	0.02	5 m												
29	71.94	88.30	12:40 AM	1.92	0.34	0.04	5 m												
30	53.78	75.72	11:00 AM	0.67	0.08	0.01	5 m												
31																			
Totals:	1614.63			12.25	2.50			0	Days	0.00		0		0	Days	0.00		0	

City:	Fort Wayne																		
Facility:	Fort Wayne - P.L. Brunner WWTP																		
Monitoring Period:	[MONTH] 4-2020																		
Design Peak Flow (Hourly) (MGD):	85		Design Flow (MGD): 60																

	CSO Outfall No. 51								CSO Outfall No. 52							
Day of Month	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												
3												
4												
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30												
31												
Totals:	0	Days	0.00		0		0	Days	0.000		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	5/21/2020

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

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 4-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85	Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

CSO Outfall No. 53						CSO Outfall No. 61							CSO Outfall No. 62							CSO Outfall No. 68							CSO Outfall No. 002							CSO Outfall No. 003						
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	Day of Month	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	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
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0	Days	0		0		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0.00		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	5/21/2020

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:	Fort Wayne							[11] [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	4-2020						Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Price Gauge					CSO Outfall No.					CSO Outfall No. 27				
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	62.93	77.69	2:35 PM	0.08	0.01	0.01	5 m												
2	52.96	66.70					5 m												
3	54.49	66.88					5 m												
4	45.81	55.04	6:25 PM	0.08	0.01	0.01	5 m												
5	49.96	59.96	10:50 AM	0.08	0.01	0.01	5 m												
6	44.50	62.27					5 m												
7	78.40	88.28	3:25 AM	1.83	0.45	0.12	5 m												
8	81.68	88.21	12:10 AM	0.75	0.22	0.07	5 m												
9	59.34	76.94	9:35 AM	0.08	0.01	0.01	5 m												
10	55.93	65.65					5 m												
11	52.40	64.14					5 m												
12	49.25	64.37	1:25 AM	0.92	0.11	0.01	5 m												
13	53.47	66.29	12:15 PM	0.08	0.01	0.01	5 m												
14	52.04	61.38					5 m												
15	45.22	61.68	12:25 PM	0.25	0.03	0.01	5 m												
16	45.87	58.92					5 m												
17	58.92	82.60	3:55 PM	2.58	0.35	0.02	5 m												
18	61.61	88.24	12:15 AM	0.42	0.05	0.01	5 m												
19	52.69	67.46					5 m												
20	52.19	62.00					5 m												
21	44.88	61.46	12:55 AM	0.50	0.06	0.01	5 m												
22	52.59	64.62					5 m												
23	40.12	58.37					5 m												
24	52.68	59.36					5 m												
25	47.31	59.42	11:55 PM	0.08	0.01	0.01	5 m												
26	51.18	60.67	12:15 AM	0.67	0.08	0.01	5 m												
27	45.89	58.50	9:45 PM	0.33	0.04	0.01	5 m												
28	44.60	58.96	12:50 AM	0.58	0.08	0.02	5 m												
29	71.94	88.30	12:40 AM	1.75	0.31	0.04	5 m												
30	53.78	75.72	11:05 AM	0.50	0.08	0.02	5 m												
31																			
Totals:	1614.63			11.56	1.92				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	5/21/2020

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:	Fort Wayne							age [11] of [12]	Permit Number: IN0032191
Facility:	Facilit Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	4-2020						Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 33							CSO Outfall No. 36							CSO Outfall No. 44							CSO Outfall No. 45						
Day of Month	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		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																											
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30																											
31																											
Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			0	Days	0		0.000			0	Days	0.00		0.000		

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: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period:	4-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	Wet Weather
8	Wet Weather
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	Wet Weather
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	Wet Weather
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	5/21/2020

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2020_04.pdf	pdf	1084871.0
IN0032191_002C_Letter_2020_04.pdf	pdf	147384.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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				
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	**004-C** CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	6.41	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										=	0.219	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										=	2.14	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	2.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	2.08	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										=	0.207	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										=	2.77	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	1.75	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										=	0.037	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										=	2.77	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										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

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											=	13.34	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											=	3.664	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											=	2.01	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											=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.01	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	6.42					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						=	0.795					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						=	2.01					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	5.42	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										=	0.121	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										=	2.01	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	5.08	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										=	0.204	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										=	2.02	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.0					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						=	0.096					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						=	2.02					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	1.75	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										=	0.06	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															
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample										=	2.02	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.92	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	4.42	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										=	0.574	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										=	2.02	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	3.08	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										=	0.382	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										=	2.02	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.92	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.92	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	4.25	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										=	0.289	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										=	2.02	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.92	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.92	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.42	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										=	0.054	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										=	2.02	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										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: 023-080		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.36	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	3.58				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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.394				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						=	2.02				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						=	3.0				4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.23	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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				
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample										=	1.84	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.23	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.01	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 04/01/20 to 04/30/20	**DMR Due Date:**	05/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.01	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-05-21 09:26 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

June 23, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of May 2020

We are pleased to enclose a completed CSO MRO form for the month of May 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City's City-County's rain gauge is out of commission. As a result, the City is using the new Ewing St_L02 rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

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: Fort Wayne | Page [1] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 5-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data		Precipitation Data - Adams Gauge					CSO Outfall No.						CSO Outfall No. 60					
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	48.13	56.08	9:55 AM	0.08	0.01	0.01	5 m												
2	47.86	56.18					5 m												
3	46.58	52.51					5 m												
4	40.29	51.65					5 m												
5	37.41	48.56					5 m												
6	42.64	53.66					5 m												
7	42.02	53.58					5 m												
8	41.09	52.00					5 m												
9	40.70	52.51					5 m												
10	46.70	74.18	11:15 AM	1.00	0.20	0.05	5 m												
11	40.06	49.83	12:00 AM	0.33	0.04	0.01	5 m												
12	41.49	48.11					5 m												
13	39.96	50.69					5 m												
14	60.37	100.16	5:50 AM	1.50	0.56	0.14	5 m												
15	69.40	100.37	9:45 AM	0.75	0.19	0.05	5 m												
16	52.68	61.96					5 m												
17	74.94	100.99	7:55 AM	1.58	0.70	0.31	5 m												
18	99.00	100.40	12:00 AM	7.17	1.55	0.07	5 m												
19	100.00	100.59	1:35 AM	1.00	0.12	0.01	5 m												
20	100.00	101.09	12:55 PM	0.17	0.11	0.10	5 m												
21	89.47	100.41	6:50 PM	0.33	0.04	0.01	5 m												
22	86.32	100.12	3:30 AM	1.08	0.18	0.03	5 m												
23	78.59	85.86					5 m												
24	72.97	78.64					5 m												
25	56.72	75.08					5 m												
26	52.25	69.89					5 m												
27	49.46	64.02					5 m												
28	64.94	91.77	9:55 AM	1.00	0.15	0.03	5 m												
29	55.72	81.41	11:50 AM	0.08	0.01	0.01	5 m												
30	49.66	61.05					5 m												
31	42.86	58.81					5 m												
Totals:	1810.38			16.07	3.86				Days					0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 6/23/2020

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: Fort Wayne | Page [1] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 5-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																		
2																		
3																		
4																		
5																		
6																		
7																		
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29																		
30																		
31																		
Totals:		Days						Days						Days				

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: | Fort Wayne | | | | | | | Page [2] of [12] | | Permit Number: IN0032191 | | | | | | |

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:	Fort Wayne	Page [3] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period:	[MONTH] 5-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
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	48.13	56.08					5 m												
2	47.86	56.18					5 m												
3	46.58	52.51					5 m												
4	40.29	51.65					5 m												
5	37.41	48.56	4:15 PM	0.08	0.01	0.01	5 m												
6	42.64	53.66					5 m												
7	42.02	53.58					5 m												
8	41.09	52.00					5 m												
9	40.70	52.51					5 m												
10	46.70	74.18	1:45 PM	1.00	0.22	0.10	5 m												
11	40.06	49.83	1:10 AM	0.08	0.01	0.01	5 m												
12	41.49	48.11					5 m												
13	39.96	50.69					5 m												
14	60.37	100.16	5:30AM	2.33	0.76	0.23	5 m	5:55 AM	M	1.58	M	0.12	M	3:10 PM	M	1.00	M	0.312	M
15	69.40	100.37	12:05AM	1.00	0.28	0.18	5 m							1:15 PM	M	0.58	M	0.019	M
16	52.68	61.96					5 m												
17	74.94	100.99	7:45AM	2.17	0.74	0.43	5 m	6:30 PM	M	0.08	M	0.001	M	9:00 AM	M	0.75	M	0.247	M
18	99.00	100.40	12:00AM	8.58	1.47	0.31	5 m	12:50 AM	M	6.25	M	1.02	M	1:25 AM	M	1.67	M	0.439	M
19	100.00	100.59	1:20 AM	1.00	0.12	0.04	5 m												
20	100.00	101.09					5 m												
21	89.47	100.41	6:15 PM	0.67	0.08	0.04	5 m												
22	86.32	100.12	8:50AM	0.83	0.11	0.07	5 m												
23	78.59	85.86					5 m												
24	72.97	78.64					5 m												
25	56.72	75.08					5 m												
26	52.25	69.89					5 m												
27	49.46	64.02					5 m												
28	64.94	91.77	9:50AM	1.25	0.23	0.10	5 m												
29	55.72	81.41	7:55PM	0.08	0.01	0.01	5 m												
30	49.66	61.05					5 m												
31	42.96	58.81					5 m												
Totals:	1810.38			19.07	4.04			3	Days	7.91		1.141		4	Days	4.00		1.017	

City:	Fort Wayne	Page [3] of [12]	Permit Number: IN0032191
Facilit	Fort Wayne - P.L. Brunner WWTP		
Monitoring Period:	[MONTH] 5-2020		
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60

	CSO Outfall No. 25						CSO Outfall No. 29					
Day of Month	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												
3												
4												
5												
6												
7												
8												
9												
10							2:05 PM	M	0.58	M	0.049	M
11												
12												
13												
14	6:00 AM	M	1.17	M	0.079	M	5:55 AM	M	1.75	M	0.489	M
15	1:10 PM	M	0.67	M	0.048	M	1:00 PM	M	0.92	M	0.172	M
16												
17	8:50 AM	M	0.75	M	0.065	M	8:15 AM	M	1.33	M	0.456	M
18	1:10 AM	M	4.58	M	0.14	M	12:35AM	M	9.58	M	0.794	M
19												
20												
21												
22												
23												
24												
25												
26												
27												
28							11:20AM	M	0.75	M	0.042	M
29												
30												
31												
Totals:	4	Days	7.17		0.332		6	Days	14.91		2.002	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	6/23/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 5-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 / Design Flow (MGD): 60

	CSO Outfall No. 32					CSO Outfall No. 39						CSO Outfall No. 50						CSO Outfall No. 55				
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10	2:10 PM	M	0.42	M	0.024	M	2:20 PM	M	0.33	M	0.011	M							2:15 PM	M	0.33	M	0.007	M
11																								
12																								
13																								
14	5:55 AM	M	1.42	M	0.237	M	5:55 AM	M	2.50	M	0.337	M	5:55 AM	M	0.83	M	0.134	M	5:50 AM	M	1.92	M	0.443	M
15	1:05 PM	M	0.75	M	0.087	M	1:10 PM	M	1.17	M	0.087	M	1:15 PM	M	0.17	M	0.036	M	1:10 PM	M	0.67	M	0.111	M
16																								
17	8:40 AM	M	0.92	M	0.139	M	8:45 AM	M	1.83	M	0.348	M	8:45 AM	M	0.50	M	0.143	M	8:40 AM	M	1.25	M	0.447	M
18	12:35 AM	M	6.67	M	0.493	M	12:35 AM	M	21.00	M	2.356	M	1:10 AM	M	1.50	M	0.276	M	12:30 AM	M	18.00	M	2.551	M
19							12:00 AM	M	9.08	M	0.214	M							12:00 AM	M	1.17	M	0.016	M
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28	11:20 AM	M	0.42	M	0.012	M	11:30 AM	M	0.42	M	0.012	M							11:20 AM	M	0.50	M	0.019	M
29																								
30																								
31																								
Totals:	6	Days	10.6		0.992		7	Days	36.33		3.385		4	Days	3.00		0.589		7	Days	23.84		3.594	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Susan Reas	6/23/2020

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: Fort Wayne | Page [5] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 5-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Fairfield Gauge				CSO Outfall No. 13						CSO Outfall No. 17					
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	48.13	56.08					5 m												
2	47.86	56.18					5 m												
3	46.58	52.51					5 m												
4	40.29	51.65					5 m												
5	37.41	48.56					5 m												
6	42.64	53.66					5 m												
7	42.02	53.58					5 m												
8	41.09	52.00					5 m												
9	40.70	52.51					5 m												
10	46.70	74.18	11:15 AM	1.08	0.24	0.07	5 m												
11	40.06	49.83	12:00 AM	0.25	0.09	0.07	5 m												
12	41.49	48.11					5 m												
13	39.96	50.69					5 m												
14	50.37	100.16	5:45 AM	1.92	0.60	0.10	5 m	3:10 PM	M	1.58	M	0.288	M	3:05 PM	M	1.33	M	0.102	M
15	69.40	100.37	9:15 AM	0.75	0.15	0.04	5 m	1:25 PM	M	1.00	M	0.056	M						
16	52.68	61.96					5 m												
17	74.94	100.99	7:50 AM	1.67	0.48	0.08	5 m	9:00 AM	M	1.67	M	0.383	M	8:50 AM	M	1.17	M	0.076	M
18	99.00	100.40	12:20 AM	5.25	1.09	0.09	5 m	1:15 AM	M	15.17	M	2.6	M	1:15 AM	M	9.83	M	0.77	M
19	100.00	100.59	12:15 AM	0.50	0.06	0.01	5 m												
20	100.00	101.09	10:25 AM	0.08	0.10	0.10	5 m												
21	89.47	100.41	7:00 PM	0.17	0.02	0.01	5 m												
22	86.32	100.12	11:10 AM	0.25	0.03	0.01	5 m												
23	78.59	85.86					5 m												
24	72.97	78.64					5 m												
25	56.72	75.08					5 m												
26	52.25	69.89					5 m												
27	49.46	64.02					5 m												
28	64.94	91.77	9:50 AM	0.92	0.20	0.04	5 m												
29	55.72	81.41	8:55 AM	0.08	0.01	0.01	5 m												
30	49.66	61.05					5 m												
31	42.96	58.81					5 m												
Totals:	1810.38			12.92	3.07			4	Days	19.42		3.327		3	Days	12.33		0.948	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 6/23/2020

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: Fort Wayne | Page [5] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 5-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																		
2																		
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30																		
31																		
Totals:		Days						Days						Days				

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: | Fort Wayne | | | | | | | Page [6] of [12] | | Permit Number: IN0032191 | | | | | | |

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| City: | Fort Wayne | | | | | | Page [7] of [12] | | Permit Number: IN0032191 | | | | | |

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: | Fort Wayne | | | | | | | Page [8] of [12] | | Permit Number: IN0032191 | | | | | | |

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:	Fort Wayne	Page [9] of [12]	Permit Number: IN0032191	City:	Fort Wayne
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y		Facilit	Fort Wayne - P.L. Brunner WWTP
Monitoring Period:	[MONTH] 5-2020	Check box if no CSO discharge occurred for the month:		Monitoring Period:	[MONTH] 5-2020
Design Peak Hourly Flow (MGD):	85 Design Average Flow (MGD): 50	Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD):	85 Design Flow (MGD): 60

WWTP Influent Data			Precipitation Data - Brentwood Gauge					CSO Outfall No. 28						CSO Outfall No. 48							CSO Outfall No. 51						CSO Outfall No. 52					
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	Day of Month	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	48.13	56.08					5 m													1											
2	47.86	56.18					5 m													2											
3	46.58	52.51					5 m													3											
4	40.29	51.65					5 m	10:27 AM	M	0.03	M	0.009	M							4											
5	37.41	48.56					5 m													5											
6	42.64	53.66					5 m													6											
7	42.02	53.58					5 m													7											
8	41.09	52.00					5 m													8											
9	40.70	52.51					5 m													9											
10	46.70	74.18	1:55 PM	0.92	0.17	0.03	5 m													10											
11	40.06	49.83	12:00 AM	0.33	0.04	0.01	5 m													11											
12	41.49	48.11					5 m													12											
13	39.96	50.69					5 m													13											
14	60.37	100.16	5:40 AM	2.33	0.60	0.06	5 m													14											
15	69.40	100.37	2:00 AM	1.00	0.24	0.09	5 m													15											
16	52.68	61.96					5 m													16											
17	74.94	100.99	7:55 AM	1.92	0.65	0.25	5 m	9:27 AM	M	0.05	M	0.013	M							17											
18	99.00	100.40	12:00 AM	7.25	1.72	0.09	5 m	7:30 AM	M	1.28	M	0.335	M							18											
19	100.00	100.59	12:10 AM	1.25	0.16	0.02	5 m													19											
20	100.00	101.09	11:35 AM	0.25	0.04	0.02	5 m													20											
21	89.47	100.41					5 m													21											
22	86.32	100.12	3:10 AM	1.00	0.13	0.02	5 m													22											
23	78.59	85.86					5 m													23											
24	72.97	78.64					5 m													24											
25	56.72	75.08					5 m													25											
26	52.25	69.89					5 m													26											
27	49.46	64.02					5 m													27											
28	64.94	91.77	10:55 AM	0.75	0.24	0.09	5 m													28											
29	55.72	81.41	11:45 AM	0.42	0.08	0.03	5 m													29											
30	49.66	61.05	11:00 AM	0.08	0.01	0.01	5 m													30											
31	42.96	58.81					5 m													31											
Totals:	1810.38			17.50	4.08			3	Days	1.36		0.357		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.000		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Susan Reas	6/23/2020

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

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 5-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85	Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

CSO Outfall No. 53						CSO Outfall No. 61							CSO Outfall No. 62							CSO Outfall No. 58							CSO Outfall No. 002							CSO Outfall No. 003						
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	Day of Month	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	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
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0	Days	0		0		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.00		0		2	Days	25.97		91.38		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-5213

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)
Susan Reas	6/23/2020

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: Fort Wayne | [11] [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 5-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 50 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Price Gauge					CSO Outfall No.						CSO Outfall No. 27					
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	48.13	56.08					5 m												
2	47.86	56.18					5 m												
3	46.58	52.51					5 m												
4	40.29	51.65					5 m												
5	37.41	48.56					5 m												
6	42.64	53.66					5 m												
7	42.02	53.58					5 m												
8	41.09	52.00					5 m												
9	40.70	52.51					5 m												
10	48.70	74.18	1:50 PM	1.08	0.17	0.03	5 m												
11	40.06	49.83	12:05 AM	0.17	0.02	0.01	5 m												
12	41.49	48.11					5 m												
13	39.96	50.69					5 m												
14	60.37	100.16	5:40 AM	2.33	0.68	0.09	5 m												
15	69.40	100.37	12:05 AM	1.17	0.42	0.10	5 m												
16	52.68	61.96					5 m												
17	74.94	100.99	7:50 AM	2.33	0.58	0.10	5 m												
18	99.00	100.40	12:25 AM	6.92	1.28	0.05	5 m												
19	100.00	100.59	1:35 AM	1.08	0.13	0.01	5 m												
20	100.00	101.09	9:05 AM	0.25	0.09	0.07	5 m												
21	89.47	100.41	7:20 PM	0.42	0.06	0.02	5 m												
22	86.32	100.12	9:25 AM	0.92	0.12	0.02	5 m												
23	78.59	85.86					5 m												
24	72.97	78.64					5 m												
25	68.72	75.08					5 m												
26	52.25	69.89					5 m												
27	49.46	64.02					5 m												
28	64.94	91.77	10:00 AM	1.50	0.28	0.03	5 m												
29	55.72	81.41	10:10 AM	0.25	0.03	0.01	5 m												
30	49.66	61.05	10:15 AM	0.08	0.01	0.01	5 m												
31	42.96	58.81					5 m												
Totals:	1810.38			18.50	3.87				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-8213

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: Susan Reas
Date (mm/dd/yy): 6/23/2020

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: Fort Wayne | age [11] of [12] | Permit Number: IN0032191
Facilit Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 5-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 50 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 33						CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45					
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14	3:17 PM	M	0.37	M	0.695	M																		
15	1:24 PM	M	0.53	M	1.12	M																		
16																								
17	9:11 AM	M	0.53	M	1.155	M																		
18	7:00 AM	M	7.95	M	16.57	M																		
19	12:06 AM	M	0.15	M	0.315	M																		
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	5	Days	9.53		19.855		0	Days	0.00		0		0	Days	0		0.000		0	Days	0.00		0.000	

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: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period:	5-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	DWO - CSO 028
5	
6	
7	
8	
9	
10	Wet Weather
11	
12	
13	
14	Wet Weather
15	Wet Weather
16	
17	Wet Weather
18	Wet Weather
19	Wet Weather
20	Wet Weather
21	
22	
23	
24	
25	
26	
27	
28	Wet Weather
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	6/23/2020

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	25.97					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						=	91.38					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						=	4.08					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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
IN0032191_002C_LETTER_2020_05.pdf	pdf	147625.0
IN0032191_002C_CSOMRO_2020_05.pdf	pdf	1099400.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:47 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.58	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										=	0.021	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										=	3.93	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	22.42					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						=	1.813					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						=	3.93					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						=	6.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.93	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	12.63	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										=	17.017	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										=	3.93	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.93	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	19.42	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										=	3.327	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										=	3.07	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	12.33	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										=	0.948	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										=	3.07	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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											=	24.84	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											=	32.889	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											=	3.56	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											=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	**019-C** CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.56	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	23.5	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										=	7.124	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										=	3.56	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	25.34	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										=	2.252	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										=	3.56	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	7.91	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										=	1.141	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										=	4.04	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	4.0	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										=	1.017	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										=	4.04	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	7.17	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										=	0.332	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										=	4.04	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.87	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:40 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	1.36	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										=	0.357	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										=	4.08	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	14.91	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										=	2.002	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										=	4.04	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	10.6	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										=	0.992	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										=	4.04	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	9.53	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										=	19.855	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										=	3.87	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:40 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.87	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:43 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	36.33	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										=	3.365	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										=	4.04	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.87	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:44 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.87	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:44 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	3.0	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										=	0.589	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										=	4.04	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	5.5	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Opt 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										=	0.072	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.06	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	23.84	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										=	3.594	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										=	4.04	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	10.66	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	12.8	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										=	3.93	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.82	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.86	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.5					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						=	0.018					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						=	3.82					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.08	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.33				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						=	0.004				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						=	3.56				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						=	1.0				4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL				4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 05/01/20 to 05/31/20	**DMR Due Date:**	06/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.56	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-06-23 10:48 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

July 17, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of June 2020

We are pleased to enclose a completed CSO MRO form for the month of June 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City's City-County's rain gauge is out of commission. As a result, the City is using the new Ewing St_L02 rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
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| City: | Fort Wayne | | | | | | | Page [1] of [12] | | Permit Number: IN0032191 | | | | | | |

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| City: | Fort Wayne | | | | | | | Page [2] of [12] | | Permit Number: IN0032191 | | | | | | |

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:	Fort Wayne					Page [3] of [12]	Permit Number: IN0032191	City:	Fort Wayne
Facility:	Fort Wayne - P.L. Brunner WWTP					Public Notification Requirements Met? Y		Facilit	Fort Wayne - P.L. Brunner WWTP
Monitoring Period:	[MONTH]	6-2020				Check box if no CSO discharge occurred for the month:		Monitoring Period:	[MONTH] 6-2020
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):	60		Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD):	85

WWTP Influent Data			Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24						CSO Outfall No. 25						CSO Outfall No. 29					
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	Day of Month	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	44.48	54.84					5 m													1											
2	45.08	57.20					5 m													2											
3	38.12	52.54					5 m													3											
4	46.14	56.65	4:40AM	0.08	0.01	0.01	5 m													4											
5	40.25	56.58					5 m													5											
6	40.68	56.12					5 m													6											
7	37.12	55.89					5 m													7											
8	39.31	51.13					5 m													8											
9	36.12	53.22	5:00PM	0.17	0.07	0.06	5 m													9						5:15 PM	M	0.25	M	0.006	M
10	47.28	90.08	2:45PM	0.67	0.27	0.08	5 m	4:00 PM	M	0.50	M	0.022	M	4:15 PM	M	0.42	M	0.016	M	10	4:05 PM	M	0.42	M	0.019	M	3:00 PM	M	1.50	M	0.017	M
11	38.98	52.82					5 m													11											
12	34.74	51.30					5 m													12											
13	40.95	54.76	2:20AM	1.33	0.20	0.02	5 m													13											
14	34.69	47.34					5 m													14											
15	32.22	48.18					5 m													15											
16	38.56	50.15					5 m													16											
17	31.83	50.27					5 m													17											
18	38.58	50.78					5 m													18											
19	31.45	47.16					5 m													19											
20	37.21	48.31					5 m													20											
21	31.85	49.70	6:30PM	0.50	0.06	0.01	5 m													21											
22	35.87	47.35					5 m													22											
23	57.99	88.15	12:20AM	2.58	0.41	0.11	5 m	12:30 AM	M	1.50	M	0.055	M							23	12:40 AM	M	1.42	M	0.023	M	12:35AM	M	4.75	M	0.021	M
24	33.35	50.20					5 m													24											
25	37.88	50.54	1:00 AM	0.08	0.01	0.01	5 m													25											
26	34.74	50.74	11:40PM	0.25	0.41	0.07	5 m	11:50 PM	M	0.17	M	0.005	M							26											
27	63.75	88.25	12:05AM	2.00	0.20	0.11	5 m	12:00 AM	M	1.08	M	0.09	M	12:35 AM	M	0.50	M	0.012	M	27	12:00 AM	M	1.08	M	0.044	M	12:00AM	M	1.00	M	0.027	M
28	33.41	40.61					5 m													28											
29	39.82	51.12					5 m													29											
30	37.28	51.78					5 m													30											
31																				31											
Totals:	1179.73			7.66	1.64			4	Days	3.25		0.172		2	Days	0.92		0.028		Totals:	3	Days	2.92		0.086		4	Days	7.50		0.071	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)*
Susan Reas	7/17/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 5-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60

	CSO Outfall No. 32						CSO Outfall No. 39							CSO Outfall No. 50							CSO Outfall No. 55						
	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	Day of Month	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												
													3												
													4												
													5												
													6												
													7												
													8												
													9												
	3:00 PM	M	0.83	M	0.012	M	4:00 PM	M	1.00	M	0.042	M	10	4:05 PM	M	0.08	M	0.012	M	3:55 PM	M	0.67	M	0.122	M
													11												
													12												
													13							7:05 AM	M	0.42	M	0.006	M
													14												
													15												
													16												
													17												
													18												
													19												
													20												
													21												
													22												
	12:35 AM	M	2.17	M	0.115	M	2:00 AM	M	2.83	M	0.067	M	23	3:55 AM	M	0.08	M	0.002	M	1:55 AM	M	1.75	M	0.152	M
													24												
													25												
	11:50 PM	M	0.17	M	0.006	M	3:10 AM	M	0.50	M	0.009	M	26												
	12:00 AM	M	2.5	M	0.044	M	12:00 AM	M	3.17	M	0.307	M	27	12:55AM	M	1.08	M	0.085	M	12:40 AM	M	0.08	M	0.023	M
													28												
													29												
													30												
													31												
	4	Days	5.67		0.177		4	Days	7.50		0.425		Totals:	3	Days	1.24		0.099		4	Days	2.92		0.303	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)*
Susan Reas	7/17/2020

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: | Fort Wayne | | | | | | | Page [5] of [12] | | Permit Number: IN0032191 | | | | | | |

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National Pollutant Discharge Elimination System (NPDES)
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| City: | Fort Wayne | | | | | | | Page [7] of [12] | | Permit Number: IN0032191 | | | | | | |

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page [8] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	6-2020						Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	50					Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Irwin Gauge					CSO Outfall No. 54						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	44.48	54.84					5 m												
2	45.08	57.20					5 m												
3	38.12	52.54					5 m												
4	46.14	56.65					5 m												
5	40.25	56.58					5 m												
6	40.68	58.12					5 m												
7	37.12	55.89					5 m												
8	39.31	51.13					5 m												
9	36.12	53.22	5:05 PM	0.17	0.03	0.02	5 m												
10	47.28	90.08	3:40 PM	0.50	0.26	0.09	5 m												
11	38.98	52.82					5 m												
12	34.74	51.30					5 m												
13	40.95	54.76	3:00 AM	1.42	0.24	0.03	5 m												
14	34.69	47.34					5 m												
15	32.22	48.18					5 m												
16	38.56	50.15					5 m												
17	31.83	50.27					5 m												
18	38.58	50.78					5 m												
19	31.45	47.16					5 m												
20	37.21	48.31					5 m												
21	31.85	49.70	6:45 PM	0.25	0.03	0.01	5 m												
22	35.87	47.35	9:00 AM	0.08	0.01	0.01	5 m												
23	57.99	88.15	12:45 AM	2.67	0.51	0.04	5 m												
24	33.35	50.20	9:10 PM	0.08	0.01	0.01	5 m												
25	37.88	50.54	8:45 AM	0.08	0.01	0.01	5 m												
26	34.74	50.74	11:50 PM	0.17	0.11	0.07	5 m												
27	63.75	88.25	12:05 AM	1.75	0.36	0.08	5 m												
28	33.41	40.61					5 m												
29	39.82	51.12	7:40 PM	0.25	0.07	0.03	5 m												
30	37.28	51.78	9:10 AM	0.08	0.01	0.01	5 m												
31																			
Totals:	1179.73			7.50	1.65			0	Days	0.00		0			Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager

Telephone: 260-427-6213

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: Susan Reas

Date (mm/dd/yy): 7/17/2020

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:	Fort Wayne							Page [8] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	6-2020						Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	50					Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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																								
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Totals:				Days						Days						Days						Days		

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:	Fort Wayne	Page [9] of [12]	Permit Number: IN0032191	City:	Fort Wayne
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y		Facility:	Fort Wayne - P.L. Brunner WWTP
Monitoring Period:	[MONTH] 6-2020	Check box if no CSO discharge occurred for the month:		Monitoring Period:	[MONTH] 6-2020
Design Peak Hourly Flow (MGD):	85 Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD):	85 Design Flow (MGD): 60

WWTP Influent Data			Precipitation Data - Brentwood Gauge					CSO Outfall No. 28						CSO Outfall No. 48						CSO Outfall No. 51						CSO Outfall No. 52					
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	Day of Month	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	44.48	54.84					5 m													1											
2	45.08	57.20					5 m													2											
3	38.12	52.54					5 m													3											
4	46.14	56.65					5 m													4											
5	40.25	56.58					5 m													5											
6	40.68	56.12					5 m													6											
7	37.12	55.89					5 m													7											
8	39.31	51.13					5 m													8											
9	36.12	53.22	5:50 PM	0.08	0.01	0.01	5 m													9											
10	47.28	90.08	3:40 PM	0.58	0.21	0.09	5 m													10											
11	38.98	52.82					5 m													11											
12	34.74	51.30					5 m													12											
13	40.95	54.76	2:50 AM	0.92	0.16	0.04	5 m													13											
14	34.69	47.34					5 m													14											
15	32.22	48.18					5 m													15											
16	38.56	50.15					5 m													16											
17	31.83	50.27					5 m													17											
18	38.58	50.78					5 m													18											
19	31.45	47.16					5 m													19											
20	37.21	48.31					5 m													20											
21	31.85	49.70	7:10 PM	0.17	0.02	0.01	5 m													21											
22	35.87	47.35	11:15 AM	0.08	0.01	0.01	5 m													22											
23	57.99	88.15	1:00 AM	2.17	0.52	0.06	5 m													23											
24	33.35	50.20					5 m													24											
25	37.88	50.54					5 m													25											
26	34.74	50.74	11:50 PM	0.17	0.18	0.10	5 m													26											
27	63.75	88.25	12:05 AM	1.50	0.48	0.13	5 m													27											
28	33.41	40.61					5 m													28											
29	39.82	51.12					5 m													29											
30	37.28	51.78					5 m													30											
31																				31											
Totals:	1179.73			5.67	1.59			0	Days	0.00		0		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.000		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)*
Susan Reas	7/17/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 6-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 50	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 53					CSO Outfall No. 61						CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 002						CSO Outfall No. 003					
Day of Month	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	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	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
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Totals:	0	Days	0		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0.00		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-8213

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)
Susan Reas	7/17/2020

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:	Fort Wayne				[11] [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met?	Y
Monitoring Period:	(MONTH)	6	2020		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60		Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Price Gauge					CSO Outfall No.						CSO Outfall No. 27					
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	44.48	54.84					5 m												
2	45.08	57.20					5 m												
3	38.12	52.54					5 m												
4	46.14	56.65	4:40 AM	0.17	0.02	0.01	5 m												
5	40.25	56.58					5 m												
6	40.68	56.12					5 m												
7	37.12	55.89					5 m												
8	39.31	51.13					5 m												
9	36.12	53.22	5:05 PM	0.17	0.02	0.01	5 m												
10	47.28	90.08	2:50 PM	0.50	0.26	0.12	5 m												
11	38.98	52.82					5 m												
12	34.74	51.30					5 m												
13	40.95	54.76	3:20 AM	1.33	0.20	0.02	5 m												
14	34.69	47.34					5 m												
15	32.22	48.18					5 m												
16	38.56	50.15					5 m												
17	31.83	50.27					5 m												
18	38.58	50.78					5 m												
19	31.45	47.16					5 m												
20	37.21	48.31					5 m												
21	31.85	49.70	8:25 PM	0.08	0.01	0.01	5 m												
22	35.87	47.35	10:25 AM	0.08	0.01	0.01	5 m												
23	57.99	88.15	12:25 AM	2.25	0.47	0.09	5 m												
24	33.35	50.20					5 m												
25	37.88	50.54					5 m												
26	34.74	50.74	11:40 PM	0.33	0.15	0.06	5 m												
27	63.75	88.25	12:00 AM	1.75	0.49	0.12	5 m												
28	33.41	40.51					5 m												
29	39.82	51.12					5 m												
30	37.28	51.78					5 m												
31																			
Totals:	1179.73			6.55	1.63				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	7/17/2020

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:	Fort Wayne				Page [11] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met?	Y
Monitoring Period:	(MONTH)	6	2020		Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60		Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 33						CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45					
Day of Month	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	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
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22																								
23																								
24																								
25																								
26																								
27	12:34 AM	M	0.48	M	0.91	M																		
28																								
29																								
30																								
31																								
Totals:	1	Days	0.48		0.910		0	Days	0.00		0		0	Days	0		0.000		0	Days	0.00		0.000	

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: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period:	6-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	Wet Weather
10	Wet Weather
11	
12	
13	Wet Weather
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	Wet Weather
24	
25	
26	Wet Weather
27	Wet Weather
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	7/17/2020

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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							=				1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2020_06.pdf	pdf	147561.0
IN0032191_002C_CSOMRO_2020_06.pdf	pdf	563224.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.54	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

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										=	5.09	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample										=	0.119	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										=	1.54	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.54	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.54	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.54	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	3.16	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										=	0.1	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										=	1.6	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.0					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						=	0.005					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						=	1.6					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	9.17	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										=	4.644	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										=	1.59	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	6.84	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										=	0.644	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										=	1.59	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	5.42					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						=	0.158					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						=	1.59					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	3.25					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						=	0.172					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						=	1.64					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.92	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										=	0.028	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										=	1.64	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										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	2.92					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.086					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						=	1.64					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	7.5	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										=	0.071	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										=	1.64	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	5.67	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										=	0.177	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										=	1.64	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.48					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						=	0.91					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						=	1.63					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	7.5	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										=	0.425	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										=	1.64	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	B2 - 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										=	1.63	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

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										=	1.24	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										=	0.099	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										=	1.64	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.65	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

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						=	2.92					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						=	0.303					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						=	1.64					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.1					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						=	0.2					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						=	1.54					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.58	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.62	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.58	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 06/01/20 to 06/30/20	**DMR Due Date:**	07/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.59	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-07-17 09:24 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

August 18, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of July 2020

We are pleased to enclose a completed CSO MRO form for the month of July 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is completing a project at the intersection of Barr St. and Superior St. The flow meter for CSO outfall 029 is located at this respective location. The flow meter at CSO 029 had to be removed on June 11, 2020 due to this construction project. The City will be using modeling to estimate overflows for the month of July on this CSO MRO report for outfall 029 only.

The City's City-County's rain gauge is out of commission. As a result, the City is using the new Ewing St_L02 rain data for reporting precipitation on the following outfalls: CSO 023, 024, 025, 029, 032, 039, 050 and 055.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

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: Fort Wayne | Page [1] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Adams Gauge					CSO Outfall No.						CSO Outfall No. 50					
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	34.63	46.97					5 m												
2	36.05	51.20					5 m												
3	28.95	34.91					5 m												
4	34.97	45.81					5 m												
5	29.96	42.69					5 m												
6	37.71	49.43					5 m												
7	37.43	64.92	4:25 PM	0.67	0.17	0.04	5 m												
8	51.22	88.34	10:15 AM	1.08	0.76	0.38	5 m												
9	47.76	55.91					5 m												
10	37.12	49.42					5 m												
11	39.39	48.75					5 m												
12	46.79	85.95	12:20 PM	0.67	0.21	0.07	5 m												
13	33.02	49.71					5 m												
14	39.48	49.31					5 m												
15	37.85	48.68					5 m												
16	59.54	88.23	1:25 AM	2.00	0.48	0.05	5 m												
17	44.53	53.49					5 m												
18	40.07	53.08					5 m												
19	42.10	85.09	3:10 PM	0.25	0.11	0.09	5 m												
20	39.98	50.85					5 m												
21	44.46	65.83	5:00 PM	0.83	0.20	0.06	5 m												
22	47.54	66.24	12:05 AM	1.00	0.21	0.06	5 m												
23	38.57	52.27					5 m												
24	40.07	50.03					5 m												
25	37.04	52.09					5 m												
26	39.16	50.31					5 m												
27	50.26	88.12	12:50 PM	1.33	0.74	0.37	5 m												
28	56.25	80.26	10:20 AM	0.08	0.01	0.01	5 m												
29	38.98	53.01					5 m												
30	30.95	35.67					5 m												
31	40.84	52.75					5 m												
Totals:	1262.67			7.91	2.89				Days					0	Days	0.00		0	

CSO Outfall No.						CSO Outfall No.					
Day of Month	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
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29												
30												
31												
Totals:		Days						Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent | Telephone
Susan Reas, Program Manager | 260-427-6213

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)
Susan Reas | 8/18/2020

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: Fort Wayne | Page [1] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

CSO Outfall No.												CSO Outfall No.											
Day of Month	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	Day of Month	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
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page [2] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Bunche Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
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	34.63	46.97					5 m												
2	36.05	51.20					5 m												
3	28.95	34.91					5 m												
4	34.97	45.81					5 m												
5	29.96	42.69					5 m												
6	37.71	49.43					5 m												
7	37.43	64.92	4:25 PM	0.75	0.46	0.27	5 m												
8	51.22	88.34	10:40 AM	1.33	1.28	0.27	5 m							3:25 PM	M	0.58	M	0.025	M
9	47.76	55.91					5 m												
10	37.12	49.42	9:35 AM	0.42	0.08	0.03	5 m												
11	39.39	48.75					5 m												
12	46.79	85.95	12:25 PM	0.50	0.15	0.07	5 m												
13	33.02	49.71					5 m												
14	39.48	49.31					5 m												
15	37.85	48.68					5 m												
16	59.54	88.23	1:25 AM	1.58	0.52	0.20	5 m												
17	44.53	53.49					5 m												
18	40.07	53.08					5 m												
19	42.10	85.09	3:05 PM	0.25	0.15	0.13	5 m												
20	39.98	50.85					5 m												
21	44.46	65.63	4:50 PM	1.00	0.18	0.06	5 m												
22	47.54	66.24	12:00 AM	0.92	0.16	0.05	5 m												
23	38.57	52.27					5 m												
24	40.07	50.03					5 m												
25	37.04	52.09					5 m												
26	39.16	50.31					5 m												
27	50.26	88.12	12:45 PM	1.58	0.68	0.15	5 m							4:35 PM	M	0.33	M	0.013	M
28	56.25	80.26	10:30 AM	0.08	0.01	0.01	5 m												
29	38.98	53.01					5 m												
30	30.95	35.67					5 m												
31	40.84	52.75					5 m												
Totals:	1262.67			8.41	3.67			0	Days	0.00		0		2	Days	0.91		0.038	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 8/18/2020

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: Fort Wayne | Page [2] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:		Days							Days						Days					Days				

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:	Fort Wayne	Page [3] of [12]	Permit Number: IN0032191	City:	Fort Wayne
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y		Facilit	Fort Wayne - P.L. Brunner WWTP
Monitoring Period:	[MONTH] 7-2020	Check box if no CSO discharge occurred for the month:		Monitoring Period:	[MONTH] 7-2020
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	Design Peak Flow (Hourly) (MGD):	85
Design Flow (MGD):	60				

WWTP Influent Data			Precipitation Data - City/County Gauge					CSO Outfall No. 23						CSO Outfall No. 24						CSO Outfall No. 25						CSO Outfall No. 29					
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	Day of Month	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	34.63	46.97					5 m													1											
2	36.05	51.20					5 m													2											
3	28.95	34.91					5 m													3											
4	34.97	45.81					5 m													4											
5	29.96	42.69					5 m													5											
6	37.71	49.43					5 m													6											
7	37.43	64.92	4:30 PM	0.42	0.14	0.12	5 m							5:10 PM	M	0.33	M	0.015	M	7							4:50 PM	M	0.25	M	0.002	M
8	51.22	88.34	3:10 PM	1.17	1.34	1.3	5 m	3:25 PM	M	1.25	M	0.491	M	3:30 PM	M	0.50	M	0.22	M	8	3:30 PM	M	1.17	M	0.334	M	3:25 PM	M	1.00	M	0.973	M
9	47.76	55.91					5 m													9											
10	37.12	49.42	9:30 AM	0.33	0.07	0.04	5 m													10											
11	39.39	48.75					5 m													11											
12	46.79	85.95	12:15PM	0.92	0.29	0.15	5 m	12:30 PM	M	0.67	M	0.026	M							12	12:40 PM	M	0.75	M	0.007	M	12:35 PM	M	0.60	M	0.005	M
13	33.02	49.71					5 m													13											
14	39.48	49.31					5 m													14											
15	37.85	48.68					5 m													15											
16	59.54	88.23	1:15 AM	2.08	0.6	0.2	5 m	2:10 AM	M	1.08	M	0.076	M							16	2:20 AM	M	0.67	M	0.027	M	3:10 AM	M	2.10	M	0.024	M
17	44.53	53.49					5 m													17											
18	40.07	53.06					5 m													18											
19	42.10	85.09	2:45 PM	0.33	0.23	0.15	5 m	3:05 PM	M	0.42	M	0.033	M	3:30 PM	M	0.17	M	0.001	M	19	3:10 PM	M	0.33	M	0.014	M	4:05 PM	M	0.33	M	0.023	M
20	39.98	50.85					5 m													20											
21	44.46	65.63	4:45 PM	1	0.18	0.11	5 m													21											
22	47.54	66.24	12:30AM	0.5	0.05	0.03	5 m													22											
23	38.57	52.27					5 m													23											
24	40.07	50.03					5 m													24											
25	37.04	52.09					5 m													25											
26	39.16	50.31					5 m													26											
27	50.26	88.12	12:50PM	1.08	0.56	0.46	5 m	4:20 PM	M	0.92	M	0.063	M	4:35 PM	M	0.92	M	0.261	M	27	4:25 PM	M	0.58	M	0.03	M	4:35 PM	M	1.25	M	0.011	M
28	56.25	80.26					5 m													28											
29	38.98	53.01					5 m													29											
30	30.95	35.67					5 m													30											
31	40.84	52.75					5 m													31											
Totals:	1262.67			7.83	3.46			5	Days	4.34		0.689		4	Days	1.92		0.497		Totals:	5	Days	3.50		0.412		6	Days	5.53		1.038	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)*
Susan Reas	8/18/2020

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

Page [4] of [12]	Permit Number: IN0032191	City: Fort Wayne
Public Notification Requirements Met? Y		Facilit Fort Wayne - P.L. Brunner WWTP
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 7-2020
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85 Design Flow (MGD): 60

	CSO Outfall No. 32						CSO Outfall No. 39							CSO Outfall No. 50						CSO Outfall No. 55					
Day of Month	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	Day of Month	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												
2													2												
3													3												
4													4												
5													5												
6													6												
7	4:45 PM	M	0.33	M	0.006	M	4:45 PM	M	1.08	M	0.062	M	7	5:50 PM	M	0.17	M	0.019	M	4:50 PM	M	0.58	M	0.118	M
8	3:25 PM	M	1.08	M	0.017	M	3:20 PM	M	2.58	M	1.374	M	8	4:20 PM	M	0.83	M	0.19	M	3:15 PM	M	1.50	M	0.798	M
9													9												
10	10:50 AM	M	0.17	M	0.005	M	10:50 AM	M	0.42	M	0.012	M	10	11:50 AM	M	0.08	M	0.002	M	10:45 AM	M	0.33	M	0.012	M
11													11												
12	12:30 PM	M	0.92	M	0.044	M	12:35 PM	M	0.58	M	0.031	M	12	3:30 AM	M	0.42	M	0.069	M	12:30 PM	M	0.58	M	0.148	M
13													13												
14													14												
15													15												
16	2:10 AM	M	1.67	M	0.039	M	2:15 AM	M	3.33	M	0.167	M	16	6:55 AM	M	0.80	M	0.045	M	2:05 AM	M	1.75	M	0.238	M
17													17												
18													18												
19	3:05 PM	M	0.33	M	0.005		3:05 PM	M	0.92	M	0.037	M	19	1:50 PM	M	0.33	M	0.013	M	3:05 PM	M	0.50	M	0.058	M
20													20												
21	5:20 PM	M	0.33	M	0.004	M							21												
22													22												
23													23												
24													24												
25													25												
26													26												
27	4:25 PM	M	0.58	M	0.007	M	4:20 PM	M	1.58	M	0.207	M	27	5:20 PM	M	0.33	M	0.096	M	4:20 PM	M	0.58	M	0.163	M
28													28												
29													29												
30													30												
31													31												
8	Days		5.41		0.127		7	Days	10.49		1.89		Totals:	7	Days	2.96		0.434		7	Days	5.82		1.535	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	8/18/2020

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: Fort Wayne | Page [5] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Fairfield Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
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	34.63	46.97					5 m												
2	36.05	51.20					5 m												
3	28.95	34.91					5 m												
4	34.97	45.81					5 m												
5	29.96	42.69					5 m												
6	37.71	49.43					5 m												
7	37.43	64.92	4:25 PM	0.67	0.60	0.24	5 m	5:00 PM	M	0.17	M	0.1	M	4:55 PM	M	0.58	M	0.018	M
8	51.22	88.34	2:30 AM	1.42	1.26	0.20	5 m	3:35 PM	M	0.67	M	0.858	M	4:35 PM	M	0.50	M	0.176	M
9	47.76	55.91					5 m												
10	37.12	49.42	9:40 AM	0.33	0.12	0.06	5 m												
11	39.39	48.75					5 m												
12	46.79	85.95	12:30 PM	0.58	0.16	0.05	5 m												
13	33.02	49.71	8:10 AM	0.08	0.01	0.01	5 m												
14	39.48	49.31					5 m												
15	37.85	48.68					5 m												
16	59.54	88.23	1:25 AM	1.50	0.39	0.09	5 m	2:35 AM	M	0.67	M	0.02	M						
17	44.53	53.49					5 m												
18	40.07	53.08					5 m												
19	42.10	85.09	2:55 PM	0.25	0.17	0.11	5 m	4:25 PM	M	0.58	M	0.021	M						
20	39.98	50.85					5 m												
21	44.46	65.63	4:50 PM	1.00	0.17	0.04	5 m												
22	47.54	66.24	12:25 AM	0.50	0.15	0.09	5 m												
23	38.57	52.27					5 m												
24	40.07	50.03					5 m												
25	37.04	52.09					5 m												
26	39.16	50.31					5 m												
27	50.26	88.12	12:45 PM	0.92	1.05	0.24	5 m	2:25 PM	M	2.33	M	0.76	M	1:10 PM	M	2.08	M	0.272	M
28	55.25	80.26	8:45 AM	0.08	0.01	0.01	5 m												
29	38.98	53.01					5 m												
30	36.95	55.67					5 m												
31	40.84	52.75					5 m												
Totals:	1262.67			7.33	4.09			5	Days	4.42		1.569		3	Days	3.16		0.465	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
Susan Reas, Program Manager
Telephone
260-427-6213

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
Susan Reas
Date (mm/dd/yy)
9/18/2020

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: Fort Wayne | Page [5] of [12] | Permit Number: IN0032191
Facilit Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
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27																								
28																								
29																								
30																								
31																								
Totals:		Days						Days						Days						Days				

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: | Fort Wayne | | | | | | | Page [6] of [12] | | Permit Number: IN0032191 | | | | | | |

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: Fort Wayne | Page [7] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Study Gauge					CSO Outfall No. 4					CSO Outfall No. 5				
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	34.63	46.97					5 m												
2	36.05	51.20					5 m												
3	28.95	34.91					5 m												
4	34.97	45.81					5 m												
5	29.96	42.69					5 m												
6	37.71	49.43					5 m												
7	37.43	64.92	4:35 PM	0.67	0.15	0.04	5 m							9:30 PM	M	0.25	M	0.003	M
8	51.22	88.34	10:20 AM	1.17	1.02	0.23	5 m							3:55 PM	M	1.00	M	0.046	M
9	47.76	55.91	10:30 AM	0.08	0.01	0.01	5 m												
10	37.12	49.42	10:35 AM	0.17	0.02	0.01	5 m												
11	39.39	48.75					5 m												
12	46.79	85.95	12:20 PM	0.67	0.29	0.13	5 m												
13	33.02	49.71	10:10 AM	0.08	0.01	0.01	5 m												
14	39.48	49.31					5 m												
15	37.85	48.68					5 m												
16	59.54	88.23	1:15 AM	2.00	0.58	0.15	5 m							2:20 AM	M	1.00	M	0.032	M
17	44.53	53.49					5 m												
18	40.07	53.08					5 m												
19	42.10	85.09	2:50 PM	0.42	0.21	0.12	5 m							3:10 PM	M	0.58	M	0.047	M
20	39.98	50.85					5 m												
21	44.46	65.63	4:45 PM	1.00	0.15	0.03	5 m												
22	47.54	66.24	12:40 AM	0.67	0.11	0.03	5 m							2:10 PM	M	0.17	M	0.002	M
23	38.57	52.27					5 m												
24	40.07	50.03					5 m												
25	37.04	52.09					5 m												
26	39.16	50.31					5 m												
27	50.26	88.12	12:45 PM	1.25	0.55	0.16	5 m							1:05 PM	M	4.50	M	0.921	M
28	56.25	80.26	10:40 AM	0.08	0.01	0.01	5 m												
29	38.98	53.01					5 m												
30	36.95	35.67					5 m												
31	40.84	52.75					5 m												
Totals:	1262.67			8.26	3.21			0	Days	0.00		0		6	Days	7.50		1.051	

Day of Month	CSO Outfall No. 007 Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	CSO Outfall No. 11 Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	CSO Outfall No. 12 Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	CSO Outfall No. 55 Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8							5:05 PM	M	0.18	M	0.281	M							3:54 PM	M	0.48	M	0.672	M
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																			4:52 PM	M	0.13	M	0.168	M
28																								
29																								
30																								
31																								
Totals:	0	Days	0.00		0		1	Days	0.18		0.281		0	Days	0		0		2	Days	0.61		0.840	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 8/18/2020

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: Fort Wayne | 7 [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

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: Fort Wayne | Page [8] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Irwin Gauge					CSO Outfall No. 54						CSO Outfall No.						CSO Outfall No.						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	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	34.63	46.97					5 m																												
2	36.05	51.20					5 m																												
3	28.95	34.91					5 m																												
4	34.37	45.81	6:50 PM	0.33	0.13	0.08	5 m																												
5	29.96	42.69	9:00 AM	0.08	0.01	0.01	5 m																												
6	37.71	49.43					5 m																												
7	37.43	64.92	4:35 PM	0.58	0.54	0.12	5 m																												
8	51.22	88.34	9:05 AM	1.33	0.78	0.21	5 m																												
9	47.76	55.91					5 m																												
10	37.12	49.42					5 m																												
11	39.39	48.75					5 m																												
12	46.79	85.95	12:35 PM	0.42	0.11	0.07	5 m																												
13	33.02	49.71	9:05 AM	0.08	0.01	0.01	5 m																												
14	39.48	49.31					5 m																												
15	37.85	48.68					5 m																												
16	59.54	88.23	1:25 AM	1.50	0.49	0.10	5 m																												
17	44.53	53.49					5 m																												
18	40.07	53.08					5 m																												
19	42.10	85.09	3:00 PM	0.25	0.09	0.07	5 m																												
20	39.98	50.85					5 m																												
21	44.45	65.63	4:50 PM	1.42	0.26	0.07	5 m																												
22	47.54	66.24	12:10 AM	1.08	0.21	0.04	5 m																												
23	38.57	52.27					5 m																												
24	40.07	50.03					5 m																												
25	37.04	52.09					5 m																												
26	39.16	50.31					5 m																												
27	50.26	88.12	12:45 PM	1.92	1.03	0.14	5 m	1:20 PM	M	3.00	M	0.064	M																						
28	56.25	80.26	9:05 AM	0.08	0.01	0.01	5 m																												
29	30.98	53.01					5 m																												
30	30.95	35.67					5 m																												
31	40.34	52.75					5 m																												
Totals:	1262.67			9.07	3.67			1	Days	3.00		0.064			Days						Days						Days						Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 8/18/2020

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: Fort Wayne | Page [8] of [12] | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 7-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Flow (Hourly) (MGD): 85 | Design Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.										CSO Outfall No.										CSO Outfall No.										CSO Outfall No.									
Day of Month	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	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	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
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31																																			
Totals:		Days						Days						Days						Days						Days						Days				

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:	Fort Wayne							Page [9] of [12]		Permit Number: IN0032191		City:	Fort Wayne										
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y				Facilit	Fort Wayne - P.L. Brunner WWTP										
Monitoring Period:	[MONTH]	7-2020						Check box if no CSO discharge occurred for the month:				Monitoring Period:	[MONTH]	7-2020									
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified				Design Peak Flow (Hourly) (MGD):		85	Design Flow (MGD):		60						
WWTP Influent Data			Precipitation Data - Brentwood Gauge					CSO Outfall No. 28				CSO Outfall No. 48							CSO Outfall No. 51					CSO Outfall No. 52					
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	Day of Month	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	34.63	46.97					5 m													1										
2	36.05	51.20					5 m													2										
3	28.95	34.91					5 m													3										
4	34.97	45.81					5 m													4										
5	29.96	42.69					5 m													5										
6	37.71	49.43					5 m													6										
7	37.43	64.92					5 m													7										
8	51.22	88.34	3:55 PM	0.25	0.08	0.06	5 m	3:46 PM	M	0.25	M	0.078	M							8										
9	47.76	55.91					5 m													9										
10	37.12	49.42	10:40 AM	0.25	0.09	0.06	5 m													10										
11	39.39	48.75					5 m													11										
12	46.79	85.95	12:25 PM	0.42	0.16	0.08	5 m													12										
13	33.02	49.71					5 m													13										
14	39.48	49.31					5 m													14										
15	37.85	48.68					5 m													15										
16	59.54	88.23	1:25 AM	2.25	0.68	0.07	5 m													16										
17	44.53	53.49					5 m													17										
18	40.07	53.08					5 m													18										
19	42.10	85.09	2:50 PM	0.58	0.16	0.05	5 m													19										
20	39.98	50.85					5 m													20										
21	44.46	65.63	4:45 PM	0.83	0.20	0.05	5 m													21										
22	47.54	66.24	12:30 AM	0.75	0.10	0.02	5 m													22										
23	38.57	52.27					5 m													23										
24	40.07	50.03					5 m													24										
25	37.04	52.09					5 m													25										
26	39.16	50.31					5 m													26										
27	50.26	88.12	4:35 PM	0.17	0.07	0.06	5 m													27										
28	56.25	80.26	11:30 AM	0.08	0.01	0.01	5 m													28										
29	38.98	53.01					5 m													29										
30	30.95	35.67					5 m													30										
31	40.84	52.75					5 m													31										
Totals:	1262.67			5.58	1.55			1	Days	0.25		0.078		0	Days	0.00		0		Totals:	0	Days	0.00		0		0	Days	0.000		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	8/18/2020

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

Page [10] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [10] of [12]	Permit Number: IN0032191
Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 7-2020	Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85	Design Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

CSO Outfall No. 53						CSO Outfall No. 61							CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 002						CSO Outfall No. 003					
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	Day of Month	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	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
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Susan Reas	8/18/2020

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:	Fort Wayne				[11] [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	7-2020			Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60		Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Price Gauge					CSO Outfall No.						CSO Outfall No. 27					
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	34.63	46.97					5 m												
2	36.05	51.20					5 m												
3	28.95	34.91					5 m												
4	34.97	45.81					5 m												
5	29.96	42.69					5 m												
6	37.71	49.43					5 m												
7	37.43	64.92					5 m												
8	51.22	88.34	3:30 PM	0.75	0.38	0.19	5 m												
9	47.76	55.91					5 m												
10	37.12	49.42	10:35 AM	0.25	0.03	0.01	5 m												
11	39.39	48.75					5 m												
12	46.79	85.95	12:05 PM	1.25	0.46	0.13	5 m												
13	33.02	49.71					5 m												
14	39.48	49.31					5 m												
15	37.85	48.68					5 m												
16	59.54	88.23	1:15 AM	2.17	0.55	0.05	5 m												
17	44.53	53.49					5 m												
18	40.07	53.08					5 m												
19	42.10	85.09	2:45 PM	0.42	0.27	0.21	5 m												
20	39.98	50.85					5 m												
21	44.46	65.63	4:45 PM	0.75	0.13	0.03	5 m												
22	47.54	66.24	12:30 AM	0.83	0.14	0.05	5 m												
23	38.57	52.27					5 m												
24	40.07	50.03					5 m												
25	37.04	52.09					5 m												
26	39.16	50.31					5 m												
27	50.26	88.12	4:15 PM	0.58	0.19	0.10	5 m												
28	56.25	80.26	10:30 AM	0.08	0.01	0.01	5 m												
29	39.98	53.01					5 m												
30	42.05	59.57					5 m												
31	40.84	52.75					5 m												
Totals:	1262.67			7.08	2.16				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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Signature of Principal Executive Officer or Authorized Agent: Susan Reas
Date (mm/dd/yy): 9/18/2020

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:	Fort Wayne				age [11] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH]	7-2020			Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	85	Design Flow (MGD):	60		Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 33						CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45					
Day of Month	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	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
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8	3:40 PM	M	0.97	M	2.037	M																		
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19	3:16 PM	M	0.13	M	0.315	M																		
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Totals:	2	Days	1.10		2.352		0	Days	0.00		0		0	Days	0		0.000		0	Days	0.00		0.000	

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: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period:	7-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	Wet Weather
8	Wet Weather
9	
10	Wet Weather
11	
12	Wet Weather
13	
14	
15	
16	Wet Weather
17	
18	
19	Wet Weather
20	
21	Wet Weather
22	Wet Weather
23	
24	
25	
26	
27	Wet Weather
28	Wet Weather
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Susan Reas	8/18/2020

DMR Copy of Record

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	**From 07/01/20 to 07/31/20**	**DMR Due Date:**	**08/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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															
94165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2020_07.pdf	pdf	208971.0
IN0032191_002C_CSOMRO_2020_07.pdf	pdf	167369.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:06 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI):

Form NODI:

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	7.5	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										=	1.051	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										=	3.21	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	**From 07/01/20 to 07/31/20**	**DMR Due Date:**	**08/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample										=	0.18	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										=	0.281	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										=	3.21	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:00 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	4.42	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										=	1.569	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										=	4.09	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	3.16	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										=	0.466	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										=	4.09	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	22.07	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										=	19.467	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										=	3.48	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.48	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	10.02	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										=	4.202	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										=	3.48	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	6.92	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										=	0.705	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										=	3.48	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										=	3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	4.34	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										=	0.689	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										=	3.46	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:55 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.92	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										=	0.497	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										=	3.46	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										=	4.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit:					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	3.5	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										=	0.412	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										=	3.46	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.16	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.25					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						=	0.078					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						=	1.55					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:01 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit:					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Param. Code / Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading						Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50032 Duration	EG - Effluent Gross	0	–	Sample										=	5.53	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										=	1.038	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										=	3.46	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										=	6.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
				Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	5.41	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										=	0.127	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										=	3.46	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										=	8.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:56 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.1	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										=	2.352	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										=	2.16	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										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

Permit #	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading						Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
82037	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										=	2.16	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	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	10.49	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										=	1.89	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										=	3.46	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.16	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.16	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:04 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	2.96	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										=	0.434	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										=	3.46	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										=	7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		
Report Dates & Status					
Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample										=	3.0	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.										Opt 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										=	0.064	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.										Opt Mon MO TOTAL		3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	3.67	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										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Opt Mon MO TOTAL		4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:01 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					5.82	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						=					1.535	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						=					3.46	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						=					7.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:57 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.61					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						=	0.84					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						=	3.21					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:01 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

		Permittee:	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	**From 07/01/20 to 07/31/20**	**DMR Due Date:**	**08/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50050	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 [SSO 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										=	3.67	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:54 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

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										=	2.89	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:54 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		
Report Dates & Status					
Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Instruction 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

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:02 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.91					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						=	0.038					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						=	3.67					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:55 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.55	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:03 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	Discharge:	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 07/01/20 to 07/31/20**	**DMR Due Date:**	**08/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.48	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 07/01/20 to 07/31/20	**DMR Due Date:**	08/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.48	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 13:59 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-08-18 14:07 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

September 16, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of August 2020

We are pleased to enclose a completed CSO MRO form for the month of August 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

The Old Mill Rd_K11 rain gauge is currently unavailable. As a result, the City is using the Harrison rain gauge data for reporting precipitation on the following outfalls: CSO 018, 019, 020 and 021.

The City is completing a project at the intersection of Barr St. and Superior St. The flow meter for CSO outfall 029 is located at this respective location. The flow meter at CSO 029 had to be removed on June 11, 2020 due to this construction project. Additionally, the City is completing a project at the intersection

of Wayne St. and Hanna St. The flow meter for CSO 039 is located at located at this respective location. The flow meter at CSO 039 had to be removed on August 28, 2020 due to this construction project.

The City is temporarily using modeling to estimate overflows for CSO 029 for the month of August on this CSO MRO report. The City will be using modeling to estimate overflows for CSO outfall 039 for August 28 to 31, 2020.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:		[MONTH]	8-2020					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St. Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
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
01	66.26	88.08	7:15 AM	4.33	0.79	0.27	5 m												
02	53.76	74.74	1:30 AM	0.50	0.10	0.06	5 m												
03	47.79	56.82					5 m												
04	33.76	51.79					5 m												
05	39.74	50.21					5 m												
06	35.25	50.50					5 m												
07	37.26	50.39					5 m												
08	39.40	51.16					5 m												
09	32.00	43.88					5 m												
10	47.14	92.07	7:35 PM	1.67	0.84	0.67	5 m												
11	54.58	92.20					5 m												
12	37.30	52.97					5 m												
13	36.69	48.84					5 m												
14	34.41	50.83					5 m												
15	39.57	50.55					5 m												
16	30.97	43.80					5 m												
17	37.77	47.65					5 m												
18	29.08	33.48					5 m												
19	38.97	49.63					5 m												
20	28.83	32.92					5 m												
21	38.33	48.11					5 m												
22	28.62	35.21					5 m												
23	37.78	45.22					5 m												
24	31.12	48.54					5 m												
25	37.31	48.88					5 m												
26	30.18	42.62					5 m												
27	38.50	49.42					5 m												
28	39.55	90.76	12:35 PM	2.08	0.40	0.17	5 m												
29	76.39	101.00	3:25 AM	1.08	1.33	0.95	5 m												
30	47.26	53.65					5 m												
31	45.59	52.18					5 m												
Totals:	1252.15			9.66	3.46				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rens, Program Manager	260-427-6213

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)
Susan Rens	09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:		[MONTH]	8-2020					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.							CSO Outfall No.						CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:									Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 2 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met? Y											
Monitoring Period: [MONTH] 8-2020														Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 60										Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Wallace St E_NE2 Gauge					CSO Outfall No. 57						CSO Outfall No. 64											
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						
01	66.26	88.08	7:20 AM	1.92	0.32	0.13	5 m																		
02	53.76	74.74	1:55 AM	0.50	0.12	0.09	5 m																		
03	47.79	56.82					5 m																		
04	33.76	51.79					5 m																		
05	39.74	50.21					5 m																		
06	36.25	50.50					5 m																		
07	37.26	50.39					5 m																		
08	39.40	51.16					5 m																		
09	32.00	43.88					5 m																		
10	47.14	92.07	7:35 PM	1.67	0.98	0.80	5 m							7:55 PM	M	0.33	M	0.017	M						
11	54.58	92.20					5 m																		
12	37.30	52.97					5 m																		
13	36.69	48.84					5 m																		
14	34.41	50.83					5 m																		
15	39.57	50.55					5 m																		
16	30.97	43.80					5 m																		
17	37.77	47.65					5 m																		
18	29.08	33.48					5 m																		
19	38.97	49.63					5 m																		
20	28.83	32.92					5 m																		
21	38.33	48.11					5 m																		
22	28.62	35.21					5 m																		
23	37.78	45.22					5 m																		
24	31.12	48.54					5 m																		
25	37.31	48.88					5 m																		
26	30.18	42.62					5 m																		
27	38.50	49.42					5 m																		
28	39.55	90.76	3:25 PM	2.00	0.66	0.42	5 m																		
29	76.39	101.00	3:15 AM	1.17	1.46	1.14	5 m							3:40 AM	M	1.00	M	0.047	M						
30	47.26	53.65					5 m																		
31	45.59	52.18					5 m																		
Totals:	1252.15			7.25	3.54			0	Days	0.00		0.000		2	Days	1.33		0.064							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	09/16/2020

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 2 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met? Y											
Monitoring Period: [MONTH] 8-2020														Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 60										Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.							CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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	
01																									
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Totals:		Days						Days						Days						Days					

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| City: | Fort Wayne | | |

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne												Page 4 of 12					Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y						
Monitoring Period:		[MONTH]		8-2020									Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):				85			Design Average Flow (MGD):			60			Measured/Metered (M) or Estimated (E) must be specified										
	CSO Outfall No.			50			CSO Outfall No.			55			CSO Outfall No.					CSO Outfall No.					
Day of Month	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	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
01	11:00 AM	M	0.92	M	0.046	M	9:05 AM	M	2.58	M	0.263	M												
02	12:40 PM	M	0.25	M	0.004	M	3:30 AM	M	0.33	M	0.013	M												
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10	8:35 PM	M	0.75	M	0.150	M	7:45 PM	M	1.83	M	0.413	M												
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27																								
28	3:40 PM	M	0.75	M	0.108	M	4:50 PM	M	3.67	M	0.918	M												
29	3:30 AM	M	1.25	M	0.650	M	4:30 AM	M	2.67	M	1.832	M												
30																								
31																								
Totals:	5	Days	3.92		0.958		5	Days	11.08		3.439			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne																				Page 5 of 12										Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP																				Public Notification Requirements Met? Y																			
Monitoring Period: [MONTH] 8-2020																				Check box if no CSO discharge occurred for the month:																			
Design Peak Hourly Flow (MGD): 85					Design Average Flow (MGD): 60															Measured/Metered (M) or Estimated (E) must be specified																			
WWTP Influent Data			Precipitation Data - Packard Ave W_L27 Gauge					CSO Outfall No. 13							CSO Outfall No. 17																											
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																				
01	66.26	88.08	7:25 AM	3.58	0.78	0.23	5 m	11:05 AM	M	2.67	M	0.239	M	10:05 AM	M	2.33	M	0.006	M																				
02	53.76	74.74	1:50 AM	0.42	0.11	0.09	5 m																																
03	47.79	56.82					5 m																																
04	33.76	51.79					5 m																																
05	39.74	50.21					5 m																																
06	36.25	50.50					5 m																																
07	37.26	50.39					5 m																																
08	39.40	51.16					5 m																																
09	32.00	43.88					5 m																																
10	47.14	92.07	7:35 PM	1.67	0.77	0.61	5 m	8:50 PM	M	2.25	M	0.541	M	7:55 PM	M	1.50	M	0.160	M																				
11	54.58	92.20					5 m																																
12	37.30	52.97					5 m																																
13	36.69	48.84					5 m																																
14	34.41	50.83					5 m																																
15	39.57	50.55					5 m																																
16	30.97	43.80					5 m																																
17	37.77	47.65					5 m																																
18	29.08	33.48					5 m																																
19	38.97	49.63					5 m																																
20	28.83	32.92					5 m																																
21	38.33	48.11					5 m																																
22	28.62	35.21					5 m																																
23	37.78	45.22					5 m																																
24	31.12	48.54					5 m																																
25	37.31	48.88					5 m																																
26	30.18	42.62					5 m																																
27	38.50	49.42					5 m																																
28	39.55	90.76	3:20 PM	1.75	0.44	0.25	5 m	4:15 PM	M	1.08	M	0.066	M	4:25 PM	M	0.58	M	0.002	M																				
29	76.39	101.00	3:25 AM	1.08	1.26	0.94	5 m	3:40 AM	M	2.50	M	0.825	M	3:50 AM	M	2.17	M	0.494	M																				
30	47.26	53.65					5 m																																
31	45.59	52.18					5 m																																
Totals:	1252.15			8.50	3.36			4	Days	8.50		1.671		4	Days	6.58		0.662																				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne																				Page 5 of 12										Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP																				Public Notification Requirements Met? Y																			
Monitoring Period: [MONTH] 8-2020																				Check box if no CSO discharge occurred for the month:																			
Design Peak Hourly Flow (MGD): 85					Design Average Flow (MGD): 60															Measured/Metered (M) or Estimated (E) must be specified																			
Time	CSO Outfall No.							CSO Outfall No.							CSO Outfall No.																										
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E																				
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Totals:		Days						Days						Days						Days																		

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 6 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 8-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Old Mill Rd_KIT Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
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
01	66.26	88.08	8:35 AM	3.42	0.78	0.22	5 m	10:00 AM	M	6.67	M	5.885	M						
02	53.76	74.74	4:30 AM	0.25	0.12	0.10	5 m	4:20 AM	M	0.17	M	0.015	M						
03	47.79	56.82					5 m												
04	33.76	51.79					5 m												
05	39.74	50.21					5 m												
06	36.25	50.50					5 m												
07	37.26	50.39					5 m												
08	39.40	51.16					5 m												
09	32.00	43.88					5 m												
10	47.14	92.07	8:40 PM	1.58	0.73	0.50	5 m	8:00 PM	M	3.83	M	6.890	M						
11	54.58	92.20					5 m	12:00 AM	M	0.67	M	0.097	M						
12	37.30	52.97					5 m												
13	36.69	48.84					5 m												
14	34.41	50.83					5 m												
15	39.57	50.55					5 m												
16	30.97	43.80					5 m												
17	37.77	47.65					5 m												
18	29.08	33.48					5 m												
19	38.97	49.63					5 m												
20	28.83	32.92					5 m												
21	38.33	48.11					5 m												
22	28.62	35.21					5 m												
23	37.78	45.22					5 m												
24	31.12	48.54					5 m												
25	37.31	48.88					5 m												
26	30.18	42.62					5 m												
27	38.50	49.42					5 m												
28	39.55	90.76	4:25 PM	1.50	0.32	0.14	5 m	3:55 PM	M	3.92	M	1.716	M						
29	76.39	101.00	4:30 AM	0.83	1.12	0.70	5 m	3:35 AM	M	7.25	M	6.880	M						
30	47.26	53.65					5 m												
31	45.59	52.18					5 m												
Totals:	1252.15			7.58	3.07			6	Days	22.51		21.483		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager
Telephone: 260-427-6213

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: Susan Reas
Date (mm/dd/yy): 09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 6 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 8-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
01	9:15 AM	M	3.50	M	0.733	M	9:50 AM	M	6.17	M	0.209	M												
02	3:25 AM	M	0.67	M	0.043	M																		
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10	7:50 PM	M	2.50	M	0.694	M	7:55 PM	M	1.00	M	0.059	M												
11																								
12																								
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14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24	10:20 AM	M	13.67	M	0.024	M																		
25	12:00 AM	M	8.25	M	0.011	M																		
26																								
27																								
28	4:00 PM	M	0.75	M	0.005	M																		
29	3:45 AM	M	2.25	M	2.181	M	3:50 AM	M	2.17	M	0.265	M												
30																								
31																								
Totals:	7	Days	31.59		3.691		3	Days	9.34		0.533			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 7 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 8-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Brown St. 303 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
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
01	66.26	88.08	7:30 AM	3.58	0.67	0.17	5 m							8:55 AM	M	4.42	M	0.140	M
02	53.76	74.74	1:10 AM	0.75	0.14	0.10	5 m							3:35 AM	M	0.75	M	0.002	M
03	47.79	56.82					5 m												
04	33.76	51.79					5 m												
05	39.74	50.21					5 m												
06	36.25	50.50					5 m												
07	37.26	50.39					5 m												
08	39.40	51.16					5 m												
09	32.00	43.88					5 m												
10	47.14	92.07	7:30 PM	1.92	0.83	0.66	5 m							7:50 PM	M	2.75	M	0.162	M
11	54.58	92.20					5 m												
12	37.30	52.97					5 m												
13	36.69	48.84					5 m												
14	34.41	50.83					5 m												
15	39.57	50.55					5 m												
16	30.97	43.80					5 m												
17	37.77	47.65					5 m												
18	29.08	33.48					5 m												
19	38.97	49.63					5 m												
20	28.83	32.92					5 m												
21	38.33	48.11					5 m												
22	28.62	35.21					5 m												
23	37.78	45.22					5 m												
24	31.12	48.54					5 m												
25	37.31	48.88					5 m												
26	30.18	42.62					5 m												
27	38.50	49.42					5 m												
28	39.55	90.76	3:50 PM	1.50	0.40	0.14	5 m							4:05 PM	M	2.25	M	0.085	M
29	76.39	101.00	3:15 AM	1.17	1.46	1.14	5 m							3:45 AM	M	1.42	M	0.940	M
30	47.26	53.65					5 m												
31	45.59	52.18					5 m												
Totals:	1252.15			8.92	3.50			0	Days	0.00		0.000		5	Days	11.59		1.329	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager | Telephone: 260-427-6213

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: Susan Reas | Date (mm/dd/yy): 09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 7 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 8-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	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	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
01																			11:40 AM	M	0.24	M	0.288	M
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																			11:11 PM	M	0.05	M	0.060	M
11																								
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25																								
26																								
27																								
28																								
29							3:48 AM	M	2.04	M	2.834	M							4:06 AM	M	1.01	M	1.212	M
30																								
31																								
Totals:	0	Days	0.00		0		1	Days	2.04		2.834		0	Days	0.00		0		3	Days	1.30		1.560	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 8 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	8-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data		Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.	54					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
01	66.26	88.08	7:10 AM	4.08	0.79	0.26	5 m												
02	53.76	74.74	1:25 AM	0.50	0.11	0.06	5 m												
03	47.79	56.82					5 m												
04	33.76	51.79					5 m												
05	39.74	50.21					5 m												
06	36.25	50.50					5 m												
07	37.26	50.39					5 m												
08	39.40	51.16					5 m												
09	32.00	43.88					5 m												
10	47.14	92.07	7:40 PM	1.75	0.58	0.40	5 m												
11	54.58	92.20					5 m												
12	37.30	52.97					5 m												
13	36.69	48.84					5 m												
14	34.41	50.83					5 m												
15	39.57	50.55	5:55 PM	0.08	0.03	0.03	5 m												
16	30.97	43.80					5 m												
17	37.77	47.65					5 m												
18	29.08	33.48					5 m												
19	38.97	49.63					5 m												
20	28.83	32.92					5 m												
21	38.33	48.11					5 m												
22	28.62	35.21					5 m												
23	37.78	45.22					5 m												
24	31.12	48.54					5 m												
25	37.31	48.88					5 m												
26	30.18	42.62					5 m												
27	38.50	49.42					5 m												
28	39.55	90.76	4:05 PM	1.00	0.13	0.06	5 m												
29	76.39	101.00	3:35 AM	1.00	1.28	0.80	5 m	4:25 AM	M	0.50	M	0.003	M						
30	47.26	53.65					5 m												
31	45.59	52.18					5 m												
Totals:	1252.15			8.42	2.92			1	Days	0.50		0.003			Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 8 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	8-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.							CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	8-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data		Precipitation Data - Cadet Dr_P26 Gauge						CSO Outfall No.	29					CSO Outfall No.	48				
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
01	66.26	88.08	7:20 AM	4.00	0.70	0.24	5 m												
02	53.76	74.74	3:05 AM	0.50	0.15	0.14	5 m												
03	47.79	56.82	12:00 AM	0.42	0.05	0.05	5 m												
04	33.76	51.79					5 m												
05	39.74	50.21					5 m												
06	36.25	50.50					5 m												
07	37.26	50.39					5 m												
08	39.40	51.16					5 m												
09	32.00	43.88					5 m												
10	47.14	92.07	7:35 PM	1.50	0.35	0.22	5 m	8:08 PM	M	0.15	M	0.039	M						
11	54.58	92.20	10:55 AM	0.08	0.01	0.01	5 m												
12	37.30	52.97					5 m												
13	36.69	48.84					5 m												
14	34.41	50.83	7:00 PM	0.08	0.02	0.02	5 m												
15	39.57	50.55	5:10 PM	0.25	0.14	0.14	5 m												
16	30.97	43.80					5 m												
17	37.77	47.65					5 m												
18	29.08	33.48					5 m												
19	38.97	49.63					5 m												
20	28.83	32.92					5 m												
21	38.33	48.11					5 m												
22	28.62	35.21					5 m												
23	37.78	45.22					5 m												
24	31.12	48.54					5 m												
25	37.31	48.88					5 m												
26	30.18	42.62					5 m												
27	38.50	49.42					5 m												
28	39.55	90.76	3:45 PM	2.08	0.51	0.20	5 m												
29	76.39	101.00	3:15 AM	1.08	1.13	0.99	5 m	3:41 AM	M	1.28	M	0.334	M						
30	47.26	53.65					5 m												
31	45.59	52.18					5 m												
Totals:	1252.15			10.00	3.06			2	Days	1.43		0.373		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	8-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No.	51						CSO Outfall No.	52					CSO Outfall No.	53				
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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31																			
Totals:	0	Days	0		0			0	Days	0		0		0	Days	0.00		0	

CSO Outfall No.	61				
Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Days	0		0		

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 10 of 12 | Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 8-2020 | Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
	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	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
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Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0	

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 10 of 12 | Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 8-2020 | Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
	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	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
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Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000			Dys						Dys				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 11 of 12					Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?			Y							
Monitoring Period:	[MONTH]	8-2020						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Jessie Ave. K14 Gauge					CSO Outfall No.			27		CSO Outfall No.			33		
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
01	66.26	88.08	7:30 AM	3.50	0.66	0.20	5 m							12:08 PM	M	0.12	M	0.216	M
02	53.76	74.74	12:10 AM	1.08	0.23	0.15	5 m												
03	47.79	56.82	12:00 AM	0.25	0.07	0.07	5 m												
04	33.76	51.79					5 m												
05	39.74	50.21					5 m												
06	36.25	50.50					5 m												
07	37.26	50.39					5 m												
08	39.40	51.16					5 m												
09	32.00	43.88					5 m												
10	47.14	92.07	7:30 PM	1.67	0.52	0.38	5 m							8:04 PM	M	0.47	M	0.987	M
11	54.58	92.20					5 m												
12	37.30	52.97					5 m												
13	36.69	48.84					5 m												
14	34.41	50.83					5 m												
15	39.57	50.55					5 m												
16	30.97	43.80					5 m												
17	37.77	47.65					5 m												
18	29.08	33.48					5 m												
19	38.97	49.63					5 m												
20	28.83	32.92					5 m												
21	38.33	48.11					5 m												
22	28.62	35.21					5 m												
23	37.78	45.22					5 m												
24	31.12	48.54					5 m												
25	37.31	48.88					5 m												
26	30.18	42.62					5 m												
27	38.50	49.42					5 m												
28	39.55	90.76	3:45 PM	1.83	0.49	0.21	5 m												
29	76.39	101.00	3:15 AM	1.08	1.17	0.99	5 m							3:41 AM	M	3.51	M	7.167	M
30	47.26	53.65					5 m												
31	45.59	52.18					5 m												
Totals:	1252.15			9.42	3.14			0	Dys	0.00		0		3	Dys	4.10		8.370	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	09/16/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 11 of 12					Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?			Y							
Monitoring Period:	[MONTH]	8-2020						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified										
	CSO Outfall No.			36				CSO Outfall No.			44		CSO Outfall No.			45		
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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28																			
29																			
30																			
31																			
Totals:	0	Dys	0.00		0.000			0	Dys	0.00		0.000		0	Dys	0.00		0.000	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	*Fort Wayne*		*Page: [12] of [12]*	*Permit Number:*	*IN0032191*
Facility:	*Fort Wayne - P.L. Brunner WWTP*		*Public Notification Requirements Met?*		Y
Monitoring Period:	*[MONTH]*	8-2020	*Check box if no CSO discharge occurred for the month:*		
Design Peak Hourly Flow (MGD):		*85*	*Design Average Flow (MGD):*	*60*	

Day of Month	*Comments (further explanation as to why each CSO event occurred)*
01	Wet Weather Day
02	Wet Weather Day
03	
04	
05	
06	
07	
08	
09	
10	Wet Weather Day
11	Wet Weather Day
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	DWO - CSO 020
25	DWO - CSO 020
26	
27	
28	Wet Weather Day
29	Wet Weather Day
30	
31	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent	*Telephone*
Susan Reas, Program Manager	*260-427-6213*

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)*
Susan Reas	*09/16/2020*

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.06	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2020_08.pdf	pdf	177970.0
IN0032191_002C_CSOMRO_2020_08.pdf	pdf	444511.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.06	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		4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge						

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:52 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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						=	3.5					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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:49 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	11.59					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						=	1.329					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						=	3.5					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						=	5.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:49 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.5	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:49 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	2.04					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						=	2.834					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						=	3.5					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:49 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.5	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	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:50 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	8.5					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	1.671					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						=	3.36					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:47 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	8.58					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						=	0.662					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						=	3.36					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:48 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	22.51					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						=	21.493					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															
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=	3.07					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						=	6.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:48 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.07	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:48 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	31.59					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						=	3.691					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						=	3.07					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						=	7.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:48 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	9.34					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						=	0.533					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						=	3.07					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:49 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	6.34					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.731					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						=	3.64					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:45 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.76					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						=	0.098					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						=	3.64					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:45 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	3.0					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.382					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						=	3.64					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:45 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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						=	3.14					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:53 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.43					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						=	0.373					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						=	3.06					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:50 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.58					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						=	0.075					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						=	3.64					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:45 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	6.84				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						=	0.194				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						=	3.64				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						=	5.0				4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:46 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	4.1					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						=	8.37					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						=	3.14					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:53 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:53 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					12.33	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						=					3.405	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						=					3.64	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						=					5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:46 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:54 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:54 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.05	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															
84166	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.										Req Mon	MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:50 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	3.92					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						=	0.958					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						=	3.64					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						=	5.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:47 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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				
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.06	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:51 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.06	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:51 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.05	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:51 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.5					82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.							Opt Mon MO TOTAL					82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.003					3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.							Opt Mon MO TOTAL					3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=	2.92					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Opt Mon MO TOTAL					4K - #/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

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:50 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	11.08					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	3.439					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						=	3.64					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						=	5.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:47 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.3					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						=	1.56					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						=	3.5					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:50 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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											3.54	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:40 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.46	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:44 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										= 3.06	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	4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:52 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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									=	3.06	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	4K	#/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:52 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.33					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						=	0.064					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						=	3.54					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:44 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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						=	3.06					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:52 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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						=	3.06					5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon	MO TOTAL	5W - in/mo	AL/EV - All Events	RT - RCOTOT
					Value NODI													0		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon	MO TOTAL	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:53 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 08/01/20 to 08/31/20	**DMR Due Date:**	09/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.06	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:53 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-09-16 09:58 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

October 19, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of September 2020

We are pleased to enclose a completed CSO MRO form for the month of September 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

The Old Mill Rd_K11 rain gauge is currently unavailable. As a result, the City is using the Harrison rain gauge data for reporting precipitation on the following outfalls: CSO 018, 019, 020 and 021.

The City is completing a project at the intersection of Barr St. and Superior St. The flow meter for CSO outfall 029 is located at this respective location. The flow meter at CSO 029 had to be removed on June 11, 2020 due to this construction project. The flow meter was then reinstalled on September 22, 2020. Additionally, the City is completing a project at the intersection of Wayne St. and Hanna St. The flow

meter for CSO 039 is located at located at this respective location. The flow meter at CSO 039 had to be removed on August 28, 2020 due to this construction project.

The City is temporarily using modeling to estimate overflows for CSO 029 for September 1, 2020 to September 22, 2020, on this CSO MRO report. The City will be using modeling to estimate overflows for CSO outfall 039 for the entire month of September, 2020, on this CSO MRO report.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St_Q13 Gauge					CSO Outfall No.						CSO Outfall No.					60
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
01	43.56	50.23	10:00 PM	0.33	0.13	0.13	5 m												
02	38.75	49.27	2:10 AM	0.42	0.05	0.03	5 m												
03	37.67	50.19					5 m												
04	32.78	50.30					5 m												
05	33.96	45.51					5 m												
06	34.12	42.61					5 m												
07	33.95	54.02	1:30 PM	1.42	0.26	0.09	5 m												
08	69.02	88.09	12:35 AM	2.67	1.32	0.76	5 m							3:40 AM	M	0.83	M	0.004	M
09	44.59	52.83					5 m												
10	42.01	49.43					5 m												
11	33.09	46.51					5 m												
12	40.24	49.40					5 m												
13	55.71	92.00	2:20 AM	1.08	0.43	0.25	5 m												
14	37.31	54.05					5 m												
15	37.14	50.66					5 m												
16	36.73	49.32					5 m												
17	32.50	49.80					5 m												
18	36.02	57.84					5 m												
19	32.47	46.93					5 m												
20	33.22	49.24					5 m												
21	33.15	47.41					5 m												
22	34.28	49.53					5 m												
23	33.89	46.31					5 m												
24	35.15	47.73					5 m												
25	32.95	47.21					5 m												
26	36.70	47.59					5 m												
27	29.33	43.13					5 m												
28	41.43	57.92	10:25 AM	1.58	0.20	0.06	5 m												
29	29.92	44.19	8:25 AM	0.08	0.01	0.01	5 m												
30	34.34	47.19					5 m												
Totals:	1126.01			7.58	2.40				Days					1	Days	0.83		0.004	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	10/19/2020

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Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.							CSO Outfall No.						CSO Outfall No.					CSO Outfall No.
Day of Month	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	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
01																									
02																									
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Totals:									Days						Days						Days				

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Public Notification Requirements Met?	Y																							
Monitoring Period:	[MONTH]	9-2020																						
Check box if no CSO discharge occurred for the month:																								
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60																				
Measured/Metered (M) or Estimated (E) must be specified																								
WWTP Influent Data			Precipitation Data - Wallace St E. N02 Gauge					CSO Outfall No.	57					CSO Outfall No.	64									
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					
01	43.56	50.23	9:50 PM	0.25	0.04	0.03	5 m																	
02	38.75	49.27	2:30 AM	0.25	0.03	0.02	5 m																	
03	37.67	50.19					5 m																	
04	32.78	50.30					5 m																	
05	33.96	45.51					5 m																	
06	34.12	42.61					5 m																	
07	33.95	54.02	1:10 PM	0.92	0.19	0.09	5 m																	
08	69.02	88.09	12:00 AM	2.33	0.86	0.49	5 m							3:45 AM	M	0.33	M	0.011	M					
09	44.59	52.83					5 m																	
10	42.01	49.43					5 m																	
11	33.09	46.51					5 m																	
12	40.24	49.40					5 m																	
13	55.71	92.00	2:00 AM	1.25	0.38	0.22	5 m																	
14	37.31	54.05					5 m																	
15	37.14	50.66					5 m																	
16	36.73	49.32					5 m																	
17	32.50	49.80					5 m																	
18	36.02	57.84					5 m																	
19	32.47	46.93					5 m																	
20	33.22	49.24					5 m																	
21	33.15	47.41					5 m																	
22	34.28	49.53					5 m																	
23	33.89	46.31					5 m																	
24	35.15	47.73					5 m																	
25	32.95	47.21					5 m																	
26	36.70	47.59					5 m																	
27	29.33	43.13					5 m																	
28	41.43	57.92	10:25 AM	1.83	0.22	0.05	5 m																	
29	29.92	44.19					5 m																	
30	34.34	47.19					5 m																	
Totals:	1126.01			6.83	1.72			0	Days	0.00		0.000		1	Days	0.33		0.011						

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Susan Reas	10/19/2020

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Public Notification Requirements Met?	Y																							
Monitoring Period:	[MONTH]	9-2020																						
Check box if no CSO discharge occurred for the month:																								
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60																				
Measured/Metered (M) or Estimated (E) must be specified																								
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:		Days						Days						Days						Days				

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City:	Fort Wayne							Page 3 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Ewing St. L02 Gauge					CSO Outfall No.		23				CSO Outfall No.		24			
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
01	43.56	50.23	9:50 PM	0.17	0.02	0.01	5 m												
02	38.75	49.27	2:30 AM	0.17	0.02	0.02	5 m												
03	37.67	50.19					5 m												
04	32.78	50.30					5 m												
05	33.96	45.51					5 m												
06	34.12	42.61					5 m												
07	33.95	54.02	1:40 PM	0.50	0.15	0.12	5 m												
08	69.02	88.09	12:30 AM	2.58	0.82	0.46	5 m	1:50 AM	M	2.67	M	0.304	M						
09	44.59	52.83					5 m												
10	42.01	49.43					5 m												
11	33.09	46.51					5 m												
12	40.24	49.40					5 m												
13	55.71	92.00	2:00 AM	1.17	0.51	0.37	5 m	2:35 AM	M	1.42	M	0.130	M	2:45 AM	M	0.83	M	0.027	M
14	37.31	54.05					5 m												
15	37.14	50.66					5 m												
16	36.73	49.32					5 m												
17	32.50	49.80					5 m												
18	36.02	57.84					5 m												
19	32.47	46.93					5 m												
20	33.22	49.24					5 m												
21	33.15	47.41					5 m												
22	34.28	49.53					5 m												
23	33.89	46.31					5 m												
24	35.15	47.73					5 m												
25	32.95	47.21					5 m												
26	36.70	47.59					5 m												
27	29.33	43.13					5 m												
28	41.43	57.92	10:30 AM	1.33	0.16	0.05	5 m												
29	29.92	44.19					5 m												
30	34.34	47.19	6:00 PM	0.08	0.01	0.01	5 m												
Totals:	1126.01			6.00	1.69			2	Days	4.09		0.434		1	Days	0.83		0.027	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rens, Program Manager	260-427-6213

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)
Susan Rens	10/19/2020

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City:	Fort Wayne							Page 3 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No.		25					CSO Outfall No.		29				CSO Outfall No.		32			
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																			
02																			
03																			
04																			
05																			
06																			
07														10:00 PM	M	0.33	M	0.014	M
08	1:55 AM	M	1.17	M	0.082	M		2:45 AM	M	1.58	M	0.110	M	1:50 AM	M	2.50	M	0.819	M
09																			
10																			
11																			
12																			
13	2:45 AM	M	0.75	M	0.037	M		2:45 AM	M	1.17	M	0.157	M	2:40 AM	M	1.33	M	0.349	M
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
Totals:	2	Days	1.92		0.119			2	Days	2.75		0.267		3	Days	4.16		1.182	

CSO Outfall No.	39				
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01						
02						
03						
04						
05						
06						
07						
08	4:30 AM	M	0.58	M	0.068	M
09						
10						
11						
12						
13	2:50 AM	M	1.17	M	0.187	M
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
Totals:	2	Days	1.75		0.255	

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Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period:	[MONTH] 9-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MCD):	85	Design Average Flow (MCD): 60	Measured/Metered (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
	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	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
01																								
02																								
03																								
04																								
05																								
06																								
07							10:00 PM	M	0.33	M	0.011	M												
08	1:55 AM	M	0.83	M	0.221	M	1:35 AM	M	3.08	M	0.765	M												
09																								
10																								
11																								
12																								
13	2:50 AM	M	0.33	M	0.023	M	2:45 AM	M	1.58	M	0.183	M												
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	1.16		0.244		3	Days	4.99		0.959			Days						Days				

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Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No.	13					CSO Outfall No.	17								
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				
01	43.56	50.23	9:40 PM	0.25	0.06	0.05	5 m																
02	38.75	49.27	2:25 AM	0.25	0.03	0.03	5 m																
03	37.67	50.19					5 m																
04	32.78	50.30					5 m																
05	33.96	45.51					5 m																
06	34.12	42.61					5 m																
07	33.95	54.02	1:30 PM	1.17	0.22	0.10	5 m																
08	69.02	88.09	12:30 AM	2.42	1.28	0.67	5 m	1:55 AM	M	3.08	M	1.349	M	1:40 AM	M	1.83	M	0.037	M				
09	44.59	52.83					5 m																
10	42.01	49.43					5 m																
11	33.09	46.51					5 m																
12	40.24	49.40					5 m																
13	55.71	92.00	2:00 AM	1.08	0.47	0.28	5 m	3:00 AM	M	1.33	M	0.143	M	3:00 AM	M	1.00	M	0.007	M				
14	37.31	54.05					5 m																
15	37.14	50.66					5 m																
16	36.73	49.32					5 m																
17	32.50	49.80					5 m																
18	36.02	57.84					5 m																
19	32.47	46.93					5 m																
20	33.22	49.24					5 m																
21	33.15	47.41					5 m																
22	34.28	49.53					5 m																
23	33.89	46.31					5 m																
24	35.15	47.73					5 m																
25	32.95	47.21					5 m																
26	36.70	47.59					5 m																
27	29.33	43.13					5 m																
28	41.43	57.92	10:25 AM	1.42	0.17	0.05	5 m																
29	29.92	44.19					5 m																
30	34.34	47.19					5 m																
Totals:	1126.01			6.58	2.23			2	Days	4.41		1.492		2	Days	2.83		0.044					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	10/19/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 5 of 12								Permit Number: IN0032191							
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?								Y							
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified															
Time	CSO Outfall No.							CSO Outfall No.								CSO Outfall No.							
Day of Month	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			Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01																							
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Totals:				Days						Days						Days							

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 6 of 12		Permit Number: IN0032191													
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y													
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No.		18				CSO Outfall No.		19							
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				
01	43.56	50.23	11:20 PM	0.25	0.05	0.05	5 m																
02	38.75	49.27	3:00 AM	0.33	0.04	0.03	5 m																
03	37.67	50.19					5 m																
04	32.78	50.30					5 m																
05	33.96	45.51					5 m																
06	34.12	42.61					5 m																
07	33.95	54.02	2:45 PM	0.83	0.14	0.05	5 m																
08	69.02	88.09	12:55 AM	2.58	1.38	0.76	5 m	1:25 AM	M	11.33	M	22.395	M										
09	44.59	52.83					5 m																
10	42.01	49.43					5 m																
11	33.09	46.51					5 m																
12	40.24	49.40					5 m																
13	55.71	92.00	3:25 AM	1.08	0.56	0.28	5 m	2:40 AM	M	4.50	M	4.709	M										
14	37.31	54.05					5 m																
15	37.14	50.66					5 m																
16	36.73	49.32					5 m																
17	32.50	49.80					5 m																
18	36.02	57.84					5 m																
19	32.47	46.93					5 m																
20	33.22	49.24					5 m																
21	33.15	47.41					5 m																
22	34.28	49.53					5 m																
23	33.89	46.31					5 m																
24	35.15	47.73					5 m																
25	32.95	47.21					5 m																
26	36.70	47.59					5 m																
27	29.33	43.13					5 m																
28	41.43	57.92	11:35 AM	1.42	0.17	0.05	5 m																
29	29.92	44.19	8:10 AM	0.08	0.01	0.01	5 m																
30	34.34	47.19					5 m																
Totals:	1126.01			6.58	2.35			2	Dys	15.83		27.104		0	Dys	0.00		0					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	10/19/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 6 of 12		Permit Number: IN0032191													
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y													
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):			60		Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No.			20				CSO Outfall No.		21				CSO Outfall No.						CSO Outfall No.			
Day of Month	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	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
01																							
02																							
03																							
04																							
05																							
06																							
07																							
08	1:15 AM	M	5.42	M	3.340	M		1:30 AM	M	7.33	M	0.749	M										
09																							
10																							
11																							
12																							
13	2:50 AM	M	2.00	M	0.638	M		2:55 AM	M	2.42	M	0.125	M										
14																							
15																							
16																							
17																							
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28																							
29																							
30																							
Totals:	2	Dys	7.42		3.978			2	Dys	9.75		0.874			Dys						Dys				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data		Precipitation Data - Brown St_303 Gauge						CSO Outfall No.	04					CSO Outfall No.	05				
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
01	43.56	50.23	9:45 PM	0.17	0.02	0.01	5 m												
02	38.75	49.27	2:25 AM	0.25	0.04	0.03	5 m												
03	37.67	50.19					5 m												
04	32.78	50.30					5 m												
05	33.96	45.51					5 m												
06	34.12	42.61					5 m												
07	33.95	54.02	1:10 PM	0.83	0.14	0.08	5 m												
08	69.02	88.09	12:00 AM	2.58	1.13	0.64	5 m							1:30 AM	M	5.50	M	0.927	M
09	44.59	52.83					5 m												
10	42.01	49.43					5 m												
11	33.09	46.51					5 m												
12	40.24	49.40					5 m												
13	55.71	92.00	2:00 AM	1.17	0.53	0.40	5 m							2:50 AM	M	1.67	M	0.078	M
14	37.31	54.05					5 m												
15	37.14	50.66					5 m												
16	36.73	49.32					5 m												
17	32.50	49.80					5 m												
18	36.02	57.84					5 m												
19	32.47	46.93					5 m												
20	33.22	49.24					5 m												
21	33.15	47.41					5 m												
22	34.28	49.53					5 m												
23	33.89	46.31					5 m												
24	35.15	47.73					5 m												
25	32.95	47.21					5 m												
26	36.70	47.59					5 m												
27	29.33	43.13					5 m												
28	41.43	57.92	10:25 AM	1.58	0.20	0.07	5 m												
29	29.92	44.19					5 m												
30	34.34	47.19					5 m												
Totals:	1126.01			6.58	2.06			0	Days	0.00		0.000		2	Days	7.17		1.005	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	10/19/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No.	07						CSO Outfall No.	11					CSO Outfall No.	12				
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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28																			
29																			
30																			
Totals:	0	Days	0.00		0			0	Days	0.00		0.000		0	Days	0.00		0	

CSO Outfall No.	56						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01							
02							
03							
04							
05							
06							
07							
08	3:23 AM	M	0.70	M	0.840	M	
09							
10							
11							
12							
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18							
19							
20							
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23							
24							
25							
26							
27							
28							
29							
30							
Totals:	1	Days	0.70		0.840		

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne								Page 8 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y					
Monitoring Period:	[MONTH]	9-2020							Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.	54					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	
01	43.56	50.23	9:50 PM	0.25	0.10	0.09	5 m													
02	38.75	49.27	2:25 AM	0.50	0.06	0.04	5 m													
03	37.67	50.19					5 m													
04	32.78	50.30					5 m													
05	33.96	45.51					5 m													
06	34.12	42.61					5 m													
07	33.95	54.02	1:45 PM	1.08	0.56	0.26	5 m													
08	69.02	88.09	12:15 AM	3.08	1.14	0.48	5 m	3:35 AM	M	1.33	M	0.011	M							
09	44.59	52.83					5 m													
10	42.01	49.43					5 m													
11	33.09	46.51					5 m													
12	40.24	49.40					5 m													
13	55.71	92.00	2:40 AM	0.67	0.40	0.36	5 m													
14	37.31	54.05					5 m													
15	37.14	50.66					5 m													
16	36.73	49.32					5 m													
17	32.50	49.80					5 m													
18	36.02	57.84					5 m													
19	32.47	46.93					5 m													
20	33.22	49.24					5 m													
21	33.15	47.41					5 m													
22	34.28	49.53					5 m													
23	33.89	46.31					5 m													
24	35.15	47.73					5 m													
25	32.95	47.21					5 m													
26	36.70	47.59					5 m													
27	29.33	43.13					5 m													
28	41.43	57.92	10:05 AM	1.33	0.16	0.05	5 m													
29	29.92	44.19					5 m													
30	34.34	47.19	3:05 PM	0.08	0.01	0.01	5 m													
Totals:	1126.01			7.00	2.43			1	Days	1.33		0.011			Days					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	10/19/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne								Page 8 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y					
Monitoring Period:	[MONTH]	9-2020							Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
01																								
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28																								
29																								
30																								
Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12								Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y											
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Cader Dr_P26 Gauge					CSO Outfall No.	28				CSO Outfall No.	48							
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		
01	43.56	50.23	10:20 PM	0.08	0.01	0.01	5 m														
02	38.75	49.27	2:35 AM	0.17	0.02	0.02	5 m														
03	37.67	50.19					5 m														
04	32.78	50.30					5 m														
05	33.96	45.51					5 m														
06	34.12	42.61					5 m														
07	33.95	54.02	8:20 PM	0.17	0.05	0.03	5 m														
08	69.02	88.09	12:55 AM	2.33	0.65	0.27	5 m	2:38 AM	M	0.85	M	0.222	M								
09	44.59	52.83					5 m														
10	42.01	49.43					5 m														
11	33.09	46.51					5 m														
12	40.24	49.40					5 m														
13	55.71	92.00	2:05 AM	1.08	0.50	0.39	5 m	2:56 AM	M	0.32	M	0.084	M								
14	37.31	54.05					5 m														
15	37.14	50.66					5 m														
16	36.73	49.32					5 m														
17	32.50	49.80					5 m														
18	36.02	57.84					5 m														
19	32.47	46.93					5 m														
20	33.22	49.24					5 m														
21	33.15	47.41					5 m														
22	34.28	49.53					5 m														
23	33.89	46.31					5 m														
24	35.15	47.73					5 m														
25	32.95	47.21					5 m														
26	36.70	47.59					5 m														
27	29.33	43.13					5 m														
28	41.43	57.92	10:30 AM	1.58	0.21	0.06	5 m														
29	29.92	44.19					5 m														
30	34.34	47.19	5:30 PM	0.25	0.05	0.05	5 m														
Totals:	1126.01			5.67	1.49			2	Days	1.17		0.306		0	Days	0.00		0.000			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rens, Program Manager	260-427-6213

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)
Susan Rens	10/19/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12								Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y											
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified													
	CSO Outfall No.	51						CSO Outfall No.	52				CSO Outfall No.	53				CSO Outfall No.	61		
Day of Month	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	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
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Totals:	0	Days	0		0			0	Days	0		0		0	Days	0.00		0		0	Days	0		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne																Page 10 of 12				Permit Number:	IN0032191		
Facility:	Fort Wayne - P.L. Brunner WWTP																Public Notification Requirements Met?				Y			
Monitoring Period:	[MONTH]		9-2020														Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):			85				Design Average Flow (MGD):			60							Measured/Metered (M) or Estimated (E) must be specified							
	CSO Outfall No.		62				CSO Outfall No.		68				CSO Outfall No.		02		CSO Outfall No.		03					
Day of Month	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	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
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Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne																Page 10 of 12				Permit Number:	IN0032191		
Facility:	Fort Wayne - P.L. Brunner WWTP																Public Notification Requirements Met?				Y			
Monitoring Period:	[MONTH]		9-2020														Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):			85				Design Average Flow (MGD):			60							Measured/Metered (M) or Estimated (E) must be specified							
	CSO Outfall No.		80				CSO Outfall No.		81				CSO Outfall No.				CSO Outfall No.							
Day of Month	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	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
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Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000									Dys				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 11 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified			

	WWTP Influent Data		Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No.	27				CSO Outfall No.	33				
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/dd)	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
01	43.56	50.23	10:00 PM	0.17	0.02	0.02	5 m												
02	38.75	49.27	2:25 AM	0.25	0.03	0.02	5 m												
03	37.67	50.19					5 m												
04	32.78	50.30					5 m												
05	33.96	45.51					5 m												
06	34.12	42.61					5 m												
07	33.95	54.02	8:15 PM	0.33	0.07	0.04	5 m												
08	69.02	88.09	12:55 AM	2.58	0.66	0.27	5 m							3:40 AM	M	0.77	M	1.617	M
09	44.59	52.83					5 m												
10	42.01	49.43					5 m												
11	33.09	46.51					5 m												
12	40.24	49.40					5 m												
13	55.71	92.00	2:00 AM	1.00	0.38	0.29	5 m							3:00 AM	M	0.20	M	0.360	M
14	37.31	54.05					5 m												
15	37.14	50.66					5 m												
16	36.73	49.32					5 m												
17	32.50	49.80					5 m												
18	36.02	57.84					5 m												
19	32.47	46.93					5 m												
20	33.22	49.24					5 m												
21	33.15	47.41					5 m												
22	34.28	49.53					5 m												
23	33.89	46.31					5 m												
24	35.15	47.73					5 m												
25	32.95	47.21					5 m												
26	36.70	47.59					5 m												
27	29.33	43.13					5 m												
28	41.43	57.92	10:30 AM	1.75	0.21	0.06	5 m												
29	29.92	44.19					5 m												
30	34.34	47.19	5:40 PM	0.08	0.01	0.01	5 m												
Totals:	1126.01			6.17	1.38			0	Days	0.00		0		2	Days	0.97		1.977	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rens, Program Manager	260-427-6213

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)
Susan Rens	10/19/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 11 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	9-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No.	36				CSO Outfall No.	44				CSO Outfall No.	45				CSO Outfall No.			
Day of Month	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	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
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	*Fort Wayne*		*Page: [12] of [12]*	*Permit Number:*	*IN0032191*
Facility:	*Fort Wayne - P.L. Brunner WWTP*		*Public Notification Requirements Met?*		Y
Monitoring Period:	*[MONTH]*	9-2020	*Check box if no CSO discharge occurred for the month:*		
Design Peak Hourly Flow (MGD):		*85*	*Design Average Flow (MGD):*	*60*	

Day of Month	*Comments (further explanation as to why each CSO event occurred)*
01	
02	
03	
04	
05	
06	
07	Wet Weather Day
08	Wet Weather Day
09	
10	
11	
12	
13	Wet Weather Day
14	
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Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent	*Telephone*
Susan Reas, Program Manager	*260-427-6213*

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)*
Susan Reas	*10/19/2020*

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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								=			1.49	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_09.pdf	pdf	177629.0
IN0032191_002C_CSOMRO_2020_09.pdf	pdf	442392.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.49			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		4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.06	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					7.17	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=					1.005	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						=					2.06	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						=					2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.06	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 4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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				
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample						=	2.06					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.06	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 4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	4.41					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						=	1.492					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						=	2.23					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					2.83	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						=					0.044	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						=					2.23	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						=					2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	15.83					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	27.104					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						=	2.35					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															
84166	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon	MO TOTAL				4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:28 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.35	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:28 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	7.42					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	3.978					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						=	2.35					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:28 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	9.75					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.874					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						=	2.35					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:28 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=					4.09	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=					0.434	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						=					1.69	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						=					2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/25/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.83					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						=	0.027					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						=	1.69					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.92					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						=	0.119					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						=	1.69					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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						=	1.38					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	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.17					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						=	0.306					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						=	1.49					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	2.75					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						=	0.267					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						=	1.69					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	4.16					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															
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	1.182					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						=	1.69					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.97					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						=	1.977					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						=	1.38					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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						=	1.38				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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.75					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						=	0.255					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						=	1.69					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.38	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.												Req Mon MO TOTAL	82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
					Value NODI												C - No Discharge				
74063	Overflow volume [SSO 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										=	1.38	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.49	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.16					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.244					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															
78827	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample						=	1.69					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.49	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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									=	1.49		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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: C22-094		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.49	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.33					82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Opt 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						=	0.011					3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=	2.43					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	4.99					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.959					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						=	1.69					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					0.7	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=					0.84	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															
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=					2.06	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						=					1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.72	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.83					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						=	0.004					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						=	2.4					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.49	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		4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.49	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.33					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						=	0.011					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						=	1.72					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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						=	1.49					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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						=	1.49					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					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI						C - No Discharge									

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 09/01/20 to 09/30/20	**DMR Due Date:**	10/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.49	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2020-10-19 13:40 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

November 17, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of October 2020

We are pleased to enclose a completed CSO MRO form for the month of October 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

The City is completing a project at the intersection of Wayne St. and Hanna St. The flow meter for CSO 039 is located at this respective location. The flow meter at CSO 039 had to be removed on August 28, 2020 due to this construction project. The flow meter was then reinstalled on October 29, 2020.

The City is temporarily using modeling to estimate overflows for CSO 039 for October 1, 2020 to October 29, 2020, on this CSO MRO report.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number:	IN0032191						
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?			Y										
Monitoring Period:	[MONTH]	10-2020						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		60		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No.						60	
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 in. 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
01	34.11	40.83					5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:00 AM	3.75	0.50	0.17	5 m												
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:20 PM	0.92	0.34	0.28	5 m												
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	6:55 AM	0.58	0.07	0.03	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	4:25 AM	1.42	0.18	0.03	5 m												
20	38.21	58.39	12:25 AM	2.58	0.46	0.23	5 m												
21	77.26	92.00	12:00 AM	3.50	1.08	0.40	5 m												
22	73.21	92.05	12:35 AM	0.92	0.19	0.16	5 m												
23	59.26	92.03	2:45 PM	0.92	0.25	0.21	5 m												
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:45 PM	0.67	0.08	0.02	5 m												
28	34.79	37.95	12:25 AM	0.33	0.04	0.02	5 m												
29	40.41	52.94	3:40 AM	1.67	0.20	0.08	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			17.26	3.39				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	11/17/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number:	IN0032191						
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?			Y										
Monitoring Period:	[MONTH]	10-2020						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		60		Measured/Metered (M) or Estimated (E) must be specified													
Time	CSO Outfall No.							CSO Outfall No.						CSO Outfall No.						CSO Outfall No.	
Day of Month	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	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
01																									
02																									
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31																									
Totals:		Days							Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				Page 2 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10-2020		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60	Measured/Metered (M) or Estimated (E) must be specified			

	WWTP Influent Data		Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
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
01	34.11	40.83	4:05 PM	0.08	0.02	0.02	5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:00 AM	3.25	0.46	0.17	5 m												
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:15 PM	1.00	0.26	0.18	5 m												
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	7:00 AM	0.50	0.06	0.04	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	3:50 AM	1.58	0.20	0.04	5 m												
20	38.21	58.39	12:20 AM	2.42	0.48	0.27	5 m												
21	77.26	92.00	12:00 AM	3.50	0.91	0.31	5 m												
22	73.21	92.05	1:10 AM	0.67	0.21	0.20	5 m												
23	59.26	92.03	3:15 PM	0.33	0.18	0.18	5 m												
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:15 PM	0.67	0.08	0.02	5 m												
28	34.79	37.95	12:25 AM	0.33	0.04	0.02	5 m												
29	40.41	52.94	3:35 AM	1.42	0.17	0.06	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			15.75	3.07			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	11/17/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				Page 2 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10-2020		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60	Measured/Metered (M) or Estimated (E) must be specified			

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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31																								
Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 3 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 10-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Ewing St. L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
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
01	34.11	40.83	4:05 PM	0.08	0.01	0.01	5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:00 AM	3.08	0.42	0.16	5 m	9:35 AM	M	0.75	M	0.030	M						
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:15 PM	0.83	0.25	0.18	5 m	7:15 PM	M	0.75	M	0.016	M						
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	6:55 AM	0.50	0.07	0.04	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	3:55 AM	1.67	0.20	0.04	5 m												
20	38.21	58.39	12:20 AM	2.42	0.43	0.22	5 m	11:50 PM	M	0.17	M	0.016	M						
21	77.26	92.00	12:00 AM	3.67	0.94	0.34	5 m	12:00 AM	M	3.67	M	0.319	M	12:10 AM	M	2.25	M	0.393	M
22	73.21	92.05	1:10 AM	0.75	0.25	0.23	5 m	1:35 AM	M	0.67	M	0.068	M	1:55 AM	M	0.50	M	0.023	M
23	59.26	92.03	2:45 PM	0.33	0.19	0.18	5 m	3:40 PM	M	0.50	M	0.034	M						
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:25 PM	0.58	0.07	0.02	5 m												
28	34.79	37.95	12:20 AM	0.33	0.04	0.02	5 m												
29	40.41	52.94	3:40 AM	1.33	0.16	0.06	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			15.58	3.03			6	Days	6.51		0.483		2	Days	2.75		0.416	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reos, Program Manager
Telephone: 260-427-6215

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: Susan Reos
Date (mm/dd/yy): 11/17/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 3 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 10-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	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	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
01																								
02																								
03																								
04													9:35 AM	M	1.08	M	0.054	M	10:00 AM	M	0.25	M	0.002	M
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12	7:25 PM	M	0.50	M	0.002	M							7:15 PM	M	0.50	M	0.059	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	11:55 PM	M	0.08	M	0.001	M							11:55 PM	M	0.08	M	0.041	M	11:55 PM	M	0.08	M	0.002	M
21	12:00 AM	M	2.17	M	0.091	M	12:00 AM	M	0.42	M	0.016	M	12:00 AM	M	2.92	M	0.916	M	12:00 AM	M	1.92	M	0.312	M
22	1:40 AM	M	0.42	M	0.025	M	1:40 AM	M	0.25	M	0.001	M	1:40 AM	M	0.50	M	0.245	M	1:50 AM	M	0.50	M	0.023	M
23	3:45 PM	M	0.25	M	0.004	M							3:45 PM	M	0.33	M	0.094	M	3:50 PM	M	0.42	M	0.011	M
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	5	Days	3.42		0.123		2	Days	0.67		0.017		6	Days	5.41		1.409		5	Days	3.17		0.350	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 10-2020		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MCD): 85	Design Average Flow (MCD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
01																								
02																								
03																								
04							9:35 AM	M	0.92	M	0.033	M												
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12							7:15 PM	M	0.42	M	0.020	M												
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	11:55 PM	M	0.08	M	0.012	M	11:25 PM	M	0.42	M	0.047	M												
21	12:00 AM	M	2.00	M	0.139	M	12:00 AM	M	4.33	M	0.645	M												
22	1:40 AM	M	0.42	M	0.042	M	1:30 AM	M	1.00	M	0.164	M												
23	3:45 PM	M	0.25	M	0.009	M	3:40 PM	M	0.67	M	0.097	M												
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	4	Dys	2.75		0.202		6	Dys	7.76		1.006			Dys						Dys				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 5 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 10-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
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
01	34.11	40.83					5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:10 AM	3.42	0.46	0.16	5 m	10:20 AM	M	0.58	M	0.011	M						
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:15 PM	0.83	0.19	0.14	5 m												
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	6:55 AM	0.50	0.06	0.03	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	4:30 AM	1.33	0.17	0.03	5 m												
20	38.21	58.39	12:20 AM	2.42	0.49	0.28	5 m												
21	77.26	92.00	12:00 AM	3.58	0.95	0.33	5 m	12:05 AM	M	5.00	M	0.813	M	12:00 AM	M	3.67	M	0.145	M
22	73.21	92.05	12:40 AM	0.75	0.21	0.19	5 m	1:55 AM	M	1.08	M	0.109	M	1:55 AM	M	0.92	M	0.003	M
23	59.26	92.03	3:15 PM	0.33	0.19	0.19	5 m	4:10 PM	M	0.75	M	0.031	M	4:00 PM	M	0.75	M	0.001	M
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:40 PM	0.58	0.07	0.02	5 m												
28	34.79	37.95	12:25 AM	0.25	0.03	0.02	5 m												
29	40.41	52.94	3:15 AM	1.50	0.18	0.06	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			15.50	3.00			4	Days	7.41		0.964		3	Days	5.34		0.149	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	11/17/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 5 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 10-2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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30																								
31																								
Totals:			Days						Days						Days						Days			

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 6 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified			

	WWTP Influent Data		Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
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
01	34.11	40.83					5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98					5 m	9:40 AM	M	5.50	M	2.505	M						
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26	7:30 AM	0.25	0.03	0.02	5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:15 PM	0.75	0.21	0.15	5 m	7:45 PM	M	2.33	M	0.989	M						
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	6:50 AM	0.58	0.07	0.03	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	4:25 AM	1.42	0.18	0.03	5 m												
20	38.21	58.39	12:15 AM	2.58	0.51	0.29	5 m	11:15 PM	M	0.75	M	0.253	M						
21	77.26	92.00	12:00 AM	3.33	0.91	0.34	5 m	12:00 AM	M	13.00	M	14.958	M						
22	73.21	92.05	12:35 AM	0.75	0.21	0.20	5 m	12:00 AM	M	5.75	M	2.852	M						
23	59.26	92.05	3:15 PM	0.42	0.20	0.19	5 m	4:00 PM	M	7.08	M	2.366	M						
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:35 PM	0.67	0.08	0.03	5 m												
28	34.79	37.95	12:00 AM	0.50	0.06	0.02	5 m												
29	40.41	52.94	3:35 AM	1.50	0.18	0.06	5 m	7:55 AM	M	1.92	M	0.202	M						
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			12.75	2.64			7	Days	36.33		24.125		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rens, Program Manager	260-427-6213

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)
Susan Rens	11/17/2020

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 6 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No.				CSO Outfall No.			
Day of Month	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	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
01																								
02																								
03																								
04	9:30 AM	M	2.25	M	0.135	M	12:50 PM	M	0.58	M	0.002	M												
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12	7:30 PM	M	0.67	M	0.082	M	7:30 PM	M	0.42	M	0.016	M												
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	11:00 PM	M	1.00	M	0.039	M																		
21	12:00 AM	M	6.92	M	1.678	M	12:00 AM	M	9.33	M	0.430	M												
22	1:40 AM	M	1.58	M	0.206	M	1:50 AM	M	2.33	M	0.042	M												
23	3:50 PM	M	1.08	M	0.156	M	3:50 PM	M	4.25	M	0.075	M												
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	6	Days	13.50		2.296		5	Days	16.91		0.565			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10	2020					Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified			

	WWTP Influent Data		Precipitation Data - Brown St_303 Gauge					CSO Outfall No. 04					CSO Outfall No. 05				
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
01	34.11	40.83	4:00 PM	0.17	0.02	0.01	5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:10 AM	3.42	0.45	0.15	5 m							9:30 AM	M	3.50	M	0.022	M
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:15 PM	1.00	0.27	0.19	5 m							7:25 PM	M	1.08	M	0.001	M
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	6:55 AM	0.67	0.08	0.04	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	4:00 AM	1.58	0.19	0.04	5 m												
20	38.21	58.39	12:15 AM	2.67	0.46	0.23	5 m							11:20 PM	M	0.67	M	0.003	M
21	77.26	92.00	12:00 AM	3.58	0.88	0.32	5 m							12:00 AM	M	7.42	M	0.422	M
22	75.21	92.05	12:50 AM	0.75	0.24	0.22	5 m							1:40 AM	M	1.33	M	0.031	M
23	59.26	92.03	3:30 PM	0.33	0.17	0.16	5 m							3:50 PM	M	0.92	M	0.019	M
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:45 PM	0.58	0.07	0.02	5 m												
28	34.79	37.95	12:15 AM	0.42	0.05	0.03	5 m												
29	40.41	52.94	3:45 AM	1.33	0.16	0.06	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			16.50	3.04			0	Days	0.00		0.000		6	Days	14.92		0.498	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	11/17/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10	2020					Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 07					CSO Outfall No. 11					CSO Outfall No. 12					CSO Outfall No. 56				
Day of Month	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	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
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21																			12:54 AM	M	0.87	M	1.044	M
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23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	0	Days	0.00		0		0	Days	0.00		0.000		0	Days	0.00		0		1	Days	0.87		1.044	

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met? Y											
Monitoring Period: [MONTH] 10-2020								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85			Design Average Flow (MGD): 60					Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						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
01	34.11	40.83	3:40 PM	0.17	0.02	0.01	5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	3:00 AM	3.92	0.54	0.15	5 m												
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:10 PM	1.00	0.36	0.23	5 m												
13	30.12	50.64					5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	7:00 AM	0.42	0.05	0.02	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	4:40 AM	1.00	0.12	0.03	5 m												
20	38.21	58.39	12:05 AM	2.67	0.51	0.26	5 m												
21	77.26	92.00	12:00 AM	3.33	0.99	0.36	5 m												
22	73.21	92.05	12:35 AM	0.58	0.08	0.06	5 m												
23	59.26	92.03	2:40 PM	1.17	1.03	0.83	5 m												
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:35 PM	0.67	0.08	0.02	5 m												
28	34.79	37.95	12:30 AM	0.33	0.04	0.02	5 m												
29	40.41	52.94	3:20 AM	1.50	0.18	0.07	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			16.75	4.00			0	Days	0.00		0.000			Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Rens, Program Manager	260-427-6213

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)
Susan Rens	11/17/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne																					
Facility: Fort Wayne - P.L. Brunner WWTP																					
Monitoring Period: [MONTH] 10-2020																					
Design Peak Hourly Flow (MGD): 85																					
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified			

	WWTP Influent Data		Precipitation Data - Cader Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
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
01	34.11	40.83	6:00 PM	0.25	0.03	0.03	5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:10 AM	2.67	0.35	0.13	5 m												
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:20 PM	0.75	0.23	0.16	5 m												
13	30.12	50.64	7:55 AM	0.08	0.01	0.01	5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	7:00 AM	0.50	0.07	0.05	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	4:00 AM	1.83	0.22	0.05	5 m												
20	38.21	58.39	12:15 AM	2.33	0.47	0.26	5 m												
21	77.26	92.00	12:00 AM	3.33	0.67	0.22	5 m	12:20 AM	M	0.69	M	0.180	M						
22	73.21	92.05	1:10 AM	0.75	0.12	0.10	5 m												
23	59.26	92.03	2:45 PM	0.42	0.35	0.32	5 m												
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:25 PM	0.50	0.06	0.02	5 m												
28	34.79	37.95	12:25 AM	0.25	0.03	0.02	5 m												
29	40.41	52.94	3:40 AM	1.17	0.14	0.05	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			14.83	2.75			1	Days	0.69		0.180		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reus, Program Manager	260-427-6213

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)
Susan Reus	11/17/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12		Permit Number: IN0032191	
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	10-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 53						CSO Outfall No. 61					
Day of Month	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	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
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Totals:	0	Days	0		0		0	Days	0		0		0	Days	0.00		0		0	Days	0		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne										Page 10 of 12					Permit Number: IN0032191				
Facility:	Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?					Y				
Monitoring Period:	[MONTH] 10-2020										Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):	85					Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									
	CSO Outfall No.	62				CSO Outfall No.	68				CSO Outfall No.	02				CSO Outfall No.	03			
Day of Month	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	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
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne										Page 10 of 12					Permit Number: IN0032191				
Facility:	Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?					Y				
Monitoring Period:	[MONTH] 10-2020										Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):	85					Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									
	CSO Outfall No.	80				CSO Outfall No.	81				CSO Outfall No.					CSO Outfall No.				
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne									Page 11 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP									Public Notification Requirements Met? Y											
Monitoring Period: [MONTH] 10-2020									Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85			Design Average Flow (MGD): 60						Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Jessie Ave. K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33						
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 (5m, 30 m, 15m)	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
01	34.11	40.83	3:15 PM	0.33	0.04	0.02	5 m												
02	27.65	32.03					5 m												
03	36.19	43.74					5 m												
04	44.42	74.98	2:30 AM	2.92	0.39	0.14	5 m												
05	34.87	44.17					5 m												
06	33.84	43.64					5 m												
07	27.91	32.20					5 m												
08	27.36	31.61					5 m												
09	34.40	41.26					5 m												
10	26.45	36.75					5 m												
11	26.71	33.50					5 m												
12	33.27	72.11	6:15 PM	0.92	0.26	0.16	5 m												
13	30.12	50.64	8:40 AM	0.08	0.01	0.01	5 m												
14	27.73	31.66					5 m												
15	28.31	32.27	7:00 AM	0.50	0.06	0.05	5 m												
16	27.60	32.33					5 m												
17	27.02	33.99					5 m												
18	27.20	35.32					5 m												
19	36.51	49.48	3:55 AM	1.75	0.21	0.05	5 m												
20	38.21	58.39	12:15 AM	2.42	0.41	0.20	5 m												
21	77.26	92.00	12:00 AM	5.25	0.66	0.19	5 m							1:03 AM	M	1.12	M	2.345	M
22	73.21	92.05	1:10 AM	0.67	0.12	0.11	5 m												
23	59.26	92.03	2:45 PM	0.33	0.37	0.36	5 m							3:57 PM	M	0.25	M	0.525	M
24	47.33	64.93					5 m												
25	37.94	44.53					5 m												
26	33.79	42.42					5 m												
27	32.00	36.97	3:35 PM	0.50	0.06	0.01	5 m												
28	34.79	37.95	12:00 AM	0.33	0.04	0.02	5 m												
29	40.41	52.94	3:25 AM	1.33	0.16	0.06	5 m												
30	33.55	39.59					5 m												
31	31.89	39.54					5 m												
Totals:	1131.31			15.33	2.79			0	Days	0.00		0		2	Days	1.37		2.870	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	11/17/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne																					Page 11 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP																					Public Notification Requirements Met? Y											
Monitoring Period: [MONTH] 10-2020																					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85									Design Average Flow (MGD): 60												Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.													
Day of Month	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	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								
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31																																
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days												

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	*Fort Wayne*		*Page: [12] of [12]*	*Permit Number:*	*IN0032191*
Facility:	*Fort Wayne - P.L. Brunner WWTP*		*Public Notification Requirements Met?*		Y
Monitoring Period:	*[MONTH]*	10-2020	*Check box if no CSO discharge occurred for the month:*		
Design Peak Hourly Flow (MGD):		*85*	*Design Average Flow (MGD):*	*60*	

Day of Month	*Comments (further explanation as to why each CSO event occurred)*
01	
02	
03	
04	Wet Weather Day
05	
06	
07	
08	
09	
10	
11	
12	Wet Weather Day
13	
14	
15	
16	
17	
18	
19	
20	Wet Weather Day
21	Wet Weather Day
22	Wet Weather Day
23	Wet Weather Day
24	
25	
26	
27	
28	
29	Wet Weather Day
30	
31	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent	*Telephone*
Susan Reas, Program Manager	*260-427-6213*

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)*
Susan Reas	*11/17/2020*

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Brandi	**Title:**	Program Manager	**Telephone:**	260-427-5582
Last Name:	Wallace				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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						=	2.75					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2020_10.pdf	pdf	383428.0
IN0032191_002C_CSOMRO_2020_10.pdf	pdf	444752.0

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.75	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.04	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:43 (Time Zone: -05:00)

Report Last Signed By

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	14.92					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						=	0.498					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						=	3.04					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						=	6.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:44 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.04	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:44 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.04	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 4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:44 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.04	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:44 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	7.41					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						=	0.964					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						=	3.0					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:41 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	5.34					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						=	0.149					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						=	3.0					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:41 (Time Zone: -05:00)

Report Last Signed By

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	36.33					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						=	24.125					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						=	2.64					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						=	7.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:42 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.64	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:42 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	15.5					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						=	2.296					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						=	2.64					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						=	6.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:42 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	15.91					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						=	0.565					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						=	2.64					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						=	5.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:43 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	6.51				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						=	0.483				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						=	3.03				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						=	6.0				4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL				4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:39 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	2.75					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						=	0.416					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						=	3.03					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:39 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	3.42				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						=	0.123				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						=	3.03				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						=	5.0				4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:39 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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								=	2.79			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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.59					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.18					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						=	2.75					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:45 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					0.67	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						=					0.017	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						=					3.03	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						=					2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:40 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	5.41					82 - hr/mo		WH/OS - When Discharging	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					82 - hr/mo	0	WH/OS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	1.409					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						=	3.03					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						=	6.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:40 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.37					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						=	2.87					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						=	2.79					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.79	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	3.17					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.35					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						=	3.03					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						=	5.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:40 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.79	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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						=	2.79					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.75	5W - In/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon	MO TOTAL	5W - In/mo	AL/EV - All Events	RT - RCOTOT
					Value NODI													0		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon	MO TOTAL	4K - #/mo	AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:45 (Time Zone: -05:00)

Report Last Signed By

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	2.75					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample						=	0.202					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						=	3.03					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:41 (Time Zone: -05:00)

Report Last Signed By

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.75	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:46 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.75	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandl Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:46 (Time Zone: -05:00)

Report Last Signed By

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandl Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.75	SW - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon	MO TOTAL	SW - 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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:46 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	4.0	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:45 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	7.76					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						=	1.006					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															
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=	3.03					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						=	6.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:41 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					0.87	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						=					1.044	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						=					3.04	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						=					1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:45 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.07		5W - in/mo	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon	MO TOTAL	5W - in/mo	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	4K - #/mo	AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:38 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.39	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	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:37 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.75	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:46 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.75	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:46 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.07	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:38 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.75	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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						=	2.75					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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 10/01/20 to 10/31/20	**DMR Due Date:**	11/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.75	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 4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-11-17 13:51 (Time Zone: -05:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

December 14, 2020

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of November 2020

We are pleased to enclose a completed CSO MRO form for the month of November 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-1063.

Sincerely yours,

Joe Johnson

Joe Johnson
Superintendent
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne																								Page 1 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP																								Public Notification Requirements Met?						Y					
Monitoring Period: [MONTH] 11-2020																								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 60																		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60																						
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																
01	35.07	48.79	3:55 AM	0.17	0.02	0.01	5 m																											
02	32.76	48.37					5 m																											
03	31.32	34.26					5 m																											
04	35.50	41.80					5 m																											
05	31.57	41.84					5 m																											
06	29.32	34.41					5 m																											
07	28.85	35.77					5 m																											
08	29.68	37.71					5 m																											
09	30.61	48.59					5 m																											
10	28.21	39.88	9:10 PM	0.50	0.10	0.08	5 m																											
11	30.10	41.03					5 m																											
12	27.61	32.10					5 m																											
13	35.76	44.09					5 m																											
14	27.10	41.04	4:30 PM	1.08	0.15	0.07	5 m																											
15	73.12	88.09	12:00 AM	4.42	1.01	0.27	5 m																											
16	44.03	63.49	1:50 AM	0.08	0.01	0.01	5 m																											
17	34.14	45.05					5 m																											
18	29.69	34.43					5 m																											
19	29.13	34.00	3:35 AM	0.33	0.05	0.02	5 m																											
20	29.14	34.64	3:05 AM	0.25	0.03	0.02	5 m																											
21	36.82	43.46					5 m																											
22	79.23	88.02	4:00 AM	0.33	0.04	0.01	5 m																											
23	65.21	88.00					5 m																											
24	45.80	56.26					5 m																											
25	65.40	88.07	3:30 PM	0.17	0.02	0.01	5 m																											
26	74.68	88.01					5 m																											
27	51.21	57.83					5 m																											
28	47.49	53.55					5 m																											
29	44.08	50.86					5 m																											
30	49.53	61.83					5 m																											
Totals:	1232.15			7.33	1.43				Days						Days	0		0.00		0.000														

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne																								Page 1 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP																								Public Notification Requirements Met?						Y					
Monitoring Period: [MONTH] 11-2020																								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 60																		Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.															
Day of Month	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	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										
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Totals:		Days						Days						Days						Days														

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 2 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y					
Monitoring Period: [MONTH] 11-2020														Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 60										Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64											
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						
01	35.07	48.79	3:50 AM	0.17	0.02	0.01	5 m																		
02	32.76	48.37					5 m																		
03	31.32	34.26					5 m																		
04	35.50	41.80					5 m																		
05	31.57	41.84					5 m																		
06	29.32	34.41					5 m																		
07	28.85	35.77					5 m																		
08	29.68	37.71					5 m																		
09	30.61	48.59					5 m																		
10	28.21	39.88	8:55 PM	0.58	0.09	0.04	5 m																		
11	30.10	41.03					5 m																		
12	27.61	32.10					5 m																		
13	35.76	44.09					5 m																		
14	27.10	41.04	4:35 PM	0.92	0.12	0.06	5 m																		
15	75.12	88.09	12:00 AM	3.08	0.60	0.26	5 m																		
16	44.03	63.49					5 m																		
17	34.14	45.05					5 m																		
18	29.69	34.43					5 m																		
19	29.13	34.00					5 m																		
20	29.14	34.64					5 m																		
21	36.82	43.46					5 m																		
22	79.23	88.02	1:40 AM	8.08	1.26	0.21	5 m																		
23	65.21	88.00					5 m																		
24	45.80	56.26	9:55 AM	0.75	0.09	0.03	5 m																		
25	65.40	88.07	7:40 AM	4.33	0.62	0.15	5 m																		
26	74.68	88.01	4:55 AM	0.08	0.01	0.01	5 m																		
27	51.21	57.83					5 m																		
28	47.49	53.55					5 m																		
29	44.08	50.86					5 m																		
30	49.53	61.83	3:50 AM	1.00	0.12	0.02	5 m																		
Totals:	1232.15			19.00	2.93			0	Days	0.00		0.000		0	Days	0.00		0.000							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 2 of 12						Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y					
Monitoring Period: [MONTH] 11-2020														Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 60										Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.						CSO Outfall No.							CSO Outfall No.						CSO Outfall No.					
Day of Month	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		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
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Totals:		Days						Days							Days						Days				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| City: | Fort Wayne | | | | | | | Page 3 of 12 | | | | | | | Permit Number: IN0032191 | | | | | | |

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 11-2020		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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15	3:35 AM	M	0.42	M	0.023	M	12:35 AM	M	2.92	M	0.187	M												
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21																								
22	4:55 AM	M	0.33	M	0.001	M	2:50 AM	M	5.75	M	0.286	M												
23																								
24																								
25	7:20 PM	M	0.17	M	0.007	M	12:25 PM	M	4.58	M	0.459	M												
26																								
27																								
28																								
29																								
30																								
Totals:	3	Days	0.92		0.031		3	Days	13.25		0.932			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 5 of 12 | Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 11-2020 | Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
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
01	35.07	48.79	3:55 AM	0.08	0.01	0.01	5 m												
02	32.76	48.37					5 m												
03	31.32	34.26					5 m												
04	35.50	41.80					5 m												
05	31.57	41.84					5 m												
06	29.32	34.41					5 m												
07	28.85	35.77					5 m												
08	29.68	37.71					5 m												
09	30.61	48.59					5 m												
10	28.21	39.88	8:55 PM	0.67	0.11	0.06	5 m												
11	30.10	41.03					5 m												
12	27.61	32.10					5 m												
13	35.76	44.09					5 m												
14	27.10	41.04	4:35 PM	1.17	0.15	0.07	5 m												
15	73.12	88.09	12:00 AM	3.25	0.63	0.27	5 m	3:55 AM	M	2.00	M	0.186	M	3:55 AM	M	1.08	M	0.010	M
16	44.03	63.49					5 m												
17	34.14	45.05					5 m												
18	29.69	34.43					5 m												
19	29.13	34.00					5 m												
20	29.14	34.64					5 m												
21	36.82	43.46					5 m												
22	79.23	88.02	1:40 AM	7.50	1.20	0.20	5 m	3:40 AM	M	2.83	M	0.372	M	5:00 AM	M	1.33	M	0.012	M
23	65.21	88.00					5 m												
24	45.80	56.26	10:00 AM	0.67	0.08	0.03	5 m												
25	65.40	88.07	6:30 AM	4.58	0.68	0.15	5 m	7:30 PM	M	3.67	M	0.242	M	7:35 PM	M	1.58	M	0.013	M
26	74.68	88.01	4:20 AM	0.08	0.01	0.01	5 m												
27	51.21	57.83					5 m												
28	47.49	53.55					5 m												
29	44.08	50.86					5 m												
30	49.53	61.83	4:05 AM	0.33	0.04	0.02	5 m												
Totals:	1232.15			18.33	2.91			3	Days	8.50		0.800		3	Days	3.99		0.035	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Joe Johnson, Superintendent | Telephone: 260 427-1063

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: Joe Johnson | Date (mm/dd/yy): 12/10/2020

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 5 of 12 | Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 11-2020 | Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.				
Day of Month	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	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
01																								
02																								
03																								
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Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 6 of 12		Permit Number: IN0032191		
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y			
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:				
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified				

	WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge				CSO Outfall No. 18						CSO Outfall No. 19					
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
01	35.07	48.79	3:50 AM	0.17	0.02	0.01	5 m												
02	32.76	48.37					5 m												
03	31.32	34.26					5 m												
04	35.50	41.80					5 m												
05	31.57	41.84					5 m												
06	29.32	34.41					5 m												
07	28.85	35.77					5 m												
08	29.68	37.71					5 m												
09	30.61	48.59					5 m												
10	28.21	39.88	8:55 PM	0.42	0.11	0.05	5 m												
11	30.10	41.03					5 m												
12	27.61	32.10					5 m												
13	35.76	44.09					5 m												
14	27.10	41.04	4:30 PM	1.08	0.15	0.07	5 m												
15	73.12	88.09	12:00 AM	3.33	0.63	0.28	5 m	12:50 AM	M	15.33	M	6.969	M						
16	44.03	63.49					5 m												
17	34.14	45.05					5 m												
18	29.69	34.43					5 m												
19	29.13	34.00					5 m												
20	29.14	34.64					5 m												
21	36.82	43.46					5 m												
22	79.23	88.02	1:40 AM	8.83	1.34	0.22	5 m	4:15 AM	M	19.75	M	0.579	M						
23	65.21	88.00	1:00 AM	0.25	0.03	0.01	5 m	12:00 AM	M	4.50	M	0.646	M						
24	45.80	56.26	9:45 AM	0.83	0.10	0.04	5 m												
25	65.40	88.07	7:00 AM	4.58	0.67	0.13	5 m	10:40 AM	M	13.33	M	8.972	M						
26	74.68	88.01	5:00 AM	0.08	0.01	0.01	5 m	12:00 AM	M	5.75	M	3.545	M						
27	51.21	57.83					5 m												
28	47.49	53.55					5 m												
29	44.08	50.86					5 m												
30	49.53	61.83	3:15 AM	1.83	0.22	0.03	5 m												
Totals:	1232.15			21.42	3.28			5	Days	58.66		20.711		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 6 of 12		Permit Number: IN0032191		
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y			
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:				
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified				

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
01																								
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06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15	12:50 AM	M	5.58	M	0.427	M	3:50 AM	M	9.33	M	0.222	M												
16																								
17																								
18																								
19																								
20																								
21																								
22	3:05 AM	M	14.83	M	1.504	M	3:50 AM	M	20.17	M	0.635	M												
23							12:00 AM	M	0.58	M	0.002	M												
24																								
25	12:25 PM	M	6.08	M	0.852	M	12:30 PM	M	7.67	M	0.321	M												
26	12:00 AM	M	1.17	M	0.022	M	12:00 AM	M	7.17	M	0.079	M												
27																								
28																								
29																								
30																								
Totals:	4	Days	27.66		2.805		5	Days	44.92		1.259			Days						Days				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12		Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y	
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:		
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified		

	WWTP Influent Data		Precipitation Data - Brown St_303 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
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
01	35.07	48.79	3:50 AM	0.17	0.02	0.01	5 m												
02	32.76	48.37					5 m												
03	31.32	34.26					5 m												
04	35.50	41.80					5 m												
05	31.57	41.84					5 m												
06	29.32	34.41					5 m												
07	28.85	35.77					5 m												
08	29.68	37.71					5 m												
09	30.61	48.59					5 m												
10	28.21	39.88	8:55 PM	0.58	0.18	0.08	5 m												
11	30.10	41.03					5 m												
12	27.61	32.10					5 m												
13	35.76	44.09					5 m												
14	27.10	41.04	4:20 PM	1.25	0.17	0.08	5 m												
15	73.12	88.09	12:00 AM	3.42	0.71	0.31	5 m							12:45 AM	M	4.75	M	0.137	M
16	44.03	63.49					5 m												
17	34.14	45.05					5 m												
18	29.69	34.43					5 m												
19	29.13	34.00					5 m												
20	29.14	34.64					5 m												
21	36.82	43.46					5 m												
22	79.23	88.02	1:40 AM	8.17	1.25	0.25	5 m							3:05 AM	M	11.58	M	0.218	M
23	65.21	88.00	12:35 AM	0.58	0.07	0.02	5 m												
24	45.80	56.26	9:50 AM	0.83	0.10	0.04	5 m												
25	65.40	88.07	6:55 AM	4.50	0.63	0.12	5 m							11:40 AM	M	6.17	M	0.106	M
26	74.68	88.01	4:10 AM	0.08	0.01	0.01	5 m							12:00 AM	M	0.33	M	0.001	M
27	51.21	57.83					5 m												
28	47.49	53.55					5 m												
29	44.08	50.86					5 m												
30	49.53	61.83	3:05 AM	0.67	0.08	0.02	5 m												
Totals:	1232.15			20.25	3.22			0	Dys	0.00		0.000		4	Dys	22.83		0.462	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12		Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y	
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:		
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified		

	CSO Outfall No. 07					CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	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	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
01																								
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05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																			4:45 AM	M	0.08	M	0.096	M
16																								
17																								
18																								
19																								
20																								
21																								
22																			5:06 AM	M	0.79	M	0.948	M
23																								
24																								
25																			8:46 PM	M	0.42	M	0.504	M
26																			12:00 AM	M	0.03	M	0.036	M
27																								
28																								
29																								
30																								
Totals:	0	Dys	0.00		0		0	Dys	0.00		0.000		0	Dys	0.00		0		4	Dys	1.32		1.584	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 8 of 12					Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y								
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.	54				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
01	35.07	48.79	3:55 AM	0.17	0.02	0.01	5 m												
02	32.76	48.37					5 m												
03	31.32	34.26					5 m												
04	35.50	41.80					5 m												
05	31.57	41.84					5 m												
06	29.32	34.41					5 m												
07	28.85	35.77					5 m												
08	29.68	37.71					5 m												
09	30.61	48.59					5 m												
10	28.21	39.88	8:55 PM	0.83	0.24	0.17	5 m												
11	30.10	41.03					5 m												
12	27.61	32.10					5 m												
13	35.76	44.09					5 m												
14	27.10	41.04	4:10 PM	1.42	0.19	0.07	5 m												
15	73.12	88.09	12:00 AM	3.00	0.63	0.28	5 m												
16	44.03	63.49					5 m												
17	34.14	45.05					5 m												
18	29.69	34.43					5 m												
19	29.13	34.00					5 m												
20	29.14	34.64					5 m												
21	36.82	43.46					5 m												
22	79.23	88.02	1:40 AM	6.42	0.84	0.15	5 m												
23	65.21	88.00					5 m												
24	45.80	56.26	10:35 AM	0.50	0.06	0.03	5 m												
25	65.40	88.07	7:20 AM	5.00	0.75	0.14	5 m												
26	74.68	88.01	5:05 AM	0.08	0.01	0.01	5 m												
27	51.21	57.83					5 m												
28	47.49	53.55					5 m												
29	44.08	50.86					5 m												
30	49.53	61.83	4:05 AM	0.25	0.03	0.02	5 m												
Totals:	1232.15			17.67	2.77			0	Days	0.00		0.000			Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 8 of 12					Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y								
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified										
Time	CSO Outfall No.							CSO Outfall No.					CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																			
02																			
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30																			
Totals:		Days							Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No.	28					CSO Outfall No.	48				
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
01	35.07	48.79	3:45 AM	0.17	0.02	0.01	5 m												
02	32.76	48.37					5 m												
03	31.32	34.26					5 m												
04	35.50	41.80					5 m												
05	31.57	41.84					5 m												
06	29.32	34.41					5 m												
07	28.85	35.77					5 m												
08	29.68	37.71					5 m												
09	30.61	48.59					5 m												
10	28.21	39.88	9:00 PM	0.50	0.11	0.08	5 m												
11	30.10	41.03					5 m												
12	27.61	32.10					5 m												
13	35.76	44.09					5 m												
14	27.10	41.04	4:25 PM	1.08	0.15	0.08	5 m												
15	73.12	88.09	12:05 AM	3.75	0.79	0.33	5 m	3:52 AM	M	0.18	M	0.047	M						
16	44.03	63.49					5 m												
17	34.14	45.05					5 m												
18	29.69	34.43					5 m												
19	29.13	34.00					5 m												
20	29.14	34.64					5 m												
21	36.82	43.46					5 m												
22	79.23	88.02	1:35 AM	7.75	1.23	0.22	5 m	4:01 AM	M	0.35	M	0.091	M						
23	65.21	88.00					5 m												
24	45.80	56.26	10:05 AM	0.83	0.10	0.03	5 m												
25	65.40	88.07	6:40 AM	4.67	0.62	0.16	5 m												
26	74.68	88.01					5 m												
27	51.21	57.83					5 m												
28	47.49	53.55					5 m												
29	44.08	50.86					5 m												
30	49.53	61.83	3:30 AM	1.00	0.12	0.02	5 m												
Totals:	1232.15			19.75	3.14			2	Days	0.53		0.138		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 9 of 12						Permit Number: IN0032191					
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y									
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No.	51						CSO Outfall No.	52					CSO Outfall No.	53				
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0		0			0	Days	0		0		0	Days	0.00		0	
	CSO Outfall No.	54																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E													
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Totals:	0	Days	0		0														

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne												Page 10 of 12				Permit Number: IN0032191			
Facility:	Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?			Y				
Monitoring Period:	[MONTH]	11-2020											Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):	85				Design Average Flow (MGD):	60							Measured/Metered (M) or Estimated (E) must be specified							

	CSO Outfall No.	62					CSO Outfall No.	68					CSO Outfall No.	02					CSO Outfall No.	03				
Day of Month	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	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
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Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne												Page 10 of 12				Permit Number: IN0032191			
Facility:	Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?			Y				
Monitoring Period:	[MONTH]	11-2020											Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):	85				Design Average Flow (MGD):	60							Measured/Metered (M) or Estimated (E) must be specified							

	CSO Outfall No.	80					CSO Outfall No.	81					CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000			Dys						Dys				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 11 of 12		Permit Number: IN0032191													
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?	Y														
Monitoring Period:	[MONTH]	11-2020						Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No.	27					CSO Outfall No.	33								
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				
01	35.07	48.79	3:40 AM	0.17	0.02	0.01	5 m																
02	32.76	48.37					5 m																
03	31.32	34.26					5 m																
04	35.50	41.80					5 m																
05	31.57	41.84					5 m																
06	29.32	34.41					5 m																
07	28.85	35.77					5 m																
08	29.68	37.71					5 m																
09	30.61	48.59					5 m																
10	28.21	39.88	9:00 PM	0.42	0.11	0.06	5 m																
11	30.10	41.03					5 m																
12	27.61	32.10					5 m																
13	35.76	44.09					5 m																
14	27.10	41.04	4:25 PM	1.08	0.14	0.07	5 m																
15	73.12	88.09	12:00 AM	5.25	1.16	0.28	5 m							4:17 AM	M	0.08	M	0.144	M				
16	44.03	63.49	2:05 AM	0.08	0.01	0.01	5 m																
17	34.14	45.05	6:05 AM	0.33	0.04	0.02	5 m																
18	29.69	34.43					5 m																
19	29.13	34.00					5 m																
20	29.14	34.64					5 m																
21	36.82	43.46					5 m																
22	79.23	88.02					5 m							5:00 AM	M	0.50	M	1.050	M				
23	65.21	88.00					5 m																
24	45.80	56.26					5 m																
25	65.40	88.07					5 m																
26	74.68	88.01					5 m																
27	51.21	57.83					5 m																
28	47.49	53.55					5 m																
29	44.08	50.86					5 m																
30	49.53	61.83					5 m																
Totals:	1232.15			7.33	1.48			0	Days	0.00		0		2	Days	0.58		1.194					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Joe Johnson, Superintendent	260 427-1063

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)
Joe Johnson	12/10/2020

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne																																		
Facility:	Fort Wayne - P.L. Brunner WWTP																																		
Monitoring Period:	[MONTH]	11-2020																																	
Design Peak Hourly Flow (MGD):	85																																		
	CSO Outfall No.	36						CSO Outfall No.	44						CSO Outfall No.	45						CSO Outfall No.												
Day of Month	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		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								
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			0	Days	0.00		0.000				Days												

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	*Fort Wayne*		*Page: [12] of [12]*	*Permit Number:*	*IN0032191*
Facility:	*Fort Wayne - P.L. Brunner WWTP*		*Public Notification Requirements Met?*		Y
Monitoring Period:	*[MONTH]*	11-2020	*Check box if no CSO discharge occurred for the month:*		
Design Peak Hourly Flow (MGD):		*85*	*Design Average Flow (MGD):*	*60*	

Day of Month	*Comments (further explanation as to why each CSO event occurred)*
01	
02	
03	
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13	
14	
15	Wet Weather
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21	
22	Wet Weather
23	Wet Weather
24	
25	Wet Weather
26	Wet Weather
27	
28	
29	
30	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent	*Telephone*
Joe Johnson, Superintendent	*260 427-1063*

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)*
Joe Johnson	*12/10/2020*

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	**From 11/01/20 to 11/30/20**	**DMR Due Date:**	**12/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Brandi	**Title:**	Program Manager	**Telephone:**	260-427-5582
Last Name:	Wallace				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2020_11.pdf	pdf	381474.0
IN0032191_002C_CSOMRO_2020_11.pdf	pdf	584905.0

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:17 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2501 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Parm. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:13 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	**004-C** CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:09 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	22.83					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.462					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						=	3.22					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:09 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:10 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:10 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:10 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	8.5					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						=	0.8					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															
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=	2.91					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:08 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	3.99					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.035					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						=	2.91					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:08 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	58.66					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						=	20.711					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															
78587	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample						=	3.26					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						=	5.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:08 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2501 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.28	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		4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:09 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	27.66					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						=	2.805					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						=	3.28					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:09 (Time Zone: -05:00)

Report Last Signed By

User:	brandl.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandl.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	44.52	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.259	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															
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.28	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										=	5.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:09 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:16 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	6.17					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.413					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						=	3.07					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:06 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	1.99					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						=	0.031					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						=	3.07					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:06 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:16 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	2.25					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.014					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						=	3.07					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:06 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:16 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.48	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:14 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample						=	0.53					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						=	0.136					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						=	3.14					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:11 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.07	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon	MO TOTAL	5W - in/mo	AL/EV - All Events	RT - RCOTOT
					Value NODI													0		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon	MO TOTAL	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:05 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=					4.75	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						=					0.645	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						=					3.07	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						=					3.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:07 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.58					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						=	1.194					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						=	1.48					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:15 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.48	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:15 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample															
					Permit Req.												Req Mon MO TOTAL	B2 - 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										=	3.07	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:07 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.48		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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:15 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.48	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:15 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:11 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.92					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						=	0.031					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						=	3.07					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:07 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	---	Sample															
					Permit Req.												62 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	---	Sample															
					Permit Req.												3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample										=	3.14	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.												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.												4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:12 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: 022-004		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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															
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:12 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:12 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	2.77	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:11 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	13.25					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						=	0.932					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						=	3.07					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						=	3.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:07 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	**12/28/20**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.32					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						=	1.584					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															
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample						=	3.22					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						=	4.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:10 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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				
74053	Overflow volume [SSO 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										=	2.93	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:05 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.43	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:05 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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									=	3.14	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	4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:12 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.14	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	4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:12 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	2.93	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	4X - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:05 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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								=	3.14			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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:13 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:14 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 11/01/20 to 11/30/20	**DMR Due Date:**	12/28/20	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	3.14	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:14 (Time Zone: -05:00)

Report Last Signed By

User:	brandi.wallace@cityoffortwayne.org
Name:	Brandi Wallace
E-Mail:	brandi.wallace@cityoffortwayne.org
Date/Time:	2020-12-16 13:18 (Time Zone: -05:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

January 22, 2021

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of December 2020

We are pleased to enclose a completed CSO MRO form for the month of December 2020. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number:	IN0032191		
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y			
Monitoring Period:	[MONTH]	12-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Oxford St. Q11 Gauge					CSO Outfall No.						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
01	48.70	57.05					5 m										
02	36.98	51.56					5 m										
03	35.11	51.08					5 m										
04	33.04	41.97	1:35 PM	0.08	0.01	0.01	5 m										
05	35.87	52.03					5 m										
06	37.78	52.30					5 m										
07	29.83	36.34					5 m										
08	31.77	42.61					5 m										
09	33.54	38.26	12:05 AM	0.08	0.01	0.01	5 m										
10	33.50	38.85					5 m										
11	33.00	42.93					5 m										
12	69.48	88.06	5:55 AM	0.42	0.05	0.01	5 m										
13	40.51	51.70	12:30 AM	0.08	0.01	0.01	5 m										
14	38.35	49.67					5 m										
15	33.45	39.98					5 m										
16	36.98	49.17					5 m										
17	34.89	46.47					5 m										
18	31.80	39.38					5 m										
19	34.29	52.07					5 m										
20	31.30	41.62					5 m										
21	31.33	38.06					5 m										
22	30.47	42.35					5 m										
23	34.49	43.43	11:05 AM	0.42	0.06	0.02	5 m										
24	39.47	48.89	12:25 AM	1.00	0.14	0.05	5 m										
25	28.06	34.04	9:55 PM	0.25	0.03	0.02	5 m										
26	29.44	39.39	12:15 AM	0.33	0.04	0.02	5 m										
27	34.77	43.02	7:50 PM	0.17	0.02	0.01	5 m										
28	37.47	52.76	12:35 AM	0.42	0.05	0.02	5 m										
29	36.25	41.56					5 m										
30	36.25	40.19	8:50 AM	0.17	0.02	0.01	5 m										
31	39.49	46.43					5 m										
Totals:	1117.66			3.42	0.44				Days					0	Days	0.00	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 1 of 12						Permit Number:	IN0032191		
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y			
Monitoring Period:	[MONTH]	12-2020						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified									
Time	CSO Outfall No.							CSO Outfall No.						CSO Outfall No.			
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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31																		
Totals:		Days							Days						Days			

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 2 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:10 PM	0.50	0.07	0.07	5 m												
12	69.48	88.06	12:00 AM	3.67	0.49	0.11	5 m												
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	7:55 AM	0.33	0.04	0.01	5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07					5 m												
20	31.30	41.62					5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	1:15 PM	0.25	0.03	0.01	5 m												
24	39.47	48.89	12:50 AM	0.33	0.04	0.02	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:20 PM	0.25	0.03	0.02	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	7:10 AM	2.83	0.34	0.06	5 m												
31	39.49	46.43					5 m												
Totals:	1117.66			8.17	1.04			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager | Telephone: 260-427-6213

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: Susan Reas | Date (mm/dd/yy): 01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 2 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 3 of 12		Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y	
Monitoring Period:	[MONTH]	12-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified			

	WWTP Influent Data		Precipitation Data - Ewing St. L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:05 PM	0.50	0.08	0.08	5 m												
12	69.48	88.06	12:05 AM	3.83	0.50	0.13	5 m	9:15 AM	M	0.92	M	0.054	M						
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	7:45 AM	0.33	0.04	0.02	5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07	10:10 PM	0.08	0.01	0.01	5 m												
20	31.30	41.62					5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	1:00 PM	0.25	0.03	0.02	5 m												
24	39.47	48.89	12:30 AM	0.58	0.07	0.03	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:15 PM	0.42	0.05	0.04	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	7:10 AM	3.42	0.41	0.08	5 m												
31	39.49	46.43					5 m												
Totals:	1117.66			9.42	1.19			1	Days	0.92		0.054		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 3 of 12		Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y	
Monitoring Period:	[MONTH]	12-2020						Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60				Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	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	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
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12													12:40 AM	M	0.33	M	0.014	M						
13																								
14																								
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27																								
28																								
29																								
30																								
31																								
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		1	Days	0.33		0.014		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| City: Fort Wayne | | |

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 5 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Packard Ave W_L67 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	35.50	38.85					5 m												
11	33.00	42.93	11:10 PM	0.50	0.08	0.08	5 m												
12	69.48	88.06	12:00 AM	4.00	0.56	0.13	5 m	9:50 AM	M	1.00	M	0.052	M						
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	7:55 AM	0.25	0.03	0.01	5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07					5 m												
20	31.30	41.62					5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	1:15 PM	0.25	0.03	0.01	5 m												
24	39.47	48.89	12:40 AM	0.42	0.05	0.03	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:15 PM	0.25	0.03	0.02	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	7:10 AM	2.75	0.33	0.05	5 m												
31	39.49	46.43					5 m												
Totals:	1117.66			8.42	1.11			1	Days	1.00		0.052		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent | Telephone
Susan Reas, Program Manager | 260-427-6213

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)
Susan Reas | 01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 5 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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30																								
31																								
Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne								Page 6 of 12								Permit Number: IN0032191							
Facility:	Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?	Y														
Monitoring Period:	[MONTH]	12-2020							Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):	85		Design Average Flow (MGD):	60					Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No.	18						CSO Outfall No.	19								
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
01	48.70	57.05	2:50 PM	0.08	0.01	0.01	5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:05 PM	0.58	0.08	0.08	5 m												
12	69.48	88.06	12:00 AM	4.17	0.55	0.13	5 m	1:15 AM	M	15.50	M	4.136	M						
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	7:50 AM	0.50	0.06	0.01	5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07					5 m												
20	31.30	41.62	4:00 AM	0.08	0.01	0.01	5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	1:10 PM	0.25	0.03	0.01	5 m												
24	39.47	48.89	12:35 AM	0.58	0.07	0.03	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:05 PM	0.33	0.04	0.03	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	7:10 AM	3.00	0.36	0.05	5 m	9:40 AM	M	6.00	M	0.732	M						
31	39.49	46.43					5 m												
Totals:	1117.66			9.58	1.21			2	Days	21.50		4.868		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| City: | Fort Wayne | | | | | | | | | | | | | | |

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12					Permit Number:	IN0032191				
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y								
Monitoring Period:	[MONTH]	12-2020						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Brown St. 303 Gauge					CSO Outfall No.		04			CSO Outfall No.		05			
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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:05 PM	0.50	0.07	0.07	5 m												
12	69.48	88.06	12:00 AM	4.17	0.55	0.13	5 m							3:25 AM	M	3.00	M	0.038	M
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	7:50 AM	0.33	0.04	0.01	5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07	10:10 PM	0.08	0.01	0.01	5 m												
20	31.30	41.62					5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	12:55 PM	0.33	0.04	0.01	5 m												
24	39.47	48.89	12:15 AM	0.58	0.07	0.04	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:05 PM	0.50	0.06	0.03	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	6:55 AM	3.08	0.37	0.06	5 m												
31	39.49	46.43	6:35 AM	0.08	0.01	0.01	5 m												
Totals:	1117.66			9.67	1.22			0	Days	0.00		0.000		1	Days	3.00		0.038	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Susan Reas, Program Manager	260-427-6213

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)
Susan Reas	01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne							Page 7 of 12					Permit Number:	IN0032191				
Facility:	Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?		Y								
Monitoring Period:	[MONTH]	12-2020						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):		85	Design Average Flow (MGD):		60			Measured/Metered (M) or Estimated (E) must be specified										
	CSO Outfall No.		07					CSO Outfall No.		11			CSO Outfall No.		12			
Day of Month	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																			
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31																			
Totals:	0	Days	0.00		0			0	Days	0.00		0.000		0	Days	0.00		0	

	CSO Outfall No.		56				
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01							
02							
03							
04							
05							
06							
07							
08							
09							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals:	0	Days	0.00		0.000		

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 8 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:10 PM	0.42	0.05	0.05	5 m												
12	69.48	88.06	12:00 AM	3.67	0.48	0.14	5 m												
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17					5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07					5 m												
20	31.30	41.62	5:20 AM	0.08	0.01	0.01	5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	1:15 PM	0.25	0.03	0.01	5 m												
24	39.47	48.89	12:25 AM	0.50	0.06	0.03	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:15 PM	0.42	0.05	0.03	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	7:20 AM	3.17	0.38	0.05	5 m												
31	39.49	46.43					5 m												
Totals:	1117.66			8.50	1.06			0	Days	0.00		0.000			Days				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager | Telephone: 260-427-6213

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: Susan Reas | Date (mm/dd/yy): 01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 8 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 9 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
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, 5 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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:10 PM	0.42	0.05	0.05	5 m												
12	69.48	88.06	12:00 AM	3.92	0.52	0.15	5 m												
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	8:35 AM	0.25	0.03	0.01	5 m												
17	34.89	46.47	11:15 AM	0.08	0.01	0.01	5 m												
18	31.80	39.38					5 m												
19	34.29	52.07					5 m												
20	31.30	41.62					5 m												
21	31.33	38.06	10:05 AM	0.08	0.01	0.01	5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	1:05 PM	0.25	0.03	0.01	5 m												
24	39.47	48.89	12:45 AM	0.42	0.05	0.03	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:25 PM	0.50	0.06	0.04	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	7:05 AM	3.00	0.36	0.05	5 m												
31	39.49	46.43					5 m												
Totals:	1117.66			8.92	1.12			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager | Telephone: 260-427-6213

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: Susan Reas | Date (mm/dd/yy): 01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 9 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 53						CSO Outfall No. 61					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 10 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 62					CSO Outfall No. 68					CSO Outfall No. 02					CSO Outfall No. 03				
Day of Month	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	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
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Totals:	0	Days	0.00		0.000		1	Days	0.167		0.00016		0	Days	0.00		0.000		0	Days	0.00		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 10 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No.					CSO Outfall No. 80					CSO Outfall No. 81					CSO Outfall No.				
Day of Month	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	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
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 11 of 12 | Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	WWTP Influent Data		Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
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
01	48.70	57.05					5 m												
02	36.98	51.56					5 m												
03	35.11	51.08					5 m												
04	33.04	41.97					5 m												
05	35.87	52.03					5 m												
06	37.78	52.30					5 m												
07	29.83	36.34					5 m												
08	31.77	42.61					5 m												
09	33.54	38.26					5 m												
10	33.50	38.85					5 m												
11	33.00	42.93	11:05 PM	0.50	0.06	0.06	5 m												
12	69.48	88.06	12:00 AM	3.83	0.54	0.16	5 m												
13	40.51	51.70					5 m												
14	38.35	49.67					5 m												
15	33.45	39.98					5 m												
16	36.98	49.17	8:45 AM	0.25	0.03	0.01	5 m												
17	34.89	46.47					5 m												
18	31.80	39.38					5 m												
19	34.29	52.07					5 m												
20	31.30	41.62	12:35 AM	0.08	0.01	0.01	5 m												
21	31.33	38.06					5 m												
22	30.47	42.35					5 m												
23	34.49	43.43	12:55 PM	0.25	0.03	0.01	5 m												
24	39.47	48.89	12:25 AM	0.58	0.07	0.04	5 m												
25	28.06	34.04					5 m												
26	29.44	39.39					5 m												
27	34.77	43.02	9:25 PM	0.50	0.06	0.04	5 m												
28	37.47	52.76					5 m												
29	36.25	41.56					5 m												
30	36.25	40.19	6:40 AM	3.42	0.41	0.06	5 m												
31	39.49	46.43					5 m												
Totals:	1117.66			9.42	1.21			0	Days	0.00		0		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager | Telephone: 260-427-6213

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: Susan Reas | Date (mm/dd/yy): 01/22/21

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 11 of 12 | Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 12-2020 | Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	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	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
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	*Fort Wayne*		*Page: [12] of [12]*	*Permit Number:*	*IN0032191*
Facility:	*Fort Wayne - P.L. Brunner WWTP*		*Public Notification Requirements Met?*		Y
Monitoring Period:	*[MONTH]*	12-2020	*Check box if no CSO discharge occurred for the month:*		
Design Peak Hourly Flow (MGD):		*85*	*Design Average Flow (MGD):*	*60*	

Day of Month	*Comments (further explanation as to why each CSO event occurred)*
01	
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07	
08	
09	
10	
11	
12	Wet Weather Day
13	
14	
15	
16	
17	
18	
19	
20	
21	Dry Weather Overflow
22	
23	
24	
25	
26	
27	
28	
29	
30	Wet Weather Day
31	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent	*Telephone*
Susan Reas, Program Manager	*260-427-6213*

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)*
Susan Reas	*01/22/21*

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	002-C 002 POND - WHEN USED AS CSO ONLY		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	**Title:**	Program Manager	**Telephone:**	260-427-6213
Last Name:	Reas				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - ff/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
IN0032191_LETTER_2020_12.pdf	pdf	170788.0
IN0032191_CSOMRO_2020_12.pdf	pdf	472234.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:08 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46808
Permitted Feature:	003 External Outfall	**Discharge:**	003-C 001 POND - CSO		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:55 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	004-C CSO: JO2-90		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:49 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	005-C CSO: J11-164		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	3.0					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.038					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						=	1.22					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:49 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:48 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	011-C CSO: K06-233		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	012-C CSO: K06-234		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.22	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	013-C CSO: K06-298		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	1.0					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						=	0.052					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						=	1.11					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:45 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	017-C CSO: K07-176		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.11	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	018-C CSO: K11-165		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	21.5					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						=	4.668					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						=	1.21					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:48 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50087	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								=			1.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:48 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	3.5					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						=	0.277					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															
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						=	1.21					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						=	2.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:49 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K19-044MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	4.42					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.099					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						=	1.21					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:49 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	023-C CSO: L06-103		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample						=	0.92					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						=	0.054					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						=	1.19					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:42 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.19	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															
					Permit Req.												Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:42 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	025-C CSO: L06-421		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-421MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.19	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															
					Permit Req.											Req Mon	MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	027-C CSO: M10-202		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:55 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	028-C CSO: M10-238		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.12	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:51 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	029-C CSO: M10-265		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.19	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															
					Permit Req.											Req Mon MO TOTAL	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	032-C CSO: M10-306		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-306MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.33					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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=	0.014					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						=	1.18					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	033-C CSO: M10-313		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:55 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	036-C CSO: M18-032		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: M18-032MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:56 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N06-022MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.19	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															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	044-C CSO: N22-93		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-93MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:56 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	045-C CSO: N22-103		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N22-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.21	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:56 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	048-C CSO: O10-252		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-252MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:52 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	050-C CSO: O10-277		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O10-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.19	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															
					Permit Req.											Req Mon MO TOTAL	4K - ff/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:52 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	052-C CSO: O22-004		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:52 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	053-C CSO: O22-094		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-094MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:52 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:51 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	055-C CSO: P06-192		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P06-192MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=					1.91	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 [SSO volume, CSO volume]	EG - Effluent Gross	0	–	Sample						=					0.103	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						=					1.19	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						=					2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:45 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	056-C CSO: J03-313		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: J03-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.22	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	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:51 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	057-C CSO: P10-121		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: P10-121MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.04	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:42 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	060-C CSO: R06-31		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R06-31MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	0.44	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:41 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	061-C CSO: R14-137		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-137MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample															
					Permit Req.										Opt Mon MO TOTAL	62 - 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									=	1.12	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	4K - #/mo			AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:52 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	062-C CSO: R14-138		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: R14-138MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**	
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.12	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	4K - ft/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:53 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	064-C CSO: S02-35		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: S02-35MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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										=	1.04	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:42 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	068-C CSO: N18-254		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Quantity or Loading Value 1	Quantity or Loading Qualifier 2	Quantity or Loading Value 2	Quantity or Loading Units	Quality or Concentration Qualifier 1	Quality or Concentration Value 1	Quality or Concentration Qualifier 2	Quality or Concentration Value 2	Quality or Concentration Qualifier 3	Quality or Concentration Value 3	Quality or Concentration Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample						=	0.167					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						=	0.00016					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						=	1.12					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						=	1.0					4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.							Req Mon MO TOTAL					4K - #/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

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:53 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Sample															
50037	**Duration**	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
					Sample															
74063	**Overflow volume [SSO volume, CSO volume]**	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
					Sample						=	1.12				1.12	5W - in/mo		AL/EV - All Events	RT - RCOTOT
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
					Sample															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:55 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	From 12/01/20 to 12/31/20	**DMR Due Date:**	01/28/21	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**	**Telephone:**
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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 [SSO 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										=	1.12	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	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 14:55 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-01-22 15:20 (Time Zone: -05:00)