



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 2, 2022

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
2021 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 2021 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,

A handwritten signature in black ink, appearing to read "Kumar Menon".

Kumar Menon
City Utilities Director

Enclosures

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City of Fort Wayne, Indiana
2021 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 2021 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 two Dry Weather Overflows in 2021. 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

<u>CSO Discharge Point</u>	<u>Date</u>	<u>Location</u>	<u>Duration (Hours)</u>	<u>Volume (gallons)</u>	<u>Cause</u>
CSO 068	1/14/2021	N18 254	1.33	11,028	Contractor waited too long to turn on bypass pump. In turn it overloaded the system causing an overflow over the weir.

City of Fort Wayne, Indiana
2021 Great Lakes CSO Public Notification Plan Annual Report

CSO 017	7/28/2021	K07 176	0.5	4,000	Contractor with deep tunnel drop shaft pumped out drop shaft into CSO outfall
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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	(Note 3) 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
50	2021
33	2021

City of Fort Wayne, Indiana
2021 Great Lakes CSO Public Notification Plan Annual Report

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.

Note 3: The floatable bar screen was removed at CSO 054 as part of the EQ tank construction. The City is evaluating replacing the screen based on whether an overflow will occur at the completion of the LTCP.

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 2021 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://utilities.cityoffortwayne.org/sewer-system/cso-notifications>

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://utilities.cityoffortwayne.org/sewer-system/cso-consent-decree>

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 2021 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://utilities.cityoffortwayne.org/sewer-system/cso-consent-decree>. The reports include work completed and key milestones as required.

This annual notification will be posted on City Utilities website at <https://utilities.cityoffortwayne.org/sewer-system/cso-notifications> and a link to the notification will be submitted to NPDES_CS0@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 Authorization Requirements

I. Discharge Authorization

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 Ave 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., and 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

Outfall	Location	Receiving Water
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 Dalgren 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

Outfall	Location	Receiving Water
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' 03" N 85° 08' 00" W	St. Joseph River

Outfall	Location	Receiving Water
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

Monitoring for the purpose of reporting on the CSO Monthly Report of Operation (State Form 50546 (R4/9-15)) shall be conducted at a location representative of untreated CSO discharges. Monitoring from a CSO regulator structure contributing flow to the CSO outfall is acceptable provided flows at this location are representative and comprised of untreated CSO flows ultimately discharged through the CSO outfall. Monitoring at the CSO outfall is considered representative except in those instances where non-CSO flows (treated effluents, separate stormwater, etc.) are also discharged through a common outfall. All non-CSO flows shall be excluded from reporting on the CSO Monthly Report of Operation.

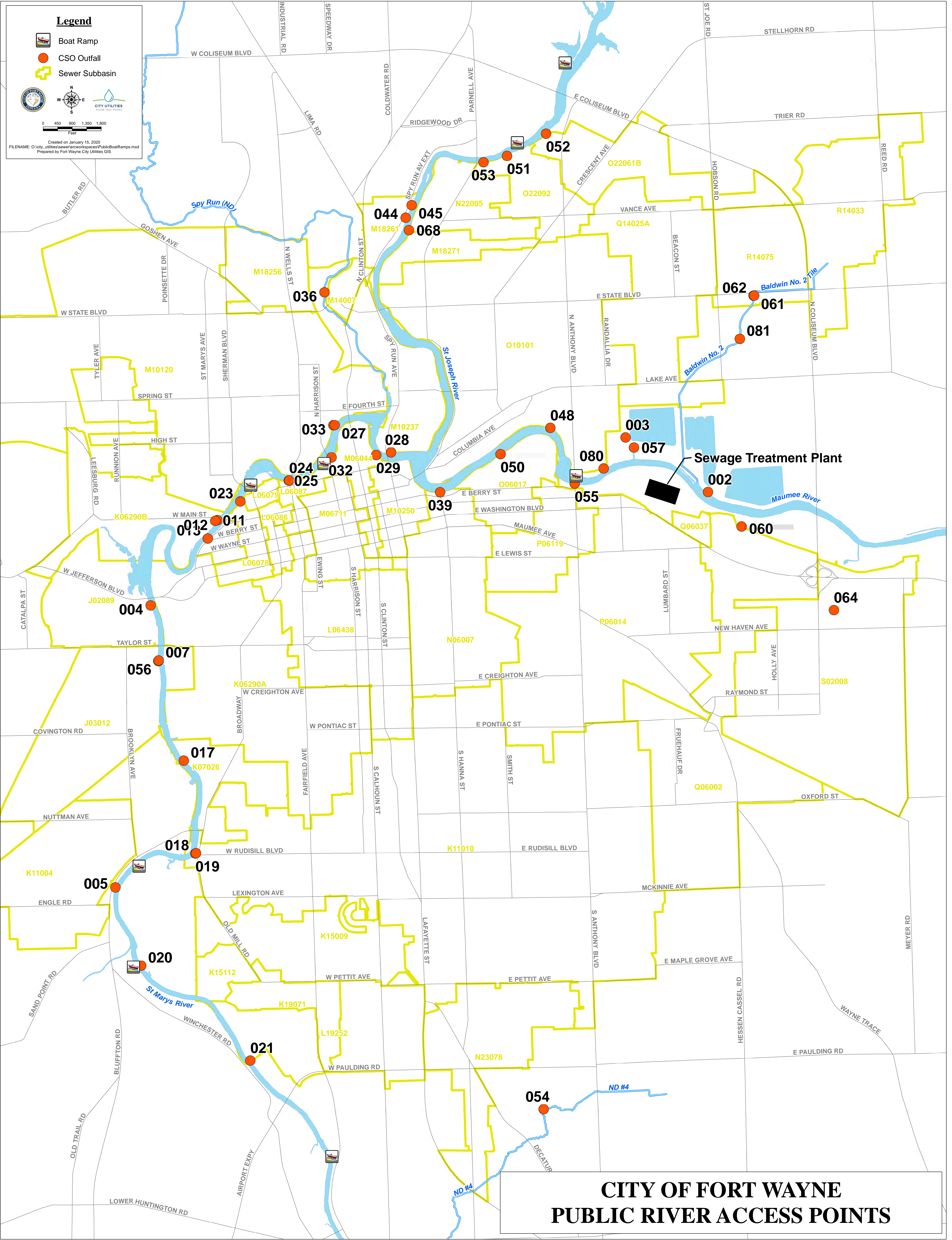
II. Wet Weather Pond Storage and Transport System

- A. The permittee shall maximize, to the extent reasonably feasible, the storage in the WW Ponds of excess wet weather combined sewage flows and the transport of such stored wastewater through the Baldwin Interceptor and/or the Maumee Interceptor to the wastewater treatment facility for treatment.
- B. Any time the conveyance of wet weather combined sewage to the WW Ponds exceeds the capacity of those ponds, excess combined sewage from the WW Pond system will overflow and be discharged from one or more of Outfalls 002, 003 and 057, subject to the conditions of Attachment A.

III. Minimum Narrative Limitations

- A. At all times the discharge from any and all CSO outfalls herein shall not cause receiving waters:
 1. including the mixing zone, to contain substances, materials, floating debris, oil, scum, or other pollutants:
 - a. that will settle to form putrescent or otherwise objectionable deposits;
 - b. that are in amounts sufficient to be unsightly or deleterious;
 - c. that produce color, visible oil sheen, odor, or other conditions in such a degree as to create a nuisance;
 - d. which are in amounts sufficient to be acutely toxic to, or otherwise severely injure or kill aquatic life, other animals, plants, or humans;
 - e. which are in concentrations or combinations that will cause or contribute to the

APPENDIX 2



APPENDIX 3



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

February 15, 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 January 2021

We are pleased to enclose a completed CSO MRO form for the month of January 2021. 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

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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 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 1 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: 1-2021	Check box if no CSO discharges occurred for the month:	
Design Peak Storm Flow (MGD): 85	Design Average Flow (MGD): 60	Design Peak Storm Flow (MGD): 85
Time: 01	Time: 02	Time: 03
Time: 04	Time: 05	Time: 06
Time: 07	Time: 08	Time: 09
Time: 10	Time: 11	Time: 12
Time: 13	Time: 14	Time: 15
Time: 16	Time: 17	Time: 18
Time: 19	Time: 20	Time: 21
Time: 22	Time: 23	Time: 24
Time: 25	Time: 26	Time: 27
Time: 28	Time: 29	Time: 30
Time: 31	Time: 32	Time: 33
Totals:	1229.61	0.00
Type of Principal Name and Title of Principal Executive Officer or Authorized Agent		
Susan Ross, Program Manager		
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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS 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 Ross		
Date (mm/dd/yyyy)		
02/16/21		

City: Fort Wayne	Page 1 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: 1-2021	Check box if no CSO discharges occurred for the month:	
Design Peak Storm Flow (MGD): 85	Design Average Flow (MGD): 60	Design Peak Storm Flow (MGD): 85
Time: 01	Time: 02	Time: 03
Time: 04	Time: 05	Time: 06
Time: 07	Time: 08	Time: 09
Time: 10	Time: 11	Time: 12
Time: 13	Time: 14	Time: 15
Time: 16	Time: 17	Time: 18
Time: 19	Time: 20	Time: 21
Time: 22	Time: 23	Time: 24
Time: 25	Time: 26	Time: 27
Time: 28	Time: 29	Time: 30
Time: 31	Time: 32	Time: 33
Totals:	1229.61	0.00
Type of Principal Name and Title of Principal Executive Officer or Authorized Agent		
Susan Ross, Program Manager		
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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS 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 Ross		
Date (mm/dd/yyyy)		
02/16/21		



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50456 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50456 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 1-2021
Design Peak Hourly Flow (MGD): 40
Design Average Flow (MGD): 35
Check box if no CSO discharge occurred for the month: ☐
Measured/Material (M) or Estimated (E) must be specified

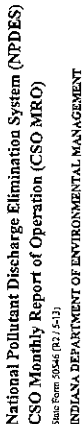
Time	CSO Outfall No. 40				CSO Outfall No. 41				CSO Outfall No. 42				CSO Outfall No. 43				CSO Outfall No. 44			
	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)
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City: Fort Wayne Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 1-2021
Design Peak Hourly Flow (MGD): 40
Design Average Flow (MGD): 35
Check box if no CSO discharge occurred for the month: ☐
Measured/Material (M) or Estimated (E) must be specified

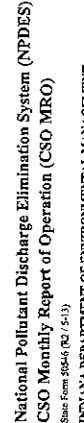
Time	CSO Outfall No. 40				CSO Outfall No. 41				CSO Outfall No. 42				CSO Outfall No. 43				CSO Outfall No. 44			
	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)	Time Discharge Began	Time Discharge Ended	Flow (MG)	Flow (MG)
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Rose, Program Manager
Signature of Principal Executive Officer or Authorized Agent: Susan Rose
Date (mm/dd/yyyy): 02/02/21
Telephone: 260-471-6213

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 HAVE REVIEWED THE INFORMATION AND THAT THE INFORMATION IS TRUE AND ACCURATE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
Date Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 5654-6 (02 / 5-13)

City: Fort Wayne		Page 3 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Banner WWTP		MONTH: 1-2021		Public Notification Requirements Met? Y	
Monitoring Period:		Check box (no CSO discharge occurred for the month):			
Design Peak Hourly Flow (MGD): 85		Minimum/Maximum (MG) or Estimated (D) must be specified:			
Design Average Flow (MGD): 60		CSO Outfall No. 29			
CSO Outfall No. 29		CSO Outfall No. 32			
CSO Outfall No. 32		CSO Outfall No. 39			
Time Discharge Begins	M	Event Discharge E	M	Time Discharge Begins	M
1:00 PM	M	1:25	M	12:25 PM	M
01					
02					
03					
04					
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30					
31					
Totals:	1	1:25	0:020	0	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 4 of 12		Permit Number: IN002191				
Facility: Fort Wayne - P.L. Bruner WWTP										Public Notification Requirements Met?						
Monitoring Period: [MONTH] 1-2021										Check box if no CSO discharge occurred for the month:						
Design Peak Hourly Flow (MGD): 85										Measured/Estimated (M) or Estimated (E) must be specified						
Design Average Flow (MGD): 60																
CSO Outfall No.										CSO Outfall No.						
Day of Month	Time Discharge Begins	M	M	Event Discharge (MGD)	M	M	Time Discharge Begins	M	M	Event Discharge (MGD)	M	M	Time Discharge Begins	M	M	Event Discharge (MGD)
01	12:55 PM	M	1.50	M	0.083	M	12:10 PM	M	3.17	M	0.492	M				
02																
03																
04																
05																
06																
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30																
31																
Totals:	1	15	1.50	0.083			1	3.17	0.492							



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5544 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

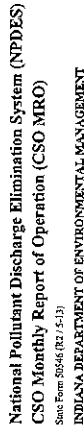
City: Fort Wayne	Page 5 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: MONTH: 1-2021	Check box if no CSO discharges occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	CSO Discharge No. 17
WVTP Inflow Data	Time	Peak Flow (MGD)
01 62.26	94.01	8:40 AM
02 72.58	94.03	11:10 PM
03 68.73	76.77	4:35 AM
04 52.91	73.45	
05 43.64	49.42	
06 39.56	47.09	
07 46.64	55.70	
08 39.15	54.47	
09 35.02	43.79	
10 34.32	43.39	
11 33.32	40.04	
12 42.75	56.53	
13 31.21	36.90	
14 31.24	41.79	
15 40.19	55.33	
16 34.14	55.48	
17 32.75	43.54	
18 40.58	53.84	
19 31.89	50.74	
20 30.48	37.87	
21 31.17	37.31	
22 38.88	53.62	
23 31.08	37.82	
24 30.08	43.21	
25 30.77	41.90	
26 39.93	50.02	
27 41.32	49.97	
28 39.84	46.08	
29 35.80	45.54	
30 30.58	44.54	
31 36.82	48.23	
Totals:	1229.61	8.83 1.27
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature: Susan Rose, Program Manager
Telephone: 260-427-4213		Date (mm/dd/yyyy): 03/16/21

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY 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.



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5544 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

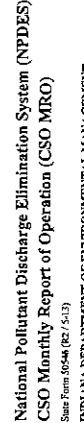
City: Fort Wayne	Page 5 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: MONTH: 1-2021	Check box if no CSO discharges occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	CSO Discharge No. 17
WVTP Inflow Data	Time	Peak Flow (MGD)
01 62.26	94.01	8:40 AM
02 72.58	94.03	11:10 PM
03 68.73	76.77	4:35 AM
04 52.91	73.45	
05 43.64	49.42	
06 39.56	47.09	
07 46.64	55.70	
08 39.15	54.47	
09 35.02	43.79	
10 34.32	43.39	
11 33.32	40.04	
12 42.75	56.53	
13 31.21	36.90	
14 31.24	41.79	
15 40.19	55.33	
16 34.14	55.48	
17 32.75	43.54	
18 40.58	53.84	
19 31.89	50.74	
20 30.48	37.87	
21 31.17	37.31	
22 38.88	53.62	
23 31.08	37.82	
24 30.08	43.21	
25 30.77	41.90	
26 39.93	50.02	
27 41.32	49.97	
28 39.84	46.08	
29 35.80	45.54	
30 30.58	44.54	
31 36.82	48.23	
Totals:	1229.61	8.83 1.27
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature: Susan Rose, Program Manager
Telephone: 260-427-4213		Date (mm/dd/yyyy): 03/16/21



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

Smile Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

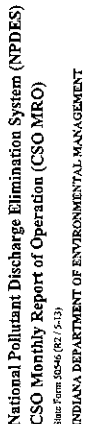


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

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Indiana Department of Environmental Management
State Form 50546 (R2 / 5-13)

—PI Bannan KUTTA

25 FEB 19 1977

CITY: Kort Wayne

6 *Journal of the American Medical Association*, 2000; 284: 2689-2695.

Page 7 of 12

Serial Number: IN0032191

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-17-2013 BY 60322 UCBAW

WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY

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 CANNOT BE IN VIOLATION OF THE FEDERAL INFORMATION FREEDOM ACT, 5 U.S.C. 552, NOR DOES IT VIOLATE ANY OTHER FEDERAL, STATE OR LOCAL LAWS.

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

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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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 8 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTWP	Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 1-2021	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Design Peak Hourly Flow (MGD): 85
WWTWP Inflow Data	WWTWP Outflow Data	CSO Outfall No.
Time	Time	Time
Peak Flow (MGD)	Peak Flow (MGD)	Peak Flow (MGD)
01 62.26 94.01 9:00 AM 3.17 0.42 0.13 5 m	01 62.26 94.01 9:00 AM 3.17 0.42 0.13 5 m	01 62.26 94.01 9:00 AM 3.17 0.42 0.13 5 m
02 72.28 94.03 10:55 PM 0.08 0.01 0.01 5 m	02 72.28 94.03 10:55 PM 0.08 0.01 0.01 5 m	02 72.28 94.03 10:55 PM 0.08 0.01 0.01 5 m
03 68.73 76.77 1:25 AM 0.42 0.05 0.03 5 m	03 68.73 76.77 1:25 AM 0.42 0.05 0.03 5 m	03 68.73 76.77 1:25 AM 0.42 0.05 0.03 5 m
04 52.91 73.45	04 52.91 73.45	04 52.91 73.45
05 43.64 49.42	05 43.64 49.42	05 43.64 49.42
06 39.56 47.09	06 39.56 47.09	06 39.56 47.09
07 46.64 55.70	07 46.64 55.70	07 46.64 55.70
08 39.15 54.47	08 39.15 54.47	08 39.15 54.47
09 35.02 45.79	09 35.02 45.79	09 35.02 45.79
10 34.32 43.39	10 34.32 43.39	10 34.32 43.39
11 33.22 40.04	11 33.22 40.04	11 33.22 40.04
12 42.75 56.53	12 42.75 56.53	12 42.75 56.53
13 31.21 36.90	13 31.21 36.90	13 31.21 36.90
14 31.24 41.79	14 31.24 41.79	14 31.24 41.79
15 40.19 55.33 4:40 AM 0.42 0.05 0.01 5 m	15 40.19 55.33 4:40 AM 0.42 0.05 0.01 5 m	15 40.19 55.33 4:40 AM 0.42 0.05 0.01 5 m
16 34.14 55.48 8:40 PM 0.08 0.01 0.01 5 m	16 34.14 55.48 8:40 PM 0.08 0.01 0.01 5 m	16 34.14 55.48 8:40 PM 0.08 0.01 0.01 5 m
17 32.75 43.54 1:25 PM 0.08 0.01 0.01 5 m	17 32.75 43.54 1:25 PM 0.08 0.01 0.01 5 m	17 32.75 43.54 1:25 PM 0.08 0.01 0.01 5 m
18 40.28 53.84	18 40.28 53.84	18 40.28 53.84
19 31.89 50.74 10:30 PM 0.08 0.01 0.01 5 m	19 31.89 50.74 10:30 PM 0.08 0.01 0.01 5 m	19 31.89 50.74 10:30 PM 0.08 0.01 0.01 5 m
20 30.48 37.87	20 30.48 37.87	20 30.48 37.87
21 31.17 37.31	21 31.17 37.31	21 31.17 37.31
22 38.88 53.62	22 38.88 53.62	22 38.88 53.62
23 31.08 37.82	23 31.08 37.82	23 31.08 37.82
24 30.08 43.21	24 30.08 43.21	24 30.08 43.21
25 30.77 41.90	25 30.77 41.90	25 30.77 41.90
26 39.93 50.02 12:10 AM 0.42 0.05 0.01 5 m	26 39.93 50.02 12:10 AM 0.42 0.05 0.01 5 m	26 39.93 50.02 12:10 AM 0.42 0.05 0.01 5 m
27 41.32 49.97	27 41.32 49.97	27 41.32 49.97
28 39.84 46.08	28 39.84 46.08	28 39.84 46.08
29 35.80 45.54	29 35.80 45.54	29 35.80 45.54
30 30.58 44.54 10:55 PM 0.17 0.02 0.01 5 m	30 30.58 44.54 10:55 PM 0.17 0.02 0.01 5 m	30 30.58 44.54 10:55 PM 0.17 0.02 0.01 5 m
31 36.82 48.22 12:05 AM 0.50 0.06 0.02 5 m	31 36.82 48.22 12:05 AM 0.50 0.06 0.02 5 m	31 36.82 48.22 12:05 AM 0.50 0.06 0.02 5 m
Total: 1229.61	Total: 1229.61	Total: 1229.61
Signature of Principal Executive Officer or Authorized Agent	Signature of Principal Executive Officer or Authorized Agent	Signature of Principal Executive Officer or Authorized Agent
Date (mm/dd/yy)	Date (mm/dd/yy)	Date (mm/dd/yy)
250-427-6213	250-427-6213	250-427-6213

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE 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)
03/16/21



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 35046 (02 / 4-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 35046 (02 / 4-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTTP		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 1-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Discharge No. 44	
WWTTP Influent Data		Precipitation Data - Color by PG Group		CSO Discharge No. 28	
Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)
01	62.26	01	62.26	01	62.26
02	72.58	02	72.58	02	72.58
03	68.73	03	68.73	03	68.73
04	52.91	04	52.91	04	52.91
05	43.64	05	43.64	05	43.64
06	39.56	06	39.56	06	39.56
07	46.64	07	46.64	07	46.64
08	39.15	08	39.15	08	39.15
09	35.02	09	35.02	09	35.02
10	34.32	10	34.32	10	34.32
11	33.32	11	33.32	11	33.32
12	42.75	12	42.75	12	42.75
13	31.21	13	31.21	13	31.21
14	31.24	14	31.24	14	31.24
15	40.19	15	40.19	15	40.19
16	34.14	16	34.14	16	34.14
17	32.75	17	32.75	17	32.75
18	40.58	18	40.58	18	40.58
19	31.89	19	31.89	19	31.89
20	30.48	20	30.48	20	30.48
21	31.17	21	31.17	21	31.17
22	38.88	22	38.88	22	38.88
23	31.08	23	31.08	23	31.08
24	30.08	24	30.08	24	30.08
25	30.77	25	30.77	25	30.77
26	39.93	26	39.93	26	39.93
27	41.32	27	41.32	27	41.32
28	39.84	28	39.84	28	39.84
29	35.80	29	35.80	29	35.80
30	30.58	30	30.58	30	30.58
31	36.82	31	36.82	31	36.82
Totals: 3229.61		9.58 1.34		0.125 0.000	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone: 260-427-4213	
Sumit Rana, Program Manager		Sumit Rana, Program Manager		260-427-4213	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL INFORMATION SUBMITTED HEREON IS 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		Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yyyy) 02/16/21	
Sumit Rana		Sumit Rana		02/16/21	

City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTTP		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 1-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Discharge No. 41	
WWTTP Influent Data		Precipitation Data - Color by PG Group		CSO Discharge No. 28	
Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)
01	62.26	01	62.26	01	62.26
02	72.58	02	72.58	02	72.58
03	68.73	03	68.73	03	68.73
04	52.91	04	52.91	04	52.91
05	43.64	05	43.64	05	43.64
06	39.56	06	39.56	06	39.56
07	46.64	07	46.64	07	46.64
08	39.15	08	39.15	08	39.15
09	35.02	09	35.02	09	35.02
10	34.32	10	34.32	10	34.32
11	33.32	11	33.32	11	33.32
12	42.75	12	42.75	12	42.75
13	31.21	13	31.21	13	31.21
14	31.24	14	31.24	14	31.24
15	40.19	15	40.19	15	40.19
16	34.14	16	34.14	16	34.14
17	32.75	17	32.75	17	32.75
18	40.58	18	40.58	18	40.58
19	31.89	19	31.89	19	31.89
20	30.48	20	30.48	20	30.48
21	31.17	21	31.17	21	31.17
22	38.88	22	38.88	22	38.88
23	31.08	23	31.08	23	31.08
24	30.08	24	30.08	24	30.08
25	30.77	25	30.77	25	30.77
26	39.93	26	39.93	26	39.93
27	41.32	27	41.32	27	41.32
28	39.84	28	39.84	28	39.84
29	35.80	29	35.80	29	35.80
30	30.58	30	30.58	30	30.58
31	36.82	31	36.82	31	36.82
Totals: 3229.61		9.58 1.34		0.125 0.000	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone: 260-427-4213	
Sumit Rana, Program Manager		Sumit Rana, Program Manager		260-427-4213	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL INFORMATION SUBMITTED HEREON IS 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		Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yyyy) 02/16/21	
Sumit Rana		Sumit Rana		02/16/21	



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

State Form 5046 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5046 (02 / 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: 1-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Time Discharge Begins		Time Discharge Ends		Time Discharge Ends	
Day of Month		Event Discharge (MGD)		Event Discharge (MGD)	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:		0		0.000	

City: Fort Wayne		Page 10 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 1-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Time Discharge Begins		Time Discharge Ends		Time Discharge Ends	
Day of Month		Event Discharge (MGD)		Event Discharge (MGD)	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:		0		0.000	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 505-6 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 505-6 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTWP		Permit Number: IN0032191	
Monitoring Period: 1-2021		Public Notification Requirements Met?		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if no CSO discharge occurred for this month:	
WWTWP Influent Data		WWTWP Effluent Data		CSO Discharge Data	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	62.26	01	94.01	01	94.01
02	72.58	02	94.03	02	94.03
03	68.73	03	76.77	03	76.77
04	52.91	04	73.45	04	73.45
05	43.64	05	49.42	05	49.42
06	39.56	06	47.09	06	47.09
07	46.64	07	55.70	07	55.70
08	39.15	08	54.47	08	54.47
09	35.02	09	43.79	09	43.79
10	34.32	10	43.39	10	43.39
11	33.32	11	40.04	11	40.04
12	42.75	12	56.53	12	56.53
13	31.21	13	36.90	13	36.90
14	31.24	14	41.79	14	41.79
15	40.19	15	55.33	15	55.33
16	34.14	16	55.48	16	55.48
17	32.75	17	43.54	17	43.54
18	40.58	18	53.84	18	53.84
19	31.89	19	50.74	19	50.74
20	30.46	20	37.87	20	37.87
21	31.17	21	37.31	21	37.31
22	38.88	22	53.62	22	53.62
23	31.08	23	37.82	23	37.82
24	30.08	24	43.21	24	43.21
25	30.77	25	41.90	25	41.90
26	39.93	26	50.00	26	50.00
27	41.32	27	49.97	27	49.97
28	39.84	28	46.08	28	46.08
29	35.80	29	43.54	29	43.54
30	30.58	30	44.54	30	44.54
31	36.82	31	48.22	31	48.22
Totals: 1229.61		Totals: 1229.61		Totals: 1229.61	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Signatures of Principal Executive Officer or Authorized Agent		Signatures of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
20-02-2021		02/02/21	



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:	[12] of [12]	Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?			Y
Monitoring Period:	[MONTH]	1-2021	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					
11					
12					
13					
14	DWO CSO 068				
15	DWO CSO 068				
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
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				02/16/21	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	Discharge:		Facility Name:	
Permitted Feature:	002 External Outfall	DMR Due Date:		Status:	
Report Dates & Status	From 01/01/21 to 01/31/21	Program Manager:		Telephone:	
Monitoring Period:	CSO - 002 POND WHEN USED AS CSO ONLY	Title:		Facility Location:	
Considerations for Form Completion		Monitoring Location:		Facility Name:	
Principal Executive Officer		Session # Param. NOD		Facility Address:	
First Name:	Susan	Monitoring Location:		Facility Phone:	
Last Name:	Reas	Session # Param. NOD		Facility Email:	
No Data Indicator (NOD)		Monitoring Location:		Facility Website:	
Form NOD:		Session # Param. NOD		Facility Fax:	

Code	Parameter Name	Monitoring Location	Session # Param. NOD	Sample Permit Rec. Value NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50337	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL	82 - l/min		WHDS - When Discharging	RT - ROOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL	3R - l/min		ALREV - All Events	ES - ESTIMA
76857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5W - l/min	0	ALREV - All Events	RT - ROOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL	4K - l/min		ALREV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_2021_01.pdf	pdf	170730.0
IN0032191_CSOMPO_2021_01.pdf	pdf	443406.0

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 16:24 (Time Zone: -05:00)

DMR Copy of Record

Permit #: Major:	IN0022191 Yes	Permitter: Permittee Address:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility: Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	Discharge:	003-C 001 POND - CSO	Status:	NetDMR Validated
Report Dates & Status	From 01/01/21 to 01/31/21	DMR Due Date:	02/28/21		
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal/Executive Officer					
Last Name:	Title:				
No Data Indicator (NODI)	Telephone:				
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier1 Value1 Qualifier2 Value2 Qualifier3 Value3	Quality or Concentration Qualifier1 Value1 Qualifier2 Value2 Qualifier3 Value3	# of EZ	Frequency of Analysis	Sample Type
50397	Duration	EG - Effluent Gross	0	-					WHDS - When Discharging RT - ROOTOT	
74083	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-					AUEV - All Events AUEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					AUEV - All Events AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					AUEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample row, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0032181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	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	Status:	NetDMR Validated			
Report Dates & Status	From 01/01/21 to 01/31/21	DMR Due Date:	02/28/21					
Monitoring Period:	Considerations for Form Completion							
CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer								
First Name:		Title:		Telephone:				
Last Name:								
No Data Indicator (NOD)								
Form NOD:	-							
Code	Parameter Name	Monitoring Location	Session # Param. NOD	Quantity or Loading	Quality or Concentration	# of EC	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Mon MO TOTAL 82 - hrmo C - No Discharge		WHDS - When Discharging RT - RCOTOT	
74053	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Mon MO TOTAL 3R - Mgal C - No Discharge		AUEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NOD	1.19 Reg Mon MO TOTAL 5W - hrmo C - No Discharge		AUEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Mon MO TOTAL 4K - hrmo C - No Discharge		AUEV - All Events RT - RCOTOT	

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	005 External Outfall	Discharge:	005-C CSO-J11-164	Status:	Not DMR Validated
Report Dates & Status		DMR Due Date:	02/28/21	Telephone:	
Monitoring Period:	From 01/01/21 to 01/31/21	Title:			
Considerations for Form Completion					
CSO-J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season 3 Param. NODI	Sample Permit Rec. Value NODI	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 3 Qualifier 2 Value 3	Quality & Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duraction	EG - Effluent Gross	0	-			5.42	82 - hr/mo	0	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-			0.258	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			1.19	5W - hr/mo	0	ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			1.0	4K - #/mo	0	ALIEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample no. Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0022191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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	From 01/01/21 to 01/31/21	DMR Due Date:	02/28/21	Status:	NetDMR Validated
Monitoring Period:	Considerations for Form Completion				
CSO: K03-92	MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
80037	Duration	EG - Effluent Gross	0	-								Reg Mon MO TOTAL 82 - hr/mo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-								Reg Mon MO TOTAL 3R - Mgal C - No Discharge		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-								1.19 Reg Mon MO TOTAL 5W - hr/mo C - No Discharge		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-								Reg Mon MO TOTAL 4K - #/mo C - No Discharge		ALUEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	011 External Outfall	Discharge:	011-C CSO: K08-233		
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: K08-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:	-				

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Permit Rec. Value NODI	Quantity or Loading	Quality or Concentration	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3	Units	# of Exc.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-										Reg Mon MO TOTAL 32 - hr/mo		WHDS - When Discharging	RT - ROOTOT
														C - No Discharge			
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-										Reg Mon MO TOTAL 3R - Mgal		AUEV - All Events	ES - ESTIMA
														C - No Discharge			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-										SW - hr/mo		AUEV - All Events	RT - ROOTOT
														Reg Mon MO TOTAL 5W - hr/mo		AUEV - All Events	RT - ROOTOT
														1.19			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-										Reg Mon MO TOTAL 4K - hr/mo		AUEV - All Events	RT - ROOTOT
														C - No Discharge			

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (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		DMR Due Date: 02/28/21		Status: Not DMR Validated			
Monitoring Period: From 01/01/21 to 01/31/21							
Considerations for Form Completion							
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NDDI)							
Form NDDI:							
Code	Parameter Name	Monitoring Location	Season	Permit NDDI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50337	Duration	EG - Effluent Gross	0	-			
74053	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			
Submission Note							
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)							

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:	013 External Outfall	Discharge:	D13-C CSO: K06-298	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	02/28/21	Telephone:	
Monitoring Period:	From 01/01/21 to 01/31/21	Title:			
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season	Permit NOD	Sample Permit Rec Value NOD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-											
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-											
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-											
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-											

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	017 External Outfall	Discharge:	017-C CSO: K07-176		
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: K07-176S/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 #	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec.								WHDS - When Discharging RT - RCOTOT
					Value NODI								WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec.								ES - ESTIMA
					Value NODI								ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec.								RT - RCOTOT
					Value NODI								RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec.								RT - RCOTOT
					Value NODI								RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee Permittee Address: Discharge: 018 External Outfall		Facility Facility Location: Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803					
Report Dates & Status Reporting Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: K11-155 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		DMR Due Date: 02/28/21 Status: Not DMR Validated							
First Name: Last Name: Title:		Telephone:							
Form NODI: -									
Code	Parameter Name	Monitoring Location	Section #	Permit NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	17.42 Req Mon MO TOTAL 82 - h/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - ROOTOT RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	11.308 Req Mon MO TOTAL 3R - Mgal	0	AUEV - All Events AUEV - All Events	ES - ESTIMA ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	1.5 Req Mon MO TOTAL 5W - h/mo	0	AUEV - All Events AUEV - All Events	RT - ROOTOT RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	2.0 Req Mon MO TOTAL 4K - #/mo	0	AUEV - All Events AUEV - All Events	RT - ROOTOT RT - ROOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP
Major:	Yes	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	Discharge:	019-C CSO: K11-178
Report Dates & Status	From 01/01/21 to 01/31/21	DMR Due Date:	02/28/21
Monitoring Period:	Considerations for Form Completion	Status:	NetDMR Validated
CSO: K11-178	MUNICIPAL MAJORALLEN COUNTY	Title:	
Principal Executive Officer		Telephone:	
First Name:			
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Permit Rec Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				Req Mon MO TOTAL 82 - hmo C - No Discharge		WHOS - When Discharging RT - ROOTOT	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-				Req Mon MO TOTAL 35 - Mgal C - No Discharge		AUEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				1.5 Req Mon MO TOTAL 5W - hmo C - No Discharge		AUEV - All Events RT - ROOTOT	
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				Req Mon MO TOTAL 4K - hmo C - No Discharge		AUEV - All Events RT - ROOTOT	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Features: 020 External Outfall		Discharge: 020-C CSO: K1E-116		Facility Location: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	
Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: K1E-116 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		DMR Due Date: 02/28/21		Status: Not DMR Validated	
First Name: Last Name: No Data Indicator (NODI) Form NODI:		Title:		Telephone:	

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Rec. Value NOD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	4.23 Req Mon MO TOTAL 82 - Hr/mo		0	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	1.173 Req Mon MO TOTAL 3R - Mgal		0	AUEV - All Events AUEV - All Events	ES - ESTIMA ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	1.5 Req Mon MO TOTAL SW - Injmo		0	AUEV - All Events AUEV - All Events	RT - ROOTOT RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	1.0 Req Mon MO TOTAL 4K - Hr/mo		0	AUEV - All Events AUEV - All Events	RT - ROOTOT RT - ROOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	021 External Outfall	Discharge:	021-C CSO: K19-044		
Report Dates & Status		DMR Due Date:	02/28/21	Status:	Not DMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: K19-044 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	Sample Permit Rec. Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
60037	Duration	EG - Effluent Gross	0	-				82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-				3R - Mgal Reg Mon MO TOTAL 3R - Mgal		ALEV - All Events ALEV - All Events	ES - ESTMA ES - ESTMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				5W - hr/mo Reg Mon MO TOTAL 5W - hr/mo		ALEV - All Events ALEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				4K - #/mo Reg Mon MO TOTAL 4K - #/mo		ALEV - All Events ALEV - All Events	RT - RCOTOT RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 16:24 (Time Zone: -05:00)

Permit #:	IN0032191	Facility:	FORT WAYNE WWTP				
Major:	Yes	Facility Location:	P.L.BRUNNER WPC FORT WAYNE, IN 46803				
Permitted Feature:	023 External Outfall	Discharge:	023-C CSO; L06-103				
Report Dates & Status		Status:	NesDMR Validated				
Monitoring Period:	From 01/01/21 to 01/31/21						
Considerations for Form Completion							
CSO: L06-103 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/ Executive Officer		Title:					
Last Name:		Telephone:					
No Data Indicator (NODI)	-						
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading Qualifier:1 Value 1 Qualifier:2 Value 2 Units Qualifier:1 Value 1 Qualifier:2 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NODI 2.58 Req. Mon MO TOTAL 02 - Ir/mo 0		WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume [\$50 volume, CSO volumes]	EG - Effluent Gross	0	Sample Permit Rec. Value NODI 0.223 Req. Mon MO TOTAL 3R - Mgal 0		ALREV - All Events ES - ESTIMA	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NODI 1.61 Req. Mon MO TOTAL SW - Ir/mo 0		ALREV - All Events RT - RCOTOT	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Rec. Value NODI 1.0 Req. Mon MO TOTAL 4K - Ir/mo 0		ALREV - All Events RT - RCOTOT	RT - RCOTOT

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

Edit Check Errors
No errors

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0022191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	Discharge:	024-C CSO: L06-420		
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: L06-420 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	1.5	Reg Mon MO TOTAL	82 - tr/mo	0	WHOS - When Discharging RT - ROOTOT	WHOS - When Discharging RT - ROOTOT
74053	Overflow volume [RSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	0.043	Reg Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	1.61	Reg Mon MO TOTAL	SW - in/mo	0	AL/EV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	1.0	Reg Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	025 External Outfall	Discharge:	025-C CSO: L08-421		
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: L08-421 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's Permit NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 4 Value 4 Qualifier 5 Value 5	Value 3	Units		
50037	Duration	EG - Effluent Gross	0		1.25	82 - hr/mo	WHDCS - When Discharging RT - ROOTOT	RT - ROOTOT
				Res Mon MO TOTAL		82 - hr/mo	WHDCS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0		0.02	SR - Mgal	ALUEV - All Events	ES - ESTIMA
				Res Mon MO TOTAL		SR - Mgal	ALUEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0		1.51	SV - hr/mo	ALUEV - All Events	RT - ROOTOT
				Res Mon MO TOTAL		SV - hr/mo	ALUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		1.0	4K - #/mo	ALUEV - All Events	RT - ROOTOT
				Res Mon MO TOTAL		4K - #/mo	ALUEV - All Events	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (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		Discharge: 027-C CSO: M10-202		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 027 External Outfall		DMR Due Date: 02/28/21		Status: NetDMR Validated			
Report Dates & Status		Monitoring Period: From 01/01/21 to 01/31/21		Title:		Telephone:	
Considerations for Form Completion		CSO: M10-202/MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer							
First Name:							
Last Name:							
No Data Indicator (NODI):							
Form NODI:							
Code	Parameter Name	Monitoring Location	Session # Param NODI	Sample Permit Rec Value NODI	Quantity or Loading	Quality of Concentration	# of Ex. Units
50037	Duration	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Reg Mon MO TOTAL 82 - hrmo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Reg Mon MO TOTAL 3R - Mgal C - No Discharge	ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	1.05 Reg Mon MO TOTAL SW - hrmo 0	ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Reg Mon MO TOTAL 4K - hrmo C - No Discharge	ALIEV - All Events RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 16:24 (Time Zone: -05:00)

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:	PL BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	Discharge:	028-C CSO: M10-238		
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: M10-238/MUNICIPAL MAJORALLER COUNTY					
Principal Executive Officer					
First Name:	Susan	Title:	Program Manager	Telephone:	260-427-6213
Last Name:	Reas				
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-									
74053	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-									
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									

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

Edit Check Errors	
No errors.	

Comments	

Attachments	
IN0032191_CSOMFO_2021_01.pdf	Name
IN0032191_LETTER_2021_01.pdf	Name
Report Last Saved By	Name
FORT WAYNE WWTP	Name
User:	susan.beck@cityofwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-02-15 15:22 (Time Zone: -05:00)
Report Last Signed By	Name
User:	susan.beck@cityofwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-02-15 15:24 (Time Zone: -05:00)

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:	Q29 External Outfall	Discharge:	Q29-C CSO: M10-265	Status:	NetDMR Validated								
Report Dates & Status		DMR Due Date:	02/28/21	Telephone:									
Monitoring Period:	From 01/01/21 to 01/31/21	Title:											
Considerations for Form Completion													
CSO: M10-265 MUNICIPAL MAJOR ALLEN COUNTY													
Principal/Executive Officer													
First Name:													
Last Name:													
No Data Indicator (NODI)													
Form NODI:													
Code	Premise Name	Monitoring Location	Season	Param. NODI	Quantity or Loading	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL	B2 - N/mo				WH/OS - When Discharging	RT - RCOTOT	
74063	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL	3R - Mgal				ALIEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL	SW - In/mo				ALIEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL	4K - ft/mo				ALIEV - All Events	RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org
Susan Reas

susan.beck@cityoffortwayne.org
2021-02-15 15:10 (Time Zone: -05:00)

susan.beck@cityoffortwayne.org
Susan Reas

susan.beck@cityoffortwayne.org
2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: Permittee Address: Discharge:		Facility: Facility Location: Status:		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 032 External Outfall		Discharge: 032-C CSO: M10-306		Status: NetDMR Validated			
Report Dates & Status Monitoring Period: From 01/07/21 to 01/31/21		DMR Due Date: 02/28/21					
Considerations for Form Completion CSO: M10-306 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer First Name: Last Name: Title:							
No Data Indicator (NODI) Form NODI: --							
Code 50037 Duration		Parameter Name --		Monitoring Location EG - Effluent Gross 0		Season & Param. NODI --	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0		EG - Effluent Gross 0		EG - Effluent Gross 0	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0		EG - Effluent Gross 0		EG - Effluent Gross 0	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		EG - Effluent Gross 0		EG - Effluent Gross 0	
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors No errors.							
Comments							
Attachments No attachments.							
Report Last Saved By FORT WAYNE WWTP							
User: susan.beck@cityofwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityofwayne.org							
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityofwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityofwayne.org							
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)							

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:	033 External Outfall	Discharge:	033-C CSO: M10-313										
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated								
Monitoring Period:	From 01/01/21 to 01/31/21												
Considerations for Form Completion													
CSO: M10-313/MUNICIPAL MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:		Title:		Telephone:									
Last Name:													
No Data Indicator (NODI)													
Form NODI:													
Parameter Name	Monitoring Location	Season	Param. NODI	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	\$ of Ex.	Frequency of Analysis	Sample Type
50337 Duration	EG - Effluent Gross	0	-									WHOS - When Discharging RT - ROOTOT	RT - ROOTOT
74063 Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-									WHOS - When Discharging RT - ROOTOT	RT - ROOTOT
79837 Precipitation, monthly accumulation	EG - Effluent Gross	0	-									WHOS - When Discharging RT - ROOTOT	RT - ROOTOT
84165 Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									WHOS - When Discharging RT - ROOTOT	RT - ROOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2021-02-15 15:15 (Time Zone: -05:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-02-15 15:24 (Time Zone: -05:00)

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:	035 External Outfall		Discharge:	03B-C CSO: M18-032		Status:	NetDMR Validated	
Report Dates & Status	Monitoring Period: From 01/07/21 to 01/31/21		DMR Due Date:	02/28/21		Title:		
Considerations for Form Completion	CSO: M18-032 MUNICIPAL MAJORALLER COUNTY							
Principal Executive Officer								
First Name:								
Last Name:								
No Data Indicator (NOD)								
Form NOD:								

Code	Parameter Name	Monitoring Location	Season & Param. NOD	Sample Permit Req.	Sample Value NOD	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-				Reg Mon MO TOTAL	B2 - h/mo		WHDS - When Discharging	RT - RCOTOT
									C - No Discharge				
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	-				Reg Mon MO TOTAL	3R - Mgal		ALIEV - All Events	ES - ESTIMA
									C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-				1.06	SW - h/mo		ALIEV - All Events	RT - RCOTOT
									Reg Mon MO TOTAL	5W - h/mo	0	ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-					Reg Mon MO TOTAL	4K - h/mo	ALIEV - All Events	RT - RCOTOT
									C - No Discharge				

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: Permittee Address: Discharge: 039 External Outfall CSO: N05-022		Facility: Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: N05-022 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		DMR Due Date: 02/28/21		Status: NetDMR Validated	
First Name: Last Name: No Data Indicator (NODI) Form NODI: -		Title:		Telephone:	

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Rel Mon MO TOTAL 42 - h/mo	C - No Discharge	WHDS - When Discharging	RT - ROOTOT				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Rel Mon MO TOTAL 3R - Migal	C - No Discharge	ALJEW - All Events	ES - ESTIMA				
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Rel Mon MO TOTAL 5W - h/mo	C - No Discharge	ALJEW - All Events	RT - ROOTOT				
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Rel Mon MO TOTAL 4K - #/mo	C - No Discharge	ALJEW - All Events	RT - ROOTOT				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit	Permit #: IN0022191	Permittee Address:	Facility Location:	Fort Wayne WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803
Major:	Yes	Discharge:	Facility Location:	
Permitted Feature:	044 External Outfall	Discharge:	Facility Location:	
Report Dates & Status	DMR Due Date: 02/28/21	Discharge:	Facility Location:	
Monitoring Period:	From 01/01/21 to 01/31/21	Discharge:	Facility Location:	
Considerations for Form Completion		Discharge:	Facility Location:	
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY		Discharge:	Facility Location:	
Principal Executive Officer		Discharge:	Facility Location:	
First Name:		Discharge:	Facility Location:	
Last Name:		Discharge:	Facility Location:	
Title:		Discharge:	Facility Location:	
Form NOD:		Discharge:	Facility Location:	
Code	Parameter Name	Monitoring Location	Season's Param. NOD	Quantity or Loading
50037	Duration	EG - Effluent Gross	0	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units
Submission Note				
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.				
Edit Check Errors				
No errors.				
Comments				
Attachments				
No attachments.				
Report Last Saved By				
FORT WAYNE WWTP				
User:				
susan.beck@cityofwayne.org				
Name:				
Susan Beck				
E-Mail:				
susan.beck@cityofwayne.org				
Date/Time:				
2021-02-15 15:10 (Time Zone: -05:00)				
Report Last Signed By				
User:				
susan.beck@cityofwayne.org				
Name:				
Susan Beck				
E-Mail:				
susan.beck@cityofwayne.org				
Date/Time:				
2021-02-15 15:24 (Time Zone: -05:00)				

DMR Copy of Record

Permit		Permit #: IN002191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: D45 External Outfall		Discharge: D45-C CSO: N22-103		Status: NetDMR Validated			
Report Dates & Status		DMR Due Date: 02/28/21					
Monitoring Period: From 01/01/21 to 01/31/21							
Considerations for Form Completion							
CSO: N22-103T, JOSEPH RIVER 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	Sample Permit Req. Value NODI	Quality or Loading	Quality of Concentration	# of Ex. Units
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0	-			WHDS - When Discharging RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-			ALIEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			ALIEV - All Events RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 048 External Outfall		Discharge: 048-C CSO: 010-252			
Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: 010-252/MUNICIPAL MAJOR ALLEN COUNTY		DMR Due Date: 02/28/21		Status: NetDMR Validated	
Principal Executive Officer First Name: Last Name: No Data Indicator (NOD):		Title:		Telephone:	

Form NOD:	Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Qualifier			Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type				
						Value 1	Value 2	Value 3	Value 1	Value 2	Value 3	Value 1	Value 2	Value 3				Value 1	Value 2	Value 3	
50037	Duration		EG - Effluent Gross	0		Sample															
						Permit Req.															
						Value NOD															
74063	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0		Sample															
						Permit Req.															
						Value NOD															
79837	Precipitation, monthly accumulation		EG - Effluent Gross	0		Sample															
						Permit Req.															
						Value NOD															
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0		Sample															
						Permit Req.															
						Value NOD															

Submission Note If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors No errors. Comments	
Attachments No attachments.	
Report Last Saved By FORT WAYNE WWTP User: susan.beck@cityoffortwayne.org Name: Susan Reas E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)	
Report Last Signed By User: susan.beck@cityoffortwayne.org Name: Susan Reas E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)	

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:	050 External Outfall	Discharge:	050-C CSO: 010-277	Status:	NeIDMR Validated
Report Dates & Status		DMR Due Date:	02/28/21		
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
Last Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI								WH/OS - When Discharging RT - RCOTOT
74053	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI								WH/OS - When Discharging RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI								AL/VEV - All Events
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI								AL/VEV - All Events

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	051 External Outfall	Discharges:	051-C CSO: 022-002						
Report Dates & Status		DMR Due Date:	02/28/21	Status:	NetDMR Validated				
Monitoring Period:	From 01/01/21 to 01/31/21								
Considerations for Form Completion									
CSO:	022-002 MUNICIPAL MAJORALLEN COUNTY								
Principal Executive Officer									
First Name:		Title:		Telephone:					
Last Name:									
No Data Indicator (NOD):									
Form NOD:									
Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL B2 - h/mo C - No Discharge	Units	WH/DS - When Discharging	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL 3R - Mgal C - No Discharge		AL/VEV - All Events	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	1.34 Reg Mon MO TOTAL SW - in/mo		AL/VEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL 4K - #/mo C - No Discharge		AL/VEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Discharge:		Facility Location:	
052 External Outfall		052-C CSO: 022-004		FORT WAYNE WWTP PL BRUNNER WPC FORT WAYNE, IN 46803	
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 01/01/21 to 01/31/21		02/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
Title:					
Form NOD:					
Monitoring Location: Season 4 Param: NOD					
Premier Name:		Season 4 Param: NOD		Monitoring Location: Season 4 Param: NOD	
Code		Sample Permit Req. Value NOD		Quantity or Loading	
50037 Duration		EG - Effluent Gross 0		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	
74053 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0		Reg Mon MO TOTAL 82 - #/mo C - No Discharge	
79837 Precipitation, monthly accumulation		EG - Effluent Gross 0		Reg Mon MO TOTAL 3R - Mgal C - No Discharge	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		1.34 Reg Mon MO TOTAL 5W - #/mo C - No Discharge	
				SW - #/mo Reg Mon MO TOTAL 4K - #/mo C - No Discharge	
				WH/OS - When Discharging RT - ROOTOT AL/EV - All Events RT - ROOTOT AL/EV - All Events RT - ROOTOT	
				AL/EV - All Events RT - ROOTOT	
				AL/EV - All Events RT - ROOTOT	
				AL/EV - All Events RT - ROOTOT	
Submission Note					
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name:					
E-Mail:					
Date/Time:					
Report Last Signed By					
User:					
Name:					
E-Mail:					
Date/Time:					

Permit #:	IN0032191	Permittee:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L.BRUNNER WPC FORT WAYNE, IN 46803		
Major:	Yes	Discharge:	Q53 External Outfall	Status:	NeDWR Validated		
Permitted Feature:	Q53 External Outfall	DMR Due Date:	02/28/21	Telephone:			
Monitoring Location:	From 01/01/21 to 01/31/21	Title:		Quantity or Loading:			
Considerations for Form Completion	CSC: 022-054 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer First Name: Last Name: No Data Indicator (NODI)						
Form NODI:	-	Parameter Name	Monitoring Location	Season	Param. NODI		
Code	Description	Sample Permit Req.	Value NODI	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 1 Qualifier 2 Value 2 Qualifier 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0				WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0				AUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0				AUEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				AUEV - All Events RT - ROOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors							
Comments							
Attachments							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)							

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:	064 External Outfall	Discharge:	054-C CSO: 023-080	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	02/28/21		
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO:	023-080 MUNICIPAL 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	Sample Permit Req. Value NODI	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Units Qualifier: 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50307	Duration	EG - Effluent Gross	0	-			Opt Mon MO TOTAL 82 - ltr/mo C - No Discharge		WH/DS - When Discharging RT - ROOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-			Opt Mon MO TOTAL 3R - Mgal C - No Discharge		AL/EV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			0.69 Opt Mon MO TOTAL 5W - in/mo C - No Discharge		AL/EV - All Events RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			Opt Mon MO TOTAL 4K - f/mo C - No Discharge		AL/EV - All Events RT - ROOTOT	

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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:	055 External Outfall	Discharge:	055-C CSO: P06-192	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	02/28/21		
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: P06-192 MUNICIPAL 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			3.17	Res Mon MO TOTAL	82 - #/mo	0	WHDS - When Discharging RT - RCOTOT	
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			0.482	Res Mon MO TOTAL	SR - Mgal	0	AL/EV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			1.51	Res Mon MO TOTAL	BW - #/mo	0	AL/EV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			1.0	Res Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events RT - RCOTOT	

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: Permittee Address: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802 Discharge: 056-C CSO: J03-313		Facility: Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 056 External Outfall		DMR Due Date: 02/28/21		Status: NetDMR Validated	
Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		Title:		Telephone:	
First Name:		Last Name:		No Data Indicator (NODI)	
Form NODI:		Monitoring Location:		Season & Param. NODI	
Parameter Name		Monitoring Location		Season & Param. NODI	
Code		Monitoring Location		Season & Param. NODI	
50037 Duration		EG - Effluent Gross 0		-	
74063 Overflow volume [660 volume, CSO volume]		EG - Effluent Gross 0		-	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0		-	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		-	

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:14 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

Code	Parameter Name	Monitoring Location	Season & Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis		Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			WHDS - When Discharging	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0				0.7			82 - hr/mo			RT - ROOTOT	
74063	Overflow volume [660 volume, CSO volume]	EG - Effluent Gross	0				0.84			3R - Mgal			ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0				1.19			SV - hr/mo			RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				1.0			4K - #/mo			RT - ROOTOT	

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee Permittee Address: Discharge:		Facility Facility Location: Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 057 External Outfall		Discharge: 057-C CSO: P10-121		Status: NetDMR Validated	
Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY		DMR Due Date: 02/28/21		NetDMR Validated	
Principal Executive Officer First Name: Last Name: Title:		Discharge: 057-C CSO: P10-121		Status: NetDMR Validated	
Form NOD: No Data Indicator (NOD):		Discharge: 057-C CSO: P10-121		Status: NetDMR Validated	
Form NOD: No Data Indicator (NOD):		Discharge: 057-C CSO: P10-121		Status: NetDMR Validated	

Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	82	hr/mo	C - No Discharge		WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	3R	Mgal	C - No Discharge		ALIEV - All Events	ES - ESTIMA	
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	5W	in/mo	1.48		ALIEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	4K	ft/mo			ALIEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User:
 susan.beck@cityofwayne.org
 Susan Reas
 susan.beck@cityofwayne.org
 2021-02-15 15:10 (Time Zone: -05:00)

Date/Time:
 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User:
 susan.beck@cityofwayne.org
 Susan Reas
 susan.beck@cityofwayne.org
 2021-02-15 15:24 (Time Zone: -05:00)

Date/Time:
 2021-02-15 15:24 (Time Zone: -05:00)

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:	PLI BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	Discharge:	060-C CSO: R06-31	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	02/28/21		
Monitoring Period:	From 01/01/21 to 01/31/21				
Considerations for Form Completion					
CSO: R06-31 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	Session #	Permit NODI
50037	Duration	EG - Effluent Gross	0	-	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	
78937	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors					
Comments					
Attachments					
No attachments					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityofwayne.org				
Name:	Susan Beck				
E-Mail:	susan.beck@cityofwayne.org				
Date/Time:	2021-02-15 15:10 (Time Zone: -05:00)				
Report Last Signed By					
User:	susan.beck@cityofwayne.org				
Name:	Susan Beck				
E-Mail:	susan.beck@cityofwayne.org				
Date/Time:	2021-02-15 15:24 (Time Zone: -05:00)				

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: Permittee Address: Discharge:		Facility: Facility Location: Status:		FORT WAYNE WTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 061 External Outfall		Discharge: 061-C CSO: R14-137		DMR Due Date: 02/28/21		NetDMR Validated	
Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: R14-137 MUNICIPAL MAJORALLEN COUNTY Principal Executive Officer		Title:		Telephone:			
First Name: Last Name: No Data Indicator (NOD):		Form NOD:		Monitoring Location:		Season & Param. NOD:	
Code:		Permittee Name:		Quantity of Loading: Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5		# of Ex. Frequency of Analysis Sample Type	
50037 Duration		EG - Effluent Gross 0 -		Sample Permit Req Value NOD:		WHDS - When Discharging RT - ROOTOT	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0 -		Sample Permit Req Value NOD:		ALJEV - All Events ES - ESTIMA	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		Sample Permit Req Value NOD:		ALJEV - All Events RT - ROOTOT	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		Sample Permit Req Value NOD:		ALJEV - All Events RT - ROOTOT	

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WTP
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

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: 062 External Outfall	Discharge: 062-C CSO: R14-138	
Report Date & Status:	DMR Due Date: 02/28/21	Status: NetDMR Validated
Monitoring Period: From 01/01/21 to 01/31/21		
Considerations for Form Completion		
CSO: R14-138 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Code	Parameter Name	Monitoring Location	Sample Permit Req.	Quantity or Loading			Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Value 1	Value 2	Value 3				
50037	Duration	EG - Effluent Gross	0				Opt Mon MO TOTAL	B2 - hr/mo		WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0				Opt Mon MO TOTAL	3R - Ngal		ALIEV - All Events
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0				Opt Mon MO TOTAL	SW - hr/mo	1.34	ALIEV - All Events
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				Opt Mon MO TOTAL	4K - #/mo		ALIEV - All Events

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -06:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -06:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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 01/01/21 to 01/31/21	DMR Due Date: 02/28/21	Status: NetDMR Validated
Considerations for Form Completion	CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			
First Name:	Title:		
Last Name:	Telephone:		
No Data Indicator (NODI)	-		
Form NODI:	Permittee Name	Monitoring Location	Season & Param. NODI
Code	Permit Rec.	Sample	Quality or Loading
	Value NODI	Value NODI	Qualifier 1 Value 1
50037	Duration	EG - Effluent Gross	0
			Reg Mon MO TOTAL
			C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0
			Reg Mon MO TOTAL
			C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0
			Reg Mon MO TOTAL
			C - No Discharge
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0
			Reg Mon MO TOTAL
			C - No Discharge
Submission Note			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
Edit Check Errors			
No errors.			
Comments			
Attachments			
No attachments.			
Report Last Saved By			
FORT WAYNE WWTP			
User: susan.beck@cityofwayne.org			
Name: Susan Beck			
E-Mail: susan.beck@cityofwayne.org			
Date/Time: 2021-02-16 15:10 (Time Zone: -05:00)			
Report Last Signed By			
User: susan.beck@cityofwayne.org			
Name: Susan Beck			
E-Mail: susan.beck@cityofwayne.org			
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)			

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee Permittee Address: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Permitted Feature 088 External Outfall		Discharge 068-C CSO: N1B-254					
Report Dates & Status Monitoring Period: From 01/01/21 to 01/31/21 Considerations for Form Completion CSO: N1B-254 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		DMR Due Date 02/28/21		Status NetDMR Validated			
First Name Last Name: No Data Indicator (NOD)		Title		Telephone			
Form NOD: --		Monitoring Location Season 1 Param: NOD					
Parameter Name		Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 4 Value 1 Qualifier 5 Value 2 Qualifier 3		# of Ex. Frequency of Analysis Sample Type			
50037	Duration	EG - Effluent Gross	0	--		1.57 Reg Mon MO TOTAL 82 - hr/mo 0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [650 volume, CSO volume]	EG - Effluent Gross	0	--		0.011 Reg Mon MO TOTAL 3R - Mgal 0	ALVEV - All Events ALVEV - All Events ES - ESTMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		1.34 Reg Mon MO TOTAL 3W - hr/mo 0	ALVEV - All Events ALVEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		2.0 Reg Mon MO TOTAL 4K - #/mo 0	ALVEV - All Events ALVEV - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-02-15 15:14 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-02-15 15:24 (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		DMR Due Date: 02/28/21	Status: Not DMR Validated
Monitoring Period:	From 01/01/21 to 01/31/21		
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:			

Code	Parameter Name	Monitoring Location	Season & Perm. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI			Reg Mon MO TOTAL B2 - hr/mo				WHOS - When Discharging	RT - RCOTOT
74053	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Req. Value NODI			Reg Mon MO TOTAL B2 - hr/mo				AL/EV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI			Reg Mon MO TOTAL B2 - hr/mo				AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI			Reg Mon MO TOTAL B2 - hr/mo				AL/EV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

EDI Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032181 Major: Yes		Permitter: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 081 External Outfall		Discharge: CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.			
Report Dates & Status From 01/01/21 to 01/31/21		DMR Due Date: 02/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR. Principal Executive Officer					
First Name: Last Name:		Title:			
No Data Indicator (NOD) Form NOD:					

Code	Parameter Name	Monitoring Location	Season's Param. NOD	Quality of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
60037	Durition	EG - Effluent Gross	0	Sample Permit Req. Value NOD			Res Mon MO TOTAL 82 - hr/mo				WH/OS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS6 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NOD			Res Mon MO TOTAL 3R - Mgal				AL/EV - All Events ES - ESTMA	
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NOD			1.34	Res Mon MO TOTAL 3W - hr/mo			AL/EV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NOD			Res Mon MO TOTAL 4K - hr/mo				AL/EV - All Events RT - RCOTOT	

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:10 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-02-15 15:24 (Time Zone: -0500)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 18, 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 February 2021

We are pleased to enclose a completed CSO MRO form for the month of February 2021. 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

Beginning on February 22, 2021, temperatures began to increase above freezing. These warm temperatures continued for several days causing more than 18" of snow to melt. This snow melt caused several authorized permitted CSO's to discharge on February 23, 24, and 25.

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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

Water Pollution Control Maintenance

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CITIZENS SQUARE

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An Equal Opportunity Employer

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.

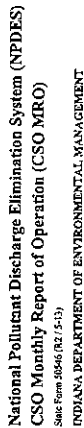
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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)**

Send To: 600 9th St, Ste 200, San Francisco, CA 94103

Journal of Interpersonal Violence 26(10)

[illegible]

CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS WHOSE INFORMATION IS BEING SUBMITTED, AND THAT I AM NOT PROVIDING ANY INFORMATION IN THIS DOCUMENT, IN CONJUNCTION WITH A 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	03/18/2021



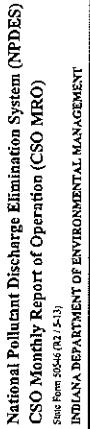
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/14-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/14-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

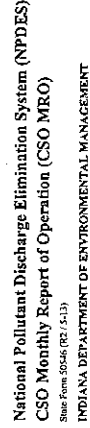
City: Fort Wayne		Page 2 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 2-2021		Check box for CSO discharges occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60			
WWT Influent Data		CSO Outfall No. 60		CSO Outfall No. 60	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	30.26	01	30.26	01	30.26
02	30.86	02	30.86	02	30.86
03	36.41	03	36.41	03	36.41
04	30.40	04	30.40	04	30.40
05	39.54	05	39.54	05	39.54
06	30.49	06	30.49	06	30.49
07	36.92	07	36.92	07	36.92
08	37.21	08	37.21	08	37.21
09	29.66	09	29.66	09	29.66
10	31.81	10	31.81	10	31.81
11	34.27	11	34.27	11	34.27
12	29.78	12	29.78	12	29.78
13	36.09	13	36.09	13	36.09
14	31.01	14	31.01	14	31.01
15	30.06	15	30.06	15	30.06
16	34.74	16	34.74	16	34.74
17	29.43	17	29.43	17	29.43
18	29.99	18	29.99	18	29.99
19	37.13	19	37.13	19	37.13
20	30.92	20	30.92	20	30.92
21	29.52	21	29.52	21	29.52
22	37.43	22	37.43	22	37.43
23	55.50	23	55.50	23	55.50
24	76.59	24	76.59	24	76.59
25	90.22	25	90.22	25	90.22
26	78.59	26	78.59	26	78.59
27	87.92	27	87.92	27	87.92
28	97.42	28	97.42	28	97.42
Total: 1204.16		Total: 1204.16		Total: 1204.16	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Program Manager		Susan Reas, Program Manager		Susan Reas, Program Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED HEREIN, THAT THE INFORMATION SUBMITTED IS 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED HEREIN, THAT THE INFORMATION SUBMITTED IS 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED HEREIN, THAT THE INFORMATION SUBMITTED IS 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Reas		Susan Reas		Susan Reas	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
03/18/2021		03/18/2021		03/18/2021	

City: Fort Wayne		Page 2 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 2-2021		Check box for CSO discharges occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60			
WWT Influent Data		CSO Outfall No. 60		CSO Outfall No. 60	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	30.26	01	30.26	01	30.26
02	30.86	02	30.86	02	30.86
03	36.41	03	36.41	03	36.41
04	30.40	04	30.40	04	30.40
05	39.54	05	39.54	05	39.54
06	30.49	06	30.49	06	30.49
07	36.92	07	36.92	07	36.92
08	37.21	08	37.21	08	37.21
09	29.66	09	29.66	09	29.66
10	31.81	10	31.81	10	31.81
11	34.27	11	34.27	11	34.27
12	29.78	12	29.78	12	29.78
13	36.09	13	36.09	13	36.09
14	31.01	14	31.01	14	31.01
15	30.06	15	30.06	15	30.06
16	34.74	16	34.74	16	34.74
17	29.43	17	29.43	17	29.43
18	29.99	18	29.99	18	29.99
19	37.13	19	37.13	19	37.13
20	30.92	20	30.92	20	30.92
21	29.52	21	29.52	21	29.52
22	37.43	22	37.43	22	37.43
23	55.50	23	55.50	23	55.50
24	76.59	24	76.59	24	76.59
25	90.22	25	90.22	25	90.22
26	78.59	26	78.59	26	78.59
27	87.92	27	87.92	27	87.92
28	97.42	28	97.42	28	97.42
Total: 1204.16		Total: 1204.16		Total: 1204.16	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Program Manager		Susan Reas, Program Manager		Susan Reas, Program Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED HEREIN, THAT THE INFORMATION SUBMITTED IS 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED HEREIN, THAT THE INFORMATION SUBMITTED IS 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED HEREIN, THAT THE INFORMATION SUBMITTED IS 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Reas		Susan Reas		Susan Reas	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
03/18/2021		03/18/2021		03/18/2021	



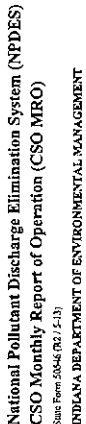
**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R2 / 5-13)

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

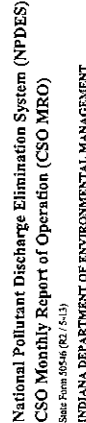
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]

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

Public Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]

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

Scale from 50 to 100 (R2 / 5 = 13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/15-13)
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: MONTHLY 2-2021										Check box if no CSO discharge occurred for the month:																			
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 60										CSO Discharge No. 19									
WWT Influent Data										CSO Discharge Data										CSO Discharge Data									
Time of Day										Time of Day										Time of Day									
Flow (MGD)										Flow (MGD)										Flow (MGD)									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
Total										Total										Total									

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
Susan Rose, Program Manager
260-474-6113
Date (mm/dd/yyyy)
6/18/2021



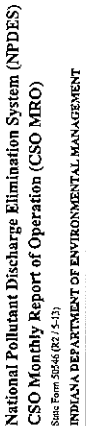
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 7 of 12										Firm Number: IN002191									
Facility: Fort Wayne - P.L. Branner WWT										Public Notification Requirements Met?										Y									
Monitoring Period: (MONTH) 5-2021										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									
WWT Inflow Data										CSO Outfall No. 64										CSO Outfall No. 65									
Time										Time										Time									
Peak Hourly Flow (MGD)										Peak Hourly Flow (MGD)										Peak Hourly Flow (MGD)									
Date of Month										Date of Month										Date of Month									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
Total										Total										Total									

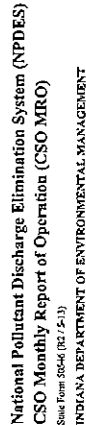
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:										Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:									
Susan Ross, Program Manager										Susan Ross									
260-427-4213										260-427-4213									
I CERTIFY UNDER 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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS TRUE AND CORRECT. I AM AWARE THAT PROVIDING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.										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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS TRUE AND CORRECT. I AM AWARE THAT PROVIDING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.									
Signature of Principal Executive Officer or Authorized Agent:										Signature of Principal Executive Officer or Authorized Agent:									
Date (mm/dd/yyyy) 03/18/2021										Date (mm/dd/yyyy) 03/18/2021									



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

Sonic Form 50346 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

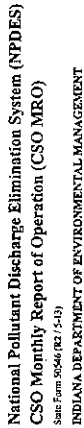


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

Scale Form SQS-46 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

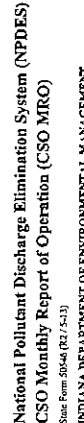
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

11157450 11157450

INDIANA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
BUREAU FORM 205440 (A2) 5-73)[illegible]

<p>(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.</p>	<p>260-427-6213</p>
--	---------------------

Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yyyy)
Susan Rees	03/18/2021



City: Fort Wayne		Page 10 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH 2-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Discharge No.	
Day of Month	Time Discharge or Event	Event Discharge or Event	Event Discharge or Event	Event Discharge or Event	Event Discharge or Event
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
Totals:	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5024 (PZ 1-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5024 (PZ 1-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Page 11 of 12	
Monitoring Period: 12-MONTH		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:	
WVTP Inflow Data		Measured/Metered (M) or Estimated (E) must be specified	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	30.26	13	30.26
02	30.86	14	30.86
03	36.41	15	36.41
04	30.40	16	30.40
05	39.54	17	39.54
06	30.49	18	30.49
07	30.92	19	30.92
08	37.21	20	37.21
09	29.66	21	29.66
10	31.81	22	31.81
11	34.27	23	34.27
12	29.78	24	29.78
13	36.09	25	36.09
14	31.01	26	31.01
15	30.06	27	30.06
16	34.74	28	34.74
17	29.43	29	29.43
18	29.99	30	29.99
19	37.13	31	37.13
20	30.92	32	30.92
21	29.52	33	29.52
22	37.43	34	37.43
23	55.50	35	55.50
24	76.59	36	76.59
25	90.22	37	90.22
26	78.59	38	78.59
27	87.92	39	87.92
28	97.42	40	97.42
Totals: 1204.16		Totals: 1204.16	

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Page 11 of 12	
Monitoring Period: 12-MONTH		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:	
WVTP Inflow Data		Measured/Metered (M) or Estimated (E) must be specified	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	30.26	13	30.26
02	30.86	14	30.86
03	36.41	15	36.41
04	30.40	16	30.40
05	39.54	17	39.54
06	30.49	18	30.49
07	30.92	19	30.92
08	37.21	20	37.21
09	29.66	21	29.66
10	31.81	22	31.81
11	34.27	23	34.27
12	29.78	24	29.78
13	36.09	25	36.09
14	31.01	26	31.01
15	30.06	27	30.06
16	34.74	28	34.74
17	29.43	29	29.43
18	29.99	30	29.99
19	37.13	31	37.13
20	30.92	32	30.92
21	29.52	33	29.52
22	37.43	34	37.43
23	55.50	35	55.50
24	76.59	36	76.59
25	90.22	37	90.22
26	78.59	38	78.59
27	87.92	39	87.92
28	97.42	40	97.42
Totals: 1204.16		Totals: 1204.16	

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Page 11 of 12	
Monitoring Period: 12-MONTH		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:	
WVTP Inflow Data		Measured/Metered (M) or Estimated (E) must be specified	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	30.26	13	30.26
02	30.86	14	30.86
03	36.41	15	36.41
04	30.40	16	30.40
05	39.54	17	39.54
06	30.49	18	30.49
07	30.92	19	30.92
08	37.21	20	37.21
09	29.66	21	29.66
10	31.81	22	31.81
11	34.27	23	34.27
12	29.78	24	29.78
13	36.09	25	36.09
14	31.01	26	31.01
15	30.06	27	30.06
16	34.74	28	34.74
17	29.43	29	29.43
18	29.99	30	29.99
19	37.13	31	37.13
20	30.92	32	30.92
21	29.52	33	29.52
22	37.43	34	37.43
23	55.50	35	55.50
24	76.59	36	76.59
25	90.22	37	90.22
26	78.59	38	78.59
27	87.92	39	87.92
28	97.42	40	97.42
Totals: 1204.16		Totals: 1204.16	

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Page 11 of 12	
Monitoring Period: 12-MONTH		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:	
WVTP Inflow Data		Measured/Metered (M) or Estimated (E) must be specified	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	30.26	13	30.26
02	30.86	14	30.86
03	36.41	15	36.41
04	30.40	16	30.40
05	39.54	17	39.54
06	30.49	18	30.49
07	30.92	19	30.92
08	37.21	20	37.21
09	29.66	21	29.66
10	31.81	22	31.81
11	34.27	23	34.27
12	29.78	24	29.78
13	36.09	25	36.09
14	31.01	26	31.01
15	30.06	27	30.06
16	34.74	28	34.74
17	29.43	29	29.43
18	29.99	30	29.99
19	37.13	31	37.13
20	30.92	32	30.92
21	29.52	33	29.52
22	37.43	34	37.43
23	55.50	35	55.50
24	76.59	36	76.59
25	90.22	37	90.22
26	78.59	38	78.59
27	87.92	39	87.92
28	97.42	40	97.42
Totals: 1204.16		Totals: 1204.16	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 03/19/2021

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reed, Program Manager Telephone: 204-471-4213



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]	2-2021	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					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23	Snow Melt				
24	Snow Melt				
25	Snow Melt				
26					
27	Wet Weather				
28	Wet Weather				
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				03/18/2021	

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 002 External Outfall		Discharge: 002-POND - WHEN USED AS CSO ONLY		Status: NetDMR Validated	
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion CSO - 002 POND WHEN USED AS CSO ONLY		DMR Due Date: 03/28/21			
Principal Executive Officer First Name: Susan Last Name: Reas No Data Indicator (NODI): - Form NODI: -		Title: Program Manager		Telephone: 260-427-6213	

Code	Parameter Name	Monitoring Location	Session #	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-									WHDS - When Discharging RT - ROOTOT
74053	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-									AEUV - All Events ES - ESTIMA
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	-									AEUV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									AEUV - All Events RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following 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
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IN0032191_CSO_MRO_2021_02.pdf	pdf	438712.0

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-03-18 10:23 (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 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	Discharge:	003-C 001 POND - CSO		
Report Dates & Status		DMR Due Date:	03/28/21	Status:	NetDMR Validated
Monitoring Period:	From 02/01/21 to 02/28/21				
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	Permittee Name	Monitoring Location	Session & Param. NODI	Quantity or Loading	Quality or Concentration	# of Exc.	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		
5037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Reg Mon MO TOTAL 82 - n/mo		WHDS - When Discharging	RT - ROOTOT
					C - No Discharge			
74053	Overflow volume [850 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Reg Mon MO TOTAL 3R - n/mo		AUEV - All Events	ES - ESTIMA
					C - No Discharge			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	D7		AUEV - All Events	RT - ROOTOT
					Reg Mon MO TOTAL 5W - n/mo	0	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Reg Mon MO TOTAL 4K - n/mo		AUEV - All Events	RT - ROOTOT
					C - No Discharge			

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT 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: J02-90	
Report Dates & Status	Monitoring Location: From 02/01/21 to 02/28/21	DMR Due Date: 03/28/21	Status: NetDMR Validated
Considerations for Form Completion	CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NOD)			
Form NOD:			

Code	Parameter Name	Monitoring Location	Session #	Permit NOD	Sample Permit Rec Value NOD	Quality of Loading	Quantity of Concentration	# of EC	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec Value NOD				Req Mon MO TOTAL 82 - hrmo	WHDS - When Discharging RT - RCOTOT
									C - No Discharge	
74063	Overflow volume [80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec Value NOD				Req Mon MO TOTAL 3R - Mgal	AEV - All Events ES - ESTIMA
									C - No Discharge	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NOD				1.27 SW - hrmo	AEV - All Events RT - RCOTOT
									Req Mon MO TOTAL SW - hrmo 0	AEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NOD				Req Mon MO TOTAL 4K - #mo	AEV - All Events RT - RCOTOT
									C - No Discharge	

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:		Frequency of Analysis	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP		ES - ESTIMA	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC		RT - RCOTOT	
		FT WAYNE, IN 46802		2601 DWENGER AVE		WHDS - When Discharging RT - RCOTOT	
Permitted Feature:	005 External Outfall	Discharge:	005-C CSO: J11-164	Status:		NetDMR Validated	
Report Dates & Status	DMR Due Date:						
Monitoring Period:	From 02/01/21 to 02/28/21						
Considerations for Form Completion							
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:	Title:						
Last Name:							
No Data Indicator (NOD)							
Form NOD:	Monitoring Location		Sample Permit Req.		Quantity or Loading		
	Parameter Name	Stream #	Param. NOD	Value NOD	Qualifier 1	Qualifier 2	Qualifier 3
50037	Duration	EG - Effluent Gross	0	-	Reg Mon	MO TOTAL	82 - ltr/mo
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Reg Mon	MO TOTAL	3R - Mgal
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Reg Mon	MO TOTAL	SW - ltr/mo
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Reg Mon	MO TOTAL	4K - #/mo

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN002191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 007 External Outfall		Discharge: 007-C CSO: K03-92		Status: NetDMR Validated			
Report Dates & Status		DMR Due Date: 03/28/21					
Monitoring Period: From 02/01/21 to 02/28/21							
Considerations for Form Completion							
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NOD):							
Form NOD:							

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL	92 - in/mo	C - No Discharge	WHDS - When Discharging	RT - RCOTOT			
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL	3H - Mgal	C - No Discharge	ALUEV - All Events	ES - ESTIMA			
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL	5W - in/mo	1.27	ALUEV - All Events	RT - RCOTOT			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Reg Mon MO TOTAL	4K - #/mg	C - No Discharge	ALUEV - All Events	RT - RCOTOT			

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT 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	DMR Due Date: 03/28/21	Status: NetDMR Validated	
Monitoring Period:	From 02/01/21 to 02/28/21		
Considerations for Form Completion	CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			
No Data Indicator (NOD)			
Form NOD:			

Code	Parameter Name	Monitoring Location	Season's Perm. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			92 - hr:mo	WHOS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			3R - Ngal	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			SW - Inmo	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			4K - fmo	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0022191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802 Discharge: 012-C CSO: K06-234		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 012 External Outfall		DMR Due Date: 03/28/21		Status: NetDMR Validated	
Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion: CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer:		Title:		Telephone:	
Form NOD: -		Monitoring Location: Season's Param. NOD		Quantity or Loading: Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
Code:		Sample Permit Req. Value NOD:		Quality of Concentration: Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
50037	Duration	EG - Effluent Gross	0	Reg Mon MO TOTAL	B2 - h/mo
				C - No Discharge	
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	Reg Mon MO TOTAL	3R - Ngal
				C - No Discharge	
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	Reg Mon MO TOTAL	SW - h/mo
				Reg Mon MO TOTAL	SW - h/mo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Reg Mon MO TOTAL	4K - #/mo
				C - No Discharge	
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors No errors.					
Comments					
Attachments No attachments.					
Report Last Saved By FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org Name: Susan Reas E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)					
Report Last Signed By User: susan.beck@cityoffortwayne.org Name: Susan Reas E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2021-03-18 10:23 (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 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	Discharge:	013-C CSO: K06-298		
Report Dates & Status		DMR Due Date:	03/28/21	Status:	NetDMR Validated
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season & Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			Reg Mon MO TOTAL	B2 - 14/mo			WH/DS - When Discharging	RT - RCOTOT
							C - No Discharge					
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			Reg Mon MO TOTAL	3R - 1/mo			AI/EV - All Events	ES - ESTIMA
							C - No Discharge					
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			Reg Mon MO TOTAL	5W - 1/mo			AI/EV - All Events	RT - RCOTOT
							C - No Discharge					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Rec. Value NOD			Reg Mon MO TOTAL	4K - 1/mo			AI/EV - All Events	RT - RCOTOT
							C - No Discharge					

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (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 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	Discharge:	017-C CSO: K07-178		
Report Dates & Status		DMR Due Date:	03/28/21	Status:	NetDMR Validated
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: K07-178 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Premonitor Name	Monitoring Location	Sample Permit Req. Value NODI	Quantity of Loading Qualifier:1 Value:1 Qualifier:2 Value:2 Units Qualifier:1 Value:1 Qualifier:2 Value:2 Qualifier:3	Quality or Concentration Value:3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0			Res Mon MO TOTAL 82 - #/mo C - No Discharge		WHOS - When Discharging RT - ROOTOT	
74063	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0			Res Mon MO TOTAL 3R - #/gal C - No Discharge		ALIEV - All Events ES - ESTIMA	
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0			0.73 Res Mon MO TOTAL SW - #/mo C - No Discharge		ALIEV - All Events RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			Res Mon MO TOTAL 4K - #/mo C - No Discharge		ALIEV - All Events RT - ROOTOT	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:23 (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 46602	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	Discharge:	018-C CSO: K11-165	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	03/28/21		
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD):	-				
Form NOD:		Monitoring Location:	Season # Param. NOD	Quantity or Loading	Frequency of Analysis
Code	Parameter Name	EG - Effluent Gross	Sample Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Units
50037	Duration	0	-	29.59 Reg Mon MO TOTAL	82 - hr/mo 82 - hr/mo 0
74063	Overflow volume [S50 volume, CSO volume]	0	-	14.141 Reg Mon MO TOTAL	3R - Mgal 3R - Mgal 0
78887	Precipitation, monthly accumulation	0	-	1.81 Reg Mon MO TOTAL	5W - hr/mo 5W - hr/mo 0
84165	Discharge event observation [Visual Monitoring]	0	-	3.0 Reg Mon MO TOTAL	4K - #/mo 4K - #/mo 0
					RT - RCO TOT RT - RCO TOT RT - RCO TOT

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:
2021-03-18 10:21 (Time Zone: -04:00)

Report Last Signed By

User:
susan.beck@cityoffortwayne.org

Name:
Susan Beck

E-Mail:
susan.beck@cityoffortwayne.org

Date/Time:
2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	Discharge:		Facility:	
Permitted Feature:	019 External Outfall	DMR Due Date:		Status:	
Monitoring Period:	From 02/01/21 to 02/28/21	Discharge:		Facility:	
Considerations for Form Completion		Discharge:		Facility:	
CSD: K11-178 MUNICIPAL MAJORALLEN COUNTY		Discharge:		Facility:	
Principal Executive Officer		Discharge:		Facility:	
First Name:		Discharge:		Facility:	
Last Name:		Discharge:		Facility:	
No Data Indicator (NODI)		Discharge:		Facility:	
Form NODI:		Discharge:		Facility:	

Code	Parameter Name	Monitoring Location	Session #	Permit NODI	Sample	Permit Rec.	Value NODI	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI										
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI										
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI										
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Rec.	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@cityofportwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofportwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofportwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofportwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP	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
Major: Yes				
Permitted Feature: 020 External Outfall	Discharge: 020-C CSO: K15-116			
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21	DNR Due Date: 03/28/21	Status: NetDMR Validated		
Considerations for Form Completion CSO: K15-116 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer				
First Name:	Title:	Telephone:		
Last Name:				
No Data Indicator (NODI)				
Form NODI:	Parameter/Name	Monitoring Location	Season #	Units
Code	Sample Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	# of Ex.
		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 1 Value 1 Qualifier 2 Value 2	Frequency of Analysis
50037	Duration	EG - Effluent Gross 0	44.91 Res Mon MO TOTAL 42 - hr/mo	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross 0	2.318 Res Mon MO TOTAL 3R - Mgal	ALLEV - All Events ES - ESTIMA ALLEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0	1.81 Res Mon MO TOTAL 3W - In/mo	ALLEV - All Events RT - RCOTOT ALLEV - All Events RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0	4.0 Res Mon MO TOTAL 4K - #/mo	ALLEV - All Events RT - RCOTOT ALLEV - All Events RT - RCOTOT
Submission Note				
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.				
Edit Check Errors				
No errors				
Comments				
Attachments				
Report Last Saved By				
FORT WAYNE WWTP				
User:	susan.beck@cityoffortwayne.org			
Name:	Susan Beck			
E-Mail:	susan.beck@cityoffortwayne.org			
Date/Time:	2021-03-18 10:20 (Time Zone: -04:00)			
Report Last Signed By	susan.beck@cityoffortwayne.org			
User:	Susan Beck			
Name:	Susan Beck			
E-Mail:	susan.beck@cityoffortwayne.org			
Date/Time:	2021-03-18 10:23 (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 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	Discharge:	021-C CSO: K19-D44	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	03/28/21		
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: K19-04 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:	--				

Code	Parameter Name	Monitoring Location	Season 1 Param. NOD	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 3 Value 3	Units		
50037	Duration	EG - Effluent Gross	0	--	44.5	82 - hrmo	WHDS - When Discharging RT - RCOOTOT	WHDS - When Discharging RT - RCOOTOT
					Rect Mon MO TOTAL	82 - hrmo		
74093	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	0.775	3K - Mgal	ALUEV - All Events	ES - ESTIMA
					Rect Mon MO TOTAL	3K - Mgal	ALUEV - All Events	ES - ESTIMA
78827	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	1.91	SW - hrmo	ALUEV - All Events	RT - RCOOTOT
					Rect Mon MO TOTAL	SW - hrmo	ALUEV - All Events	RT - RCOOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	2.0	4K - #/mo	ALUEV - All Events	RT - RCOOTOT
					Rect Mon MO TOTAL	4K - #/mo	ALUEV - All Events	RT - RCOOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP Facility Location: P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 023 External Outfall		Discharge: 023-C CSD: L06-103			
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21		DMR Due Date: 03/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSD: L06-103 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer First Name: Last Name: No Date Indicator (NODI)		Title: Telephone:			
Form NODI: -		Parameter Name			
Code		Monitoring Location		Session & Param. NODI	
50037 Duration		EG - Effluent Gross		0 -	
74003 Overflow volume (\$50 volume, CSD volume)		EG - Effluent Gross		0 -	
78857 Precipitation, monthly accumulation		EG - Effluent Gross		0 -	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0 -	

Submission Note									
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
Comments									
Attachments <i>No attachments</i>									
Report Last Saved By FORT WAYNE WWTP									
User:		susan.beck@chycffortwayne.org		Name:		Susan		Reass	
E-Mail:		susan.beck@chycffortwayne.org		Date/Time:		2021-03-18 10:20		(Time Zone: -04:00)	
Report Last Signed By									
User:		susan.beck@chycffortwayne.org		Name:		Susan		Reass	
E-Mail:		susan.beck@chycffortwayne.org		Date/Time:		2021-03-18 10:23		(Time Zone: -04:00)	

DMR Copy of Record

Permit		Permittee		Facility		Facility Location		Frequency of Analysis	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	Frequency of Analysis:	WVQDS - When Discharging RT - ROOTOT
Major:	Yes	Discharge:	024-C CSO: L06-420	Status:	NetDMR Validated	Telephone:		Units	ES - ESTMA
Permitted Feature:	024 External Outfall	DMR Due Date:	03/28/21					Value 3	RT - ROOTOT
Report Dates & Status	Monitoring Period:	From 02/01/21 to 02/28/21						Reg Mon MO TOTAL 82 - Inmo	RT - ROOTOT
Considerations for Form Completion	CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY							C - No Discharge	RT - ROOTOT
Principal Executive Officer								Reg Mon MO TOTAL 38 - Mgal	RT - ROOTOT
First Name:								1.16	RT - ROOTOT
Last Name:								Reg Mon MO TOTAL 5W - Inmo	RT - ROOTOT
No Data Indicator (NDD)								Reg Mon MO TOTAL 4K - Inmo	RT - ROOTOT
Form NDD:								C - No Discharge	RT - ROOTOT
Code	50037	Duration	EG - Effluent Gross 0	Monitoring Location	EG - Effluent Gross 0	Season #	Permit NDD	Sample Permit Recq Value NDD	ES - ESTMA
	74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross 0	Monitoring Location	EG - Effluent Gross 0	Season #	Permit NDD	Sample Permit Recq Value NDD	RT - ROOTOT
	78987	Precipitation, monthly accumulation	EG - Effluent Gross 0	Monitoring Location	EG - Effluent Gross 0	Season #	Permit NDD	Sample Permit Recq Value NDD	RT - ROOTOT
	84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0	Monitoring Location	EG - Effluent Gross 0	Season #	Permit NDD	Sample Permit Recq Value NDD	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample no: Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:					
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP						
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802						
Permitted Feature:	025 External Outfall	DMR Due Date:	03/28/21						
Report Dates & Status	From 02/01/21 to 02/28/21								
Monitoring Period:	Considerations for Form Completion								
CSO: L06-421 MUNICIPAL MAJORALLEN COUNTY	Status: NetDMR Validated								
Principal Executive Officer	Telephone:								
First Name:	Title:								
Last Name:	No Data Indicator (NODI)								
Form NODI:	Form NODI:								
Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	WHDS - When Discharging RT - ROOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	82 - Inflow	C - No Discharge	ES - ESTIMA	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	82 - Inflow	C - No Discharge	RT - ROOTOT	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	4K - #Inflow	C - No Discharge	RT - ROOTOT	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No Attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permit Address:	FORT WAYNE WWTP		FORT WAYNE WWTP
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803
Permitted Features:		Discharge:		Status:	
027 External Outfall		027-C CSO: M10-202		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 02/01/21 to 02/28/21		03/28/21			
Considerations for Form Completion					
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Sample	Permit Req.	Value NODI	Res Mon MO TOTAL	EG - 1hrmo	WHOS - When Discharging	RT - RCOOTOT		
74063	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample	Permit Req.	Value NODI	Res Mon MO TOTAL	3R - 3hrmo	ALJEV - All Events	ES - ESTIMA		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample	Permit Req.	Value NODI	Res Mon MO TOTAL	5M - 5hrmo	ALJEV - All Events	RT - RCOOTOT		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample	Permit Req.	Value NODI	Res Mon MO TOTAL	4K - 4hrmo	ALJEV - All Events	RT - RCOOTOT		

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: Permittee Address: 028 External Outfall		Facility: Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 028 External Outfall		Discharge: 028-C CSO: M10-238		Status: NetDMR Validated	
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY Principal Executive Officer		DMR Due Date: 03/28/21		Title:	
Form NOD: No Data Indicator (NOD)		Monitoring Location: Season 9 Param: NOD		Telephone:	
Parameter Name		Monitoring Location		Quality of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	
Code		Sample Permit Req. Value NOD		# of Ex. Frequency of Analysis Sample Type	
50037	Duration	EG - Effluent Gross	0	Rec Mon MO TOTAL 82 - hrmo	WHOS - When Discharging RT - ROOTOT
74063	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	Rec Mon MO TOTAL 82 - hrmo	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Rec Mon MO TOTAL 82 - hrmo	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Rec Mon MO TOTAL 82 - hrmo	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User:
susan.beck@cityofwayne.org

Name:
Susan Reas

E-Mail:
susan.beck@cityofwayne.org

Date/Time:
2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User:
susan.beck@cityofwayne.org

Name:
Susan Reas

E-Mail:
susan.beck@cityofwayne.org

Date/Time:
2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032181	Permittee:	FORT WAYNE WWTP	Facility:	FORT 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:	028 External Outfall	Discharge:	028-C CSO: M10-285	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	03/28/21	Telephone:	
Monitoring Period:	From 02/01/21 to 02/28/21	Title:			
Considerations for Form Completion	CSO: M10-285 MUNICIPAL MAJORALLEN COUNTY				
Principal Executive Officer					
Last Name:					
No Data Indicator (NOD)					
Form NOD:	-				

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								WHOS - When Discharging RT - RCOTOT
71063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								ALIEV - All Events RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0022191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Discharge: 032-C CSO: M10-306		Facility Location: P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 032 External Outfall		DMR Due Date: 03/28/21		Status: NetDMR Validated			
Report Dates & Status		Monitoring Location: Season 3 Param: NODI		Quantity or Loading		Frequency of Analysis	
Monitoring Period: From 02/01/21 to 02/28/21		Sample Permit Req. Value NODI		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3		Units	
Considerations for Form Completion		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 02 - Inflow		WHICS - When Discharging RT - RCOTOT	
CSO: M10-306 MUNICIPAL MAJORALLEN COUNTY		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 03 - No Discharge		WHICS - When Discharging RT - RCOTOT	
Principal/Executive Officer		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 04 - Inflow		WHICS - When Discharging RT - RCOTOT	
First Name:		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 05 - Inflow		WHICS - When Discharging RT - RCOTOT	
Last Name:		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 06 - No Discharge		WHICS - When Discharging RT - RCOTOT	
Title:		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 07 - Inflow		WHICS - When Discharging RT - RCOTOT	
No Data Indicator (NODI)		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 08 - No Discharge		WHICS - When Discharging RT - RCOTOT	
Form NODI:		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 09 - Inflow		WHICS - When Discharging RT - RCOTOT	
Code		Sample Permit Req. Value NODI		Reg Mon MO TOTAL 10 - No Discharge		WHICS - When Discharging RT - RCOTOT	
50037 Duration		EG - Effluent Gross 0		EG - Effluent Gross 0		ES - ESTIMA	
74063 Overflow volume [SSO volume, CSO volume]		EG - Effluent Gross 0		EG - Effluent Gross 0		AL/EV - All Events	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0		EG - Effluent Gross 0		AL/EV - All Events	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		EG - Effluent Gross 0		AL/EV - All Events	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee Permittee Address: Discharge: 033-C External Outfall		Facility Facility Location: Status: NetDMR Validated		Facility Facility Location: Status: NetDMR Validated	
Permitted Feature 033 External Outfall		Permittee Permittee Address: Discharge: 033-C External Outfall		Facility Facility Location: Status: NetDMR Validated		Facility Facility Location: Status: NetDMR Validated	
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion CSO: M10-313/MUNICIPAL MAJORALLEN COUNTY Principal Executive Officer		Permittee Permittee Address: Discharge: 033-C External Outfall		Facility Facility Location: Status: NetDMR Validated		Facility Facility Location: Status: NetDMR Validated	
First Name: Last Name: No Data Indicator (NODI) Form NODI:		Permittee Permittee Address: Discharge: 033-C External Outfall		Facility Facility Location: Status: NetDMR Validated		Facility Facility Location: Status: NetDMR Validated	
Parameter Name:		Monitoring Location Season # Param NODI		Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Qualifier 4 Value 4 Units		Frequency of Analysis Sample Type	
Code		Monitoring Location		Quantity or Loading		Frequency of Analysis	
50037 Duration		EG - Effluent Gross 0		Reg Mon MO TOTAL B2 - N/mo C - No Discharge		WHDS - When Discharging RT - ROOTOT	
74053 Overflow volume [850 volume, CSO volume]		EG - Effluent Gross 0		Reg Mon MO TOTAL 3R - N/mo C - No Discharge		AL/EV - All Events ES - ESTIMA	
78857 Precipitation, monthly accumulation		EG - Effluent Gross 0		Reg Mon MO TOTAL SW - N/mo C - No Discharge		AL/EV - All Events RT - ROOTOT	
841E5 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		Reg Mon MO TOTAL 4K - N/mo C - No Discharge		AL/EV - All Events RT - ROOTOT	

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee:		Facility:		Frequency of Analysis	
Major:		Yes		Permittee Address:		Facility Location:		Sample Type	
Permitted Feature:		036 External Outfall		Discharge:		Discharge:		Sample Type	
Report Dates & Status		From 02/01/21 to 02/28/21		DMR Due Date:		Status:		Sample Type	
Monitoring Period:		From 02/01/21 to 02/28/21		DMR Due Date:		Status:		Sample Type	
Considerations for Form Completion		CSO: M18-032 MUNICIPAL MAJORALLEN COUNTY		DMR Due Date:		Status:		Sample Type	
Principal Executive Officer		First Name:		Title:		Telephone:		Sample Type	
No Data Indicator (NOD)		Form NOD:		Title:		Telephone:		Sample Type	
Form NOD:		Parameter Name		Monitoring Location		Session & Param. NOD		Sample Type	
Code		Parameter Name		Monitoring Location		Session & Param. NOD		Sample Type	
50037		Duration		EG - Effluent Gross		0		Sample Type	
74053		Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross		0		Sample Type	
78887		Precipitation, monthly accumulation		EG - Effluent Gross		0		Sample Type	
84165		Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0		Sample Type	
Submission Note		If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		Edit Check Errors		No errors		Comments	
Attachments		No attachments		Report Last Saved By		FORT WAYNE WWTP		User:	
Report Last Saved By		FORT WAYNE WWTP		User:		susan.beck@cityoffortwayne.org		Name:	
User:		susan.beck@cityoffortwayne.org		Name:		Susan Beck		E-Mail:	
Date/Time:		2021-03-18 10:20 (Time Zone: -04:00)		Date/Time:		2021-03-18 10:20 (Time Zone: -04:00)		User:	
Report Last Signed By		susan.beck@cityoffortwayne.org		User:		susan.beck@cityoffortwayne.org		Name:	
User:		susan.beck@cityoffortwayne.org		Name:		Susan Beck		E-Mail:	
Date/Time:		2021-03-18 10:23 (Time Zone: -04:00)		Date/Time:		2021-03-18 10:23 (Time Zone: -04:00)		User:	

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802
Permitted Feature:	039 External Outfall	Discharge:	039-C CSO: N05-022
Report Dates & Status		DMR Due Date:	03/28/21
Monitoring Period:	From 02/01/21 to 02/28/21	Status:	NetDMR Validated
Considerations for Form Completion			
CSO: N06-022/MUNICIPAL MAJORALLEN COUNTY			
Principal Executive Officer			
First Name:		Title:	
Last Name:		Telephone:	
Form NOD:	-		

Code	Parameter Name	Monitoring Location	Season	# Param NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD			Reg Mon MO TOTAL 82 - ft/mo				WHIDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD			C - No Discharge				ALIEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD			1.16				ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD			Reg Mon MO TOTAL 4K - ft/mo				ALIEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT 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	DMR Due Date: 03/28/21	Status: NetDMR Validated	
Monitoring Period: From 02/01/21 to 02/28/21			
Considerations for Form Completion			
CSO: N22-93 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 & Permit NODI	Quantity or Loading			Quality or Concentration			# of Exc.	Frequency of Analysis	Sample Type
				Qualifier 1	Qualifier 2	Value 1	Qualifier 3	Value 2	Qualifier 4			
50037	Duration	EG - Effluent Gross	0								WHOS - When Discharging	RT - RCOTOT
											C - No Discharge	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0								AUEV - All Events	ES - ESTIMA
											C - No Discharge	
76827	Precipitation, monthly accumulation	EG - Effluent Gross	0								SV - h/mo	RT - RCOTOT
											1.34	RT - RCOTOT
											Reg Mon MO TOTAL	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0								Reg Mon MO TOTAL	RT - RCOTOT
											C - No Discharge	
											AUEV - All Events	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:23 (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 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	Discharge:	045-C CSO: N22-103		
Report Dates & Status		DMR Due Date:	03/28/21	Status:	NetDMR Validated
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: N22-103: JOSEPH RIVERMUNICIPAL 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
8037	Duration	EG - Effluent Gross	0									WHDS - When Discharging RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0									ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0									ALUEV - All Events ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0									ALUEV - All Events RT - RCOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2021-03-18 10:20 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-03-18 10:23 (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 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	Discharge:	048-C CSO: 010-252	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	03/28/21		
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season	Parent NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Res Mon MO TOTAL	92 - hr/mo	When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Res Mon MO TOTAL	3R - Mgal	When Discharging	ES - ESTIMA
73987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Res Mon MO TOTAL	SW - hr/mo	When Discharging	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	Res Mon MO TOTAL	4K - hr/mo	When Discharging	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors

Comments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT 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: 010-277		Status: NetDMR Validated			
Report Dates & Status		DMR Due Date: 03/28/21					
Monitoring Period: From 02/01/21 to 02/28/21							
Considerations for Form Completion							
CSO: 010-277/MUNICIPAL MAJORALLEN COUNTY							
Principal/Executive Officer							
First Name:							
Last Name:							
Title:							
Form NOB:							
Preparer Name							
Monitoring Location							
Session # Form NOB							
Code							
5037 Duration		EG - Effluent Gross 0		Sample Permit Req. Value NOD		Units	
						Reg Mon MO TOTAL 82 - Inflow	
						C - No Discharge	
74053 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0		Sample Permit Req. Value NOD		Units	
						Reg Mon MO TOTAL 3R - Mgal	
						C - No Discharge	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0		Sample Permit Req. Value NOD		Units	
						Reg Mon MO TOTAL 5W - Inflow	
						C - No Discharge	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		Sample Permit Req. Value NOD		Units	
						Reg Mon MO TOTAL 4K - Inflow	
						C - No Discharge	
Submission Note							
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2021-03-18 10:20 (Time Zone: -04:00)					
Report Last Signed By							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2021-03-18 10:23 (Time Zone: -04:00)					

DMR Copy of Record

Permit	IN0032181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	Discharge:	051-C CSO: 022-002	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	03/28/21	Telephone:	
Monitoring Period:	From 02/01/21 to 02/28/21	Title:			
Considerations for Form Completion	CSO: 022-002 MUNICIPAL MAJORALLEN COUNTY				
Principal Executive Officer					
First Name:		Sample		Quality or Concentration	# of Ex.
Last Name:		Permit Req.		Value 1 Qualifier 1 Value 2 Qualifier 3	Frequency of Analysis
No Data Indicator (NOD)		Value NOD			Sample Type
Form NOD:					
Code	Parameter Name	Monitoring Location	Season & Param. NOD	Reg Mon MO TOTAL 82 - ltr/mo	WHOS - When Discharging
50037	Duration	EG - Effluent Gross	0	C - No Discharge	RT - RCOTOT
74065	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Reg Mon MO TOTAL 3R - Mgal	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	C - No Discharge	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Reg Mon MO TOTAL 4K - ltr/mo	RT - RCOTOT
				C - No Discharge	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments

Report Last Saved By
FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

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Date/Time:

2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User:

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Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: Permittee Address: Discharge: 052-C CSO: 022-004		Facility: Facility Location: Status: NetDMR Validated		FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 052 External Outfall		DMR Due Date: 03/28/21		Telephone:			
Report Dates & Status Monitoring Period: From 12/01/21 to 02/28/21 Considerations for Form Completion CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		Title:					
Last Name:		First Name:		Form NODI:		Form NODI:	
Parameter Name		Monitoring Location Season's Param. NODI		Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3		Frequency of Analysis Sample Type	
50037 Duration		EG - Effluent Gross 0		Reg Mon MO TOTAL 32 - l/mo C - No Discharge		WHDS - When Discharging RT - RCOTOT	
74053 Overflow volume [BSO volume, CSO volume]		EG - Effluent Gross 0		Reg Mon MO TOTAL 3R - Mgal C - No Discharge		AU/EV - All Events RT - RCOTOT	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0		0.7 Reg Mon MO TOTAL SW - l/mo 0		AU/EV - All Events RT - RCOTOT	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		Reg Mon MO TOTAL 4K - #/mo C - No Discharge		AU/EV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 053 External Outfall		Discharge: 053-C CSO: 022-084		Status: NetDMR Validated	
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21		DMR Due Date: 03/28/21		Telephone:	
Considerations for Form Completion CSO: 022-054 MUNICIPAL MAJORALLEN COUNTY		Title:			
Principal/Executive Officer First Name: _____ Last Name: _____					
No Data Indicator (NODI) Form NODI: -					

Code	Parameter Name	Monitoring Location	Session's Param. NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Res Mon MO TOTAL 82 - hr/mo C - No Discharge			WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	Res Mon MO TOTAL 93 - Mgal C - No Discharge			AL/EV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	0.7 Res Mon MO TOTAL SW - hr/mo C - No Discharge			AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Res Mon MO TOTAL 4K - hr/mo C - No Discharge			AL/EV - All Events	RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:		Frequency of Analysis:	
Permit #:	IN0032191	Permittee Address:		Facility Location:		Frequency of Analysis:	
Major:	Yes	Discharge:		Facility Location:		Frequency of Analysis:	
Permitted Feature:	054 External Outfall	DMR Due Date:		Facility Location:		Frequency of Analysis:	
Report Dates & Status	From 02/01/21 to 02/28/21	DMR Due Date:		Facility Location:		Frequency of Analysis:	
Monitoring Period:	From 02/01/21 to 02/28/21	DMR Due Date:		Facility Location:		Frequency of Analysis:	
Considerations for Form Completion	CSO: 023-080 MUNICIPAL MAJORALLEN COUNTY	DMR Due Date:		Facility Location:		Frequency of Analysis:	
Principal Executive Officer		DMR Due Date:		Facility Location:		Frequency of Analysis:	
First Name:		DMR Due Date:		Facility Location:		Frequency of Analysis:	
Last Name:		DMR Due Date:		Facility Location:		Frequency of Analysis:	
No Data Indicator (NOD)		DMR Due Date:		Facility Location:		Frequency of Analysis:	
Form NOD:		DMR Due Date:		Facility Location:		Frequency of Analysis:	
Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.
80037	Duration	EG - Effluent Gross	0	--	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Units
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Units
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Units
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Units
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors No errors. Comments Attachments No attachments. Report Last Saved By FORT WAYNE WWTP User: Name: E-Mail: Date/Time: Report Last Signed By User: Name: E-Mail: Date/Time:							

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 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	065 External Outfall	Discharge:	055-C CSO: POS-192	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	03/28/21		
Monitoring Period:	From 02/01/21 to 02/28/21				
Considerations for Form Completion					
CSO: POS-192 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	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0			5.33	82 - hrmo	WHDS - When Discharging RT - RCOTOT
							Res Mon MO TOTAL 82 - hrmo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0			0.175	3R - Mgal	ALUEV - All Events
							Res Mon MO TOTAL 3R - Mgal	ALUEV - All Events
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0			1.15	SV - hrmo	ALUEV - All Events
							Res Mon MO TOTAL SV - hrmo	ALUEV - All Events
84163	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			2.0	4K - #mo	ALUEV - All Events
							Res Mon MO TOTAL 4K - #mo	ALUEV - All Events

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By
FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Raas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-03-18 10:21 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Raas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permitter: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permitter 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		DMR Due Date: 03/28/21	Status: NetDMR Validated
Monitoring Period:	From 02/01/21 to 02/28/21		
Considerations for Form Completion	CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			
First Name:		Title:	Telephone:
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter	Monitoring Location	Basins & Param	NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-										WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [850 volume, CSO volume]	EG - Effluent Gross	0	-										ALUEV - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-										ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-										ALUEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (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 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 057 External Outfall	Discharge: 057-C CSO: P10-121	
Report Dates & Status	DMR Due Date: 03/28/21	Status: NetDMR Validated
Monitoring Period: From 02/01/21 to 02/28/21		
Considerations for Form Completion		
CSO: P10-121 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI): -		

Code	Parameter Name	Monitoring Location	Season & Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis		Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value		Units		
50037	Durallon	EG - Effluent Gross	0				Res Mon MO TOTAL	82 - hr/mo			WHICS - When Discharging	RT - RCO TOT	
							C - No Discharge						
74083	Overflow volume [SSB volume, CSO volume]	EG - Effluent Gross	0				Res Mon MO TOTAL	3R - Mgal			ALIEV - All Events	ES - ESTIMA	
							C - No Discharge						
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0				Res Mon MO TOTAL	SW - hr/mo	1.19		ALIEV - All Events	RT - RCO TOT	
							Res Mon MO TOTAL	SW - hr/mo	0		ALIEV - All Events	RT - RCO TOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				Res Mon MO TOTAL	4K - #/mo			ALIEV - All Events	RT - RCO TOT	
							C - No Discharge						

Submission Note

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

Edit Check Errors

No errors.

Comments

No comments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

Susan Reas

2021-03-18 10:20 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Reas

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Susan Reas

2021-03-18 10:23 (Time Zone: -04:00)

Permit #: IN0032191	Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility: FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	Permittee Address: 060-C CSC: R06-31	Discharge: QSO External Outfall	Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: QSO External Outfall	DMR Due Date: 03/28/21	Status: NetDNR Validated			
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion CSC: R06-31 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	Title:	Telephone:			
Last Name: No Data Indicator (NODI)	Form NODI:	Parameter Name:	Monitoring Location	Season #	Param, NODI
Code	Duration	Parameter Name	Monitoring Location	Season #	Param, NODI
50037	Duration		EG - Effluent Gross	0	
74093	Overflow volume (550 volume, CSO volume)		EG - Effluent Gross	0	
78897	Precipitation, monthly accumulation		EG - Effluent Gross	0	
84165	Discharge event observation (Visual Monitoring)		EG - Effluent Gross	0	

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

Edit Check Errors

No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP	Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE IN 46803																																																																												
Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE IN 46802																																																																														
Permitted Feature: D61 External Outfall	Discharge: D61-C CSO, R14-137																																																																														
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion CSO, R14-137/MUNICIPAL MAJOR ALLEN COUNTY		Status: NetDMR Validated																																																																													
Principal Executive Officer First Name: _____ Last Name: _____ No Data Indicator (NODI) _____ Form NODI: _____		Telephone: _____																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Code</th> <th rowspan="2">Parameter Name</th> <th rowspan="2">Monitoring Location</th> <th rowspan="2">Season</th> <th rowspan="2"># Param, NODI</th> <th colspan="3">Quantity or Loading</th> <th colspan="3">Quality or Concentration</th> <th rowspan="2"># of Ex.</th> <th rowspan="2">Frequency of Analysis</th> <th rowspan="2">Sample Type</th> </tr> <tr> <th>Qualifier 1 Value 1</th> <th>Qualifier 2 Value 2</th> <th>Units</th> <th>Qualifier 1 Value 1</th> <th>Qualifier 2 Value 2</th> <th>Qualifier 3</th> </tr> </thead> <tbody> <tr> <td>50037</td> <td>Duration</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td>Opt Mon MO TOTAL</td> <td>02 - hr/mo</td> <td></td> <td></td> <td>WHIDS - When Discharging</td> <td>RT - RCOTOT</td> </tr> <tr> <td>74063</td> <td>Overflow volume [SSO volume, CSO volume]</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td>Opt Mon MO TOTAL</td> <td>3R - Mgal</td> <td></td> <td></td> <td>ALIEV - All Events</td> <td>ES - ESTIMA</td> </tr> <tr> <td>78897</td> <td>Precipitation, monthly accumulation</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td>Opt Mon MO TOTAL</td> <td>SW - In/mo</td> <td>0.7</td> <td></td> <td>ALIEV - All Events</td> <td>RT - RCOTOT</td> </tr> <tr> <td>84165</td> <td>Discharge event observation [Visual Monitoring]</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td>Opt Mon MO TOTAL</td> <td>SW - In/mo</td> <td></td> <td></td> <td>ALIEV - All Events</td> <td>RT - RCOTOT</td> </tr> </tbody> </table>				Code	Parameter Name	Monitoring Location	Season	# Param, NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3	50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	02 - hr/mo			WHIDS - When Discharging	RT - RCOTOT	74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	3R - Mgal			ALIEV - All Events	ES - ESTIMA	78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	SW - In/mo	0.7		ALIEV - All Events	RT - RCOTOT	84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	SW - In/mo			ALIEV - All Events	RT - RCOTOT
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Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)																																																																															
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DMR Copy of Record

Permit		Permittee:		Facility:		Frequency of Analysis:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	PORT WAYNE WWTP	Frequency of Analysis:	ES - ESTIMA
Major:	Yes	Discharge:	200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803		
Permitted Feature:		DMR Due Date:		Status:		Telephone:	
062 External Outfall		03/28/21		NetDMR Validated			
Report Dates & Status		Monitoring Location		Season 2 Param. NODI		Sample Type	
Monitoring Period:		From 02/01/21 to 02/28/21		Season 2 Param. NODI		Sample Type	
Considerations for Form Completion		EG - Effluent Gross		0		RT - RCOTOT	
CSO: R14-138 MUNICIPAL MAJORALLEN COUNTY		EG - Effluent Gross		0		RT - RCOTOT	
Principal Executive Officer		EG - Effluent Gross		0		RT - RCOTOT	
First Name:		EG - Effluent Gross		0		RT - RCOTOT	
Last Name:		EG - Effluent Gross		0		RT - RCOTOT	
No Data Indicator (NODI)		EG - Effluent Gross		0		RT - RCOTOT	
Form NODI:		EG - Effluent Gross		0		RT - RCOTOT	
Code		EG - Effluent Gross		0		RT - RCOTOT	
50037 Duration		EG - Effluent Gross		0		RT - RCOTOT	
74663 Overflow volume [SSb volume, CSO volume]		EG - Effluent Gross		0		RT - RCOTOT	
78887 Precipitation, monthly accumulation		EG - Effluent Gross		0		RT - RCOTOT	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0		RT - RCOTOT	
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors No errors. Comments Attachments No attachments.							
Report Last Saved By FORT WAYNE WWTP User: susan.beck@cityofwayne.org Name: Susan Reas E-Mail: susan.beck@cityofwayne.org Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)							
Report Last Signed By User: susan.beck@cityofwayne.org Name: Susan Reas E-Mail: susan.beck@cityofwayne.org Date/Time: 2021-03-18 10:23 (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 2801 DWINGER AVE FORT WAYNE, IN 46803
Permitted Feature: 054 External Outfall	Discharge: 064-C CSO: S02-35	
Report Dates & Status	DMR Due Date: 03/28/21	Status: NetDMR Validated
Monitoring Period: From 02/01/21 to 02/28/21		
Considerations for Form Completion		
CSO: S02-35/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	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5037	Duration	EG - Effluent Gross	0				Reg Mon MO TOTAL 02 - Inflow	WHDS - When Discharging RT - RCOTOT
							C - No Discharge	
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0				Reg Mon MO TOTAL 3R - Mgal	ES - ESTIMA
							C - No Discharge	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0				Reg Mon MO TOTAL 5V - Inflow	RT - RCOTOT
							1.19	ALUEV - All Events
							Reg Mon MO TOTAL 5V - Inflow	ALUEV - All Events
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0				Reg Mon MO TOTAL 4K - #/mo	RT - RCOTOT
							C - No Discharge	
							Reg Mon MO TOTAL 4K - #/mo	ALUEV - All Events

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee:		Facility:		Fort Wayne WWTP	
Major:		Yes		Permittee Address:		Facility Location:		P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature:		068 External Outfall		Discharge:		Discharge:		068-C CSO: N18-234	
Report Dates & Status		Monitoring Period:		DMR Due Date:		Status:		NetDMR Validated	
Considerations for Form Completion		From 02/01/21 to 02/28/21							
CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:				Title:					
Last Name:									
No Data Indicator (NODI)									
Form NODI:		-							

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-					Req Mon MO TOTAL 82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
									C - No Discharge			
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-					Req Mon MO TOTAL 3R - Mgal		ALUEV - All Events	ES - ESTIMA
									C - No Discharge			
									0.7			
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					Req Mon MO TOTAL 5W - hr/mo		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					Req Mon MO TOTAL 4K - hr/mo		ALUEV - All Events	RT - RCOTOT
									C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityofwayne.org
Susan Reas

susan.beck@cityofwayne.org
2021-03-18 10:20 (Time Zone: -04:00)

susan.beck@cityofwayne.org
Susan Reas

susan.beck@cityofwayne.org
2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 080 External Outfall		Discharge: D80-C CSD: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR			
Report Dates & Status Monitoring Period: From 02/01/21 to 02/28/21 Considerations for Form Completion CSD - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		DMR Due Date: 03/28/21		Status: NetDMR Validated	
Principal Executive Officer First Name: Last Name: No Data Indicator (NODI)		Title:		Telephone:	
Form NODI: Code: Parameter Name: Monitoring Location: Season # Param. NODI					
50037 Duration					
74063 Overflow volume (SS0 volume, CSD volume)					
78987 Precipitation, monthly accumulation					
84165 Discharge event observation (Visual Monitoring)					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Quality or Concentration	Value 3	Units	# of Ec.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hr/mo	C - No Discharge				WHOS - When Discharging	RT - RCO TOT
74063	Overflow volume (SS0 volume, CSD volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Mgal	C - No Discharge				ALVEY - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL 5W - hr/mo	0.7				ALVEY - All Events	RT - RCO TOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - #mo	C - No Discharge				ALVEY - All Events	RT - RCO TOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032491
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 081
 External Outfall
 Discharge: CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 081-C

Report Dates & Status
 Monitoring Period: From 02/01/21 to 02/28/21
 DMR Due Date: 03/28/21
 Status: NetDMR Validated

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

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality or Contamination		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req.	Value NODI					WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req.	Value NODI					Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req.	Value NODI					0.7 SW - Inflow	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req.	Value NODI					Req Mon MO TOTAL 5W - Inflow	RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-03-18 10:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-03-18 10:23 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 19, 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 March 2021

We are pleased to enclose a completed CSO MRO form for the month of March 2021. 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

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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.

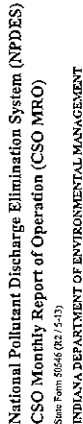
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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

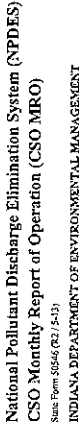


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT / MANA CEMENT

[illegible]



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**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 WWPTP						Public Notification Requirements Met? Y										
Monitoring Period: MONTH 3-2021						Check box if no CSO Volume occurred for the month:										
Design Peak Hourly Flow (MGD): 85						Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data						CSO Outfall No.										
Date	Wet Weather Daily Average Flow (MGD)	Peak Hourly Flow (MGD)	Time Precipitation (mm/hr)	Precip. Depth (inches)	Yield Daily Discharge (MGD)	Flow Interval (feet/day)	Measure at Interval (feet/day)	Time from Event (hrs)	M (Meas) E (Est)	Event Duration (mins)	M (Meas) E (Est)	Time from Event (hrs)	M (Meas) E (Est)	Event Duration (mins)	M (Meas) E (Est)	
01	89.02	100.50					5 m									
02	60.40	74.58					5 m									
03	51.00	56.41					5 m									
04	51.07	58.68					5 m									
05	43.66	53.81					5 m									
06	45.52	54.20					5 m									
07	37.05	44.51					5 m									
08	36.63	41.44					5 m									
09	45.76	58.72					5 m									
10	46.46	56.94					5 m									
11	42.73	51.17	10:25 AM	0.17	0.02	0.02	5 m									
12	38.75	50.26					5 m									
13	33.67	41.49					5 m									
14	32.49	41.58					5 m									
15	44.14	51.97	2:45 PM	0.67	0.08	0.03	5 m									
16	30.50	91.92					5 m									
17	44.17	63.37	11:53 PM	0.08	0.01	0.01	5 m									
18	74.24	92.04	12:10 AM	7.75	0.84	0.11	5 m									
19	75.60	92.02					5 m									
20	57.83	66.57					5 m									
21	46.67	51.71					5 m									
22	48.33	55.14					5 m									
23	40.11	46.42					5 m									
24	46.13	57.30	1:50 AM	0.25	0.03	0.02	5 m									
25	41.17	61.12	4:40 PM	2.50	0.76	0.57	5 m									
26	103.73	101.04	12:25 AM	2.00	0.93	0.60	5 m									
27	88.79	101.01	9:20 PM	0.92	0.25	0.12	5 m									
28	101.09	101.03	12:00 AM	2.83	0.45	0.21	5 m									
29	98.52	101.01					5 m									
30	87.98	100.97	9:40 PM	0.25	0.03	0.03	5 m									
31	74.69	83.97	4:50 AM	0.08	0.01	0.01	5 m									
Totals:	1753.01		17:50	3.49				0	Da	ys	0.00		1	Da	ys	0.012

Sum Run Manager
 Susan Rose Manager
 Type or Printed Name and Title of Principal Executive Officer or Authorized Agent

360-427-4213
 Telephone

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THE ACCURACY OF THE INFORMATION REPORTED HEREON. I AM NOT PROVIDING ANY INFORMATION FOR AN INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION PROVIDED 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.

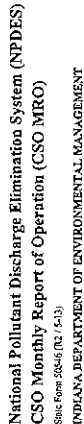
Signature of Principal Executive Officer or Authorized Agent

Susan Rose

Date (mm/dd/yyyy)

3/20/21

City: Fort Wayne										Page 2 of 12		Permit Number: IN003191					
Facility: Fort Wayne - P.L. Brainerd WWTP										Public Notification Requirements Met?				Y			
Monitoring Period: 1-MONTH										3-2021				Public Notification Requirements Met?			
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 60				Maximum Flow (MGD) or Estimated (E) must be specified			
Time		CSO Outlet No.		Event Discharge or (MGD)		Time Discharge or (MGD)		Event Discharge or (MGD)		Time Discharge or (MGD)		Event Discharge or (MGD)		Time Discharge or (MGD)		Event Discharge or (MGD)	
Day of Month	Time	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
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22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
Total:		Dt	Vs			Dt	Vs			Dt	Vs			Dt	Vs		



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

Scale Form 504-6 (R2) (5-13)

UNITED STATES DEPARTMENT OF ENVIRONMENTAL PROTECTION

[illegible]



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

See Form 5046 (Rev. 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CITY: Fort Wayne		Page 4 of 13		Form Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWT		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH 3-2021		Click box if no CSO discharge occurred for the month:			
Design Peak Daily Flow (MGD): 85		Design Average Flow (MGD): 69		Missed/Deferred (M) or Estimated (E) must be specified	
CSO Discharge No.		CSO Discharge No.		CSO Discharge No.	
Day of Month	Time Discharge Began	Event Discharge (MG)	Time Discharge Began	Event Discharge (MG)	Time Discharge Began
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	11:10 PM	0.67			
26	12:00 AM	2.33			
27					
28					
29					
30					
31					
Total:		2	3.00	6.782	3.128



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

State Form 3046 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



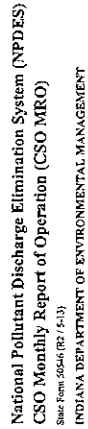
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 3046 (02 / 5-13)

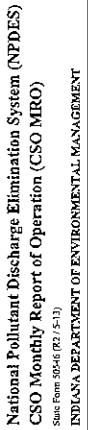
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12		Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTWP		Public Notification Requirements Met?		Y											
Monitoring Period: [MONTH]		3-2021		Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		60									
WWTWP Effluent Date		Time		Flow		Depth		Direction		Discharge		Duration		CSO Outfall No.	
01		89.02		100.50		5 m								17	
02		60.40		74.58		5 m									
03		51.00		56.41		5 m									
04		51.07		58.68		5 m									
05		43.66		53.81		5 m									
06		45.52		54.20		5 m									
07		37.05		44.51		5 m									
08		36.63		41.44		5 m									
09		45.76		58.72		5 m									
10		46.46		56.94		5 m									
11		42.73		51.17		0.02		0.02		5 m					
12		38.75		50.26						5 m					
13		33.67		41.49						5 m					
14		32.49		41.58						5 m					
15		44.14		51.97		0.67		0.08		0.03		5 m			
16		30.50		91.92						5 m					
17		44.17		63.37		0.08		0.01		0.01		5 m			
18		74.44		92.04		7.42		0.90		0.10		5 m		4:15 PM	
19		75.60		92.02								5 m			
20		57.83		66.57								5 m			
21		44.67		51.71								5 m			
22		48.33		55.14								5 m			
23		40.11		46.42								5 m			
24		46.13		57.30		1:45 AM		0.25		0.03		5 m		11:25 PM	
25		41.17		61.12		4:35 PM		2.58		0.73		5 m		11:25 PM	
26		100.73		101.04		12:00 AM		1.83		0.96		5 m		12:00 AM	
27		88.79		101.01		9:20 PM		0.83		0.20		5 m		12:00 AM	
28		101.60		101.05		12:00 AM		2.83		0.45		5 m		12:40 AM	
29		98.52		101.01								5 m			
30		87.98		100.97		9:40 PM		0.25		0.03		5 m			
31		74.69		83.97								5 m			
Totals:		1753.01				16.92		3.41				4		4	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rees, Manager		Telephone		260-427-4213									
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 AS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE, AND 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 Rees		Date (mm/dd/yyyy)		04/19/21									

City: Fort Wayne		Page 5 of 12		Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTWP		Public Notification Requirements Met?		Y											
Monitoring Period: [MONTH]		3-2021		Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		60									
WWTWP Effluent Date		Time		Flow		Depth		Direction		Discharge		Duration		CSO Outfall No.	
01		89.02		100.50		5 m								17	
02		60.40		74.58		5 m									
03		51.00		56.41		5 m									
04		51.07		58.68		5 m									
05		43.66		53.81		5 m									
06		45.52		54.20		5 m									
07		37.05		44.51		5 m									
08		36.63		41.44		5 m									
09		45.76		58.72		5 m									
10		46.46		56.94		5 m									
11		42.73		51.17		0.02		0.02		5 m					
12		38.75		50.26						5 m					
13		33.67		41.49						5 m					
14		32.49		41.58						5 m					
15		44.14		51.97		0.67		0.08		0.03		5 m			
16		30.50		91.92						5 m					
17		44.17		63.37		0.08		0.01		0.01		5 m			
18		74.44		92.04		7.42		0.90		0.10		5 m		4:15 PM	
19		75.60		92.02								5 m			
20		57.83		66.57								5 m			
21		44.67		51.71								5 m			
22		48.33		55.14								5 m			
23		40.11		46.42								5 m			
24		46.13		57.30		1:45 AM		0.25		0.03		5 m		11:25 PM	
25		41.17		61.12		4:35 PM		2.58		0.73		5 m		11:25 PM	
26		100.73		101.04		12:00 AM		1.83		0.96		5 m		12:00 AM	
27		88.79		101.01		9:20 PM		0.83		0.20		5 m		12:00 AM	
28		101.60		101.05		12:00 AM		2.83		0.45		5 m		12:40 AM	
29		98.52		101.01								5 m			
30		87.98		100.97		9:40 PM		0.25		0.03		5 m			
31		74.69		83.97								5 m			
Totals:		1753.01				16.92		3.41				4		4	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rees, Manager		Telephone		260-427-4213									
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 AS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE, AND 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 Rees		Date (mm/dd/yyyy)		04/19/21									

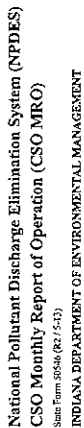


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 30546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]

**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
Sludge Form 505-66 (R2 / 5-11)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

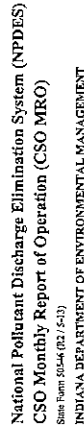
City: Fort Wayne		Page 6 of 12		Permit Number: IWS021191	
Facility: Fort Wayne - T.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Mandating Period: [MONTH]		3-2021		Check box if the CSO discharge occurred for the month:	
Design Peak Stormy Flow (MGD):		88		Measured/Estimated (M) or Estimated (E) must be specified:	
WWTW Influent Data		Precipitation Data - Old Mill Rd. 301 Gauge		CSO Outfall No.	
Date of Month	Average Daily Flow (MGD)	Peak Flow (MGD)	Time of Day (hr:min)	Time of Day (hr:min)	Time of Day (hr:min)
01	89.02	100.50			
02	60.40	74.58			
03	51.00	56.41			
04	51.07	58.68			
05	43.66	53.81			
06	45.52	54.20			
07	37.05	44.51			
08	36.63	41.44			
09	45.76	58.72			
10	46.46	56.94			
11	42.73	51.17	10:25 AM	0.02	0.02
12	38.75	50.26			
13	33.67	41.49			
14	32.49	41.58			
15	44.14	51.97	3:00 PM	0.75	0.04
16	30.50	91.92	4:20 AM	0.17	0.02
17	44.17	63.37	11:50 PM	0.17	0.02
18	74.44	92.04	12:05 AM	9.83	1.21
19	75.60	92.02			
20	57.83	66.57			
21	44.67	51.71			
22	48.33	55.14			
23	40.11	46.42			
24	46.13	57.30	1:45 AM	0.17	0.02
25	41.7	61.12	4:35 PM	2.67	0.70
26	100.73	101.04	12:30 AM	2.00	0.94
27	88.79	101.01	9:20 PM	0.75	0.10
28	101.00	101.05	12:00 AM	2.83	0.46
29	98.52	101.01			
30	87.98	100.97	9:35 PM	0.25	0.03
31	74.69	83.97	4:35 AM	0.17	0.02
Totals:	3753.01		19.92	3.72	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Reas, Manager		Telephone	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Reas, Manager		Telephone	
<p>(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.</p>					
Signature of Principal Executive Officer or Authorized Agent		Susan Reas		Date: (mm/dd/yy)	
Signature of Principal Executive Officer or Authorized Agent		Susan Reas		Date: (mm/dd/yy)	



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Exam 50546 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CDD: Fort Wayne		Page 7 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		2-2021		Public Notification Requirements Met: Y	
Monitoring Period: MONTH		85		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):		50		Measured/Estimated (M) or Estimated (E) must be specified:	
CSO Outfall No. 07		CSO Outfall No. 11		CSO Outfall No. 56	
Day of Month	Time Discharge Begins	M	Event Discharge Begins	M	Event Discharge Begins
		F	F	F	F
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	11:35 PM	M	0.42	M	0.53
26	12:00 AM	M	3.46	M	4.639
27					
28					
29					
30					
31					
Discharge:	0	Ys	0.00	0	0.00
Discharge:	2	Ys	3.88	5.202	0.00
Discharge:	5	Ys	6.23	7.476	0.04



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



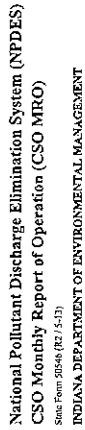
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 8 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 3-2021	Check box if no CSO discharge occurred for this month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	CSO Outfall No.
Time	Time	Time
Peak	Peak	Peak
Flow	Flow	Flow
MGD	MGD	MGD
01	02	03
04	05	06
07	08	09
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	Totals:	

City: Fort Wayne	Page 8 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 3-2021	Check box if no CSO discharge occurred for this month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	CSO Outfall No.
Time	Time	Time
Peak	Peak	Peak
Flow	Flow	Flow
MGD	MGD	MGD
01	02	03
04	05	06
07	08	09
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	Totals:	

City: Fort Wayne	Page 8 of 12	Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 3-2021	Check box if no CSO discharge occurred for this month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	CSO Outfall No.
Time	Time	Time
Peak	Peak	Peak
Flow	Flow	Flow
MGD	MGD	MGD
01	02	03
04	05	06
07	08	09
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	Totals:	

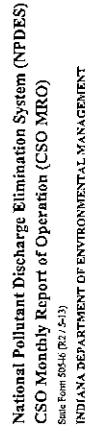
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature	Date (mm/dd/yy)
Susan Ross, Manager			04/10/21
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			



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

State Form 5054b (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

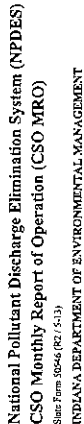


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

Sample Form 50546 (R2 / 5-13)

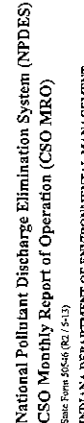
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN002191					
Facility: Fort Wayne - P.L. Brunner WWTP		3-2021		Public Notification Requirements Met? Y					
Weathering Period: [MONTH]		3-2021		Check box if no CSO discharges occurred for the month:					
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified					
Year of Month	CSO Outfall No. 51			CSO Outfall No. 60			CSO Outfall No. 61		
	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MGD)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MGD)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MGD)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Totals:	0	Dis	0	0	0	0	0	0	0



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

State Forms 50546 (R2 / 5-13)



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

Scale Form 50546 (R2 / 5-13)

[illegible]



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Permit Number: D0032191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 3-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 46		Design Average Flow (MGD): 36		Design Peak Hourly Flow (MGD): 46	
WWTW Influent Data		WWTW Effluent Data		CSO Outfall No. 37	
Average Daily Flow (MGD)	89.02	100.50	5 m	Time Discharge Began	Time Discharge Ended
01	89.02	100.50	5 m		
02	60.40	74.58	5 m		
03	51.00	56.41	5 m		
04	51.07	58.68	5 m		
05	43.66	53.81	5 m		
06	45.52	54.20	5 m		
07	37.05	44.51	5 m		
08	36.63	41.44	5 m		
09	45.76	58.72	5 m		
10	46.46	56.94	5 m		
11	42.73	51.17	5 m		
12	38.75	50.26	5 m		
13	33.67	41.49	5 m		
14	32.49	41.58	5 m		
15	44.14	51.97	5 m		
16	30.50	91.92	5 m		
17	44.17	63.37	5 m		
18	74.44	92.04	5 m		
19	75.50	92.02	5 m		
20	57.83	66.57	5 m		
21	44.67	51.71	5 m		
22	48.33	55.14	5 m		
23	40.11	46.42	5 m		
24	46.13	57.30	5 m		
25	41.17	61.12	5 m		
26	100.73	101.04	5 m		
27	88.79	101.01	5 m		
28	101.00	101.05	5 m		
29	98.52	101.01	5 m		
30	87.98	100.07	5 m		
31	74.69	83.97	5 m		
Totals:	1753.01		37.42	3.60	26.751
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Susan Ross, Manager		Susan Ross, Manager		260-475-6213	
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 COLLECT, ANALYZE, AND REPORT INFORMATION FOR THE CSO MRO. I AM AWARE THAT 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		Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Susan Ross		Susan Ross		04/19/21	

City: Fort Wayne		Page 11 of 12		Permit Number: D0032191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 3-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 46		Design Average Flow (MGD): 36		Design Peak Hourly Flow (MGD): 46	
WWTW Influent Data		WWTW Effluent Data		CSO Outfall No. 45	
Average Daily Flow (MGD)	89.02	100.50	5 m	Time Discharge Began	Time Discharge Ended
01	89.02	100.50	5 m		
02	60.40	74.58	5 m		
03	51.00	56.41	5 m		
04	51.07	58.68	5 m		
05	43.66	53.81	5 m		
06	45.52	54.20	5 m		
07	37.05	44.51	5 m		
08	36.63	41.44	5 m		
09	45.76	58.72	5 m		
10	46.46	56.94	5 m		
11	42.73	51.17	5 m		
12	38.75	50.26	5 m		
13	33.67	41.49	5 m		
14	32.49	41.58	5 m		
15	44.14	51.97	5 m		
16	30.50	91.92	5 m		
17	44.17	63.37	5 m		
18	74.44	92.04	5 m		
19	75.50	92.02	5 m		
20	57.83	66.57	5 m		
21	44.67	51.71	5 m		
22	48.33	55.14	5 m		
23	40.11	46.42	5 m		
24	46.13	57.30	5 m		
25	41.17	61.12	5 m		
26	100.73	101.04	5 m		
27	88.79	101.01	5 m		
28	101.00	101.05	5 m		
29	98.52	101.01	5 m		
30	87.98	100.07	5 m		
31	74.69	83.97	5 m		
Totals:	1753.01		37.42	3.60	26.751
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Susan Ross, Manager		Susan Ross, Manager		260-475-6213	
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 COLLECT, ANALYZE, AND REPORT INFORMATION FOR THE CSO MRO. I AM AWARE THAT 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		Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Susan Ross		Susan Ross		04/19/21	



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:	[12] of [12]	Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	3-2021	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					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18	Wet Weather				
19	Wet Weather				
20					
21					
22					
23					
24					
25	Wet Weather				
26	Wet Weather				
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, 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				04/19/21	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
002 External Outfall		CSO C06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO - 002 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Title:					
Monitoring Location					
Season #					
Permit NODI					
Sample Permit Rec. Value NODI					
Quantity or Loading					
Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3					
Quality or Concentration					
Value 3					
Units					
# of Ex.					
Frequency of Analysis					
Sample Type					
Code					
50037 Duration					
EG - Effluent Gross 0					
Sample Permit Rec. Value NODI					
Quantity or Loading					
Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3					
Quality or Concentration					
Value 3					
Units					
# of Ex.					
Frequency of Analysis					
Sample Type					
74063 Overflow volume [SS0 volume, CSO volume]					
EG - Effluent Gross 0					
Sample Permit Rec. Value NODI					
Quantity or Loading					
Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3					
Quality or Concentration					
Value 3					
Units					
# of Ex.					
Frequency of Analysis					
Sample Type					
78887 Precipitation, monthly accumulation					
EG - Effluent Gross 0					
Sample Permit Rec. Value NODI					
Quantity or Loading					
Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3					
Quality or Concentration					
Value 3					
Units					
# of Ex.					
Frequency of Analysis					
Sample Type					
84165 Discharge event observation [Visual Monitoring]					
EG - Effluent Gross 0					
Sample Permit Rec. Value NODI					
Quantity or Loading					
Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3					
Quality or Concentration					
Value 3					
Units					
# of Ex.					
Frequency of Analysis					
Sample Type					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 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: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	Discharge:		Fort Wayne WWTP P.L. BRUNNER WPC Fort Wayne, IN 46803	
Permitted Feature:		Discharge:		Status:	
103 External Outfall		CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter	Name	Monitoring Location	Season	# Param NODI	Quantity or Loading			# of Ex	Frequency of Analysis	Sample Type
						Qualifier 1	Qualifier 2	Qualifier 3			
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	82 - Inflow	WHDS - When Discharging	RT - RCOTOT	
							C - No Discharge				
74083	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	3R - Meq	AJEV - All Events	ES - ESTMA	
							C - No Discharge				
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	5W - Inflow	AJEV - All Events	RT - RCOTOT	
							3.31				
84155	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	4K - Inflow	AJEV - All Events	RT - RCOTOT	
							C - No Discharge				

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 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: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN002191	Permittee Address:		Facility Location:	
Major:	Yes	200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
004 External Outfall		CSC: J02-90, 201 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSC: J02-90 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter	Monitoring Location	Season #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier-1 Value	Qualifier-2 Value	Qualifier-3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	0.67	Req Mon MO TOTAL	82 - #mo	WHDS - When Discharging	RT - ROOTOT
					Value NODI			0	WHDS - When Discharging	RT - ROOTOT
74093	Overflow volume (\$50 volume, CSD volume)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	0.046	Req Mon MO TOTAL	35 - #mo	AUEV - All Events	ES - ESTIMA
					Value NODI			0	AUEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	3.37	Req Mon MO TOTAL	5W - #mo	AUEV - All Events	RT - ROOTOT
					Value NODI			0	AUEV - All Events	RT - ROOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	1.0	Req Mon MO TOTAL	4K - #mo	AUEV - All Events	RT - ROOTOT
					Value NODI			0	AUEV - All Events	RT - ROOTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-04-19 13:27 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-04-19 13:37 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-04-19 13:37 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-04-19 13:37 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-04-19 13:37 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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	Location: CSC: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD	
Report Dates & Status	DMR Due Date: 04/28/21	Status: NetDMR Validated	
Monitoring Period: From 03/01/21 to 03/31/21			
Considerations for Form Completion			
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer	Title:		
First Name:			
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Paramoaz	Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading		Quality or Concentration		# of EL	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Mgal	0	ALJEW - All Events	ES - ESTMA
78837	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	SW - hrmo	0	ALJEW - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - hrmo	0	ALJEW - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 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: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility Location:	
Permit #:	IN00322191	Permittee Address:		FORT WAYNE WWTP	
Major:	Yes	Discharge:		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		007-C	
Report Dates & Status		Discharge:		CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.	
Monitoring Period:		DMR Due Date:		04/28/21	
Considerations for Form Completion		Discharge:		NetDMR Validated	
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY		Discharge:			
Principal Executive Officer		Discharge:			
First Name:		Title:		Telephone:	
Last Name:		Title:		Telephone:	
No Data Indicator (NODI)		Title:		Telephone:	
Form NODI:		Title:		Telephone:	

Code	Parameter	Monitoring Location	Season	Sample	Qualifier 1	Qualifier 2	Qualifier 3	Units	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL	36	Meal	ES - ESTMA		
74083	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL	36	Meal	ES - ESTMA		
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL	36	Meal	ES - ESTMA		
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL	36	Meal	ES - ESTMA		

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-04-19 13:28 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 011
 External Outfall
Discharge: 011-C
 CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.
Report Dates & Status: From 03/01/21 to 03/31/21
Monitoring Period: 04/28/21
Considerations for Form Completion: NetDMR Validated
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer

First Name: _____
Last Name: _____
No Data Indicator (NODI): _____
Form NODI: _____
Title: _____
Telephone: _____

Last Name: _____															
No Data Indicator (NODI)															
Form NODI:															
Code	Permittee Name	Monitoring Location	Session #	Param: NODI	Quantity or Loading			Quality or Concentration			# of EL	Frequency of Analysis		Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3		Units	WHDS - When Discharging		RT - ROOTOT
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					3.88	82 - hr/mo	0	WHDS - When Discharging	RT - ROOTOT	
										Req Mon MO TOTAL	82 - hr/mo	0			
74063	Overflow volume [S80 volume, CRO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					5.202	3R - Mg/L	0	ALUEV - All Events	ES - ESTIMA	
										Req Mon MO TOTAL	3R - Mg/L	0	ALUEV - All Events	ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					3.37	8W - hr/mo	0	ALUEV - All Events	RT - ROOTOT	
										Req Mon MO TOTAL	8W - hr/mo	0	ALUEV - All Events	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					2.0	4K - #/mo	0	ALUEV - All Events	RT - ROOTOT	
										Req Mon MO TOTAL	4K - #/mo	0	ALUEV - All Events	RT - ROOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 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:

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0022191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		D12-C		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Report Dates & Status		CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.			
Monitoring Period:		D42821		Status: NsDMR Validated	
Considerations for Form Completion					
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Telephone:			
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter	Monitoring Location	Season & Param. NOD	Quantity or Loading	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0					Req Mon MO TOTAL 82 - ltrmo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0					Req Mon MO TOTAL 3R - Mgal		AUEV - All Events	ES - ESTMA
78827	Precipitation, monthly accumulation	EG - Effluent Gross	0					Req Mon MO TOTAL 3R - ltrmo		AUEV - All Events	RT - ROOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0					Req Mon MO TOTAL 4K - ltrmo		AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 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: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP						
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE IN 46803						
Permitted Feature: 013 External Outfall		Discharge: 013-C CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		Status: NetDMR Validated								
Report Dates & Status		Monitoring Period: From 03/01/21 to 03/31/21		DNR Due Date: 04/28/21								
Considerations for Form Completion		CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY										
Principal Executive Officer												
First Name:		Title:										
Last Name:		Telephone:										
No Data Indicator (NODI)												
Form NODI:												
Code	Parameter	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of EL	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				11.42	B2 - hrmo	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-				2.734	3R - Vgal	0	ALJEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				3.41	5W - hrmo	0	ALJEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				4.0	4K - hrmo	0	ALJEV - All Events	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No 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: 2021-04-19 13:24 (Time Zone: -04:00)

Report Last Signed By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE IN 46803

Permitted Feature: 017
 External Outfall

Report Dates & Status
 Monitoring Period: From 03/01/21 to 03/31/21
 Considerations for Form Completion

Permittee: FORT WAYNE WWTP
 City of Fort Wayne
 200 E BERRY ST
 FT WAYNE IN 46802

Discharge: 017-C
 CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE

DMR Due Date: 04/28/21
 Status: NetDMR Validated

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

Code	Parameter Name	Monitoring Location	Season	# Param. NODs	Quantity or Loading			Quality of Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
50037	Duration	EG - Effluent Gross	0	0	Sample Permit Req. Value NOD				11.25		B2 - Inflow	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	0	Sample Permit Req. Value NOD				0.246		38 - Mgal	AEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Sample Permit Req. Value NOD				3.41		SW - Inflow	AEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	Sample Permit Req. Value NOD				5.0		4K - Inflow	AEV - All Events	RT - ROOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-04-19 13:24 (Time Zone: -0400)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-04-19 13:37 (Time Zone: -0400)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 018 External Outfall		Discharge: CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		Status: NaDMR Validated			
Report Dates & Status		DMR Due Date: 04/28/21					
Monitoring Period: From 03/01/21 to 03/31/21							
Considerations for Form Completion							
CSO: K11-165 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:							
Last Name:							
Title:							
No Data Indicator (NODI)							
Form NODI:							
Monitoring Location:		Season #		Permit NODI			
Parameter:		Quantity or Loading		Quality or Concentration		# of Ex.	
Name:		Qualifier 1 Value 1		Qualifier 2 Value 2		Frequency of Analysis	
		Sample		Permit Req.		WHDS - When Discharging	
		Value NODI		Value NODI		RT - ROOTOT	
						WHDS - When Discharging	
						RT - ROOTOT	

Code	Parameter	Monitoring Location	Season #	Permit NODI	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration	Value 1	Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-							82 - hrmo	0	WHDS - When Discharging	RT - ROOTOT
											Req Mon MO TOTAL	0	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-							3R - Mgal	0	AUEV - All Events	ES - ESTIMA
											Req Mon MO TOTAL	0	AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-							5W - hrmo	0	AUEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-							4K - hrmo	0	AUEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	0	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 13:25 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

Permit #: IND032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP	Frequency of Analysis: Sample Type
Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER YPC FORT WAYNE, IN 46803	
Permitted Features: 019 External Outfall	Discharge: 019-C CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD	Status: NetDMR Validated	
Report Dates & Status	DMR Due Date: 04/28/21	Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21			
Considerations for Form Completion			
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			
Form NODI:	Parameter: -	Monitoring Location: Session # Param. NODI	
Code	Parameter Name	Quantity or Loading	Quality or Concentration
		Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units
50037	Duration	EG - Effluent Gross 0 -	Req Mon MO TOTAL 62 - hrmo
			C - No Discharge
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross 0 -	Req Mon MO TOTAL 3R - Mgal
			C - No Discharge
78857	Precipitation, monthly accumulation	EG - Effluent Gross 0 -	372 5W - hrmo
			Req Mon MO TOTAL 5W - hrmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0 -	Req Mon MO TOTAL 4K - hrmo
			C - No Discharge
Submission Note			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
Edit Check 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:	2021-04-19 13:25 (Time Zone: -04:00)		
Report Last Signed By			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Beck		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2021-04-19 13:37 (Time Zone: -04:00)		

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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: CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD	
Report Dates & Status	From 03/01/21 to 03/31/21	DMR Due Date: 04/28/21	Status: NetDMR Validated
Monitoring Period:	Considerations for Form Completion		
CSO: K15-116 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 # Permit NODI	Quantity of Loading			Quality or Concentration		For EL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0								
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0								

Submission Note

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

2021-04-19 13:25 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE	FORT WAYNE WWTP	P.L. BRUNNER WPC	FORT WAYNE IN 46803
Major:	Yes	200 E BERRY ST	200 E BERRY ST	FT WAYNE, IN 46802	
Permitted Feature:		Discharge:		Status:	
021	External Outfall	CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE	021-C	NotDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period:	From 03/01/21 to 03/31/21	04/28/21			
Considerations for Form Completion					
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					

No Data Indicator (NOD)													
Form NOD1:													
Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ec.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD			82 - hrmo	WHDS - When Discharging	RT - ROOTOT	WHDS - When Discharging	RT - ROOTOT	
								Reg Mon MO TOTAL					
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD			3R - Mgal	AEV - All Events	ES - ESTMA	AEV - All Events	ES - ESTMA	
								Reg Mon MO TOTAL					
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD			5W - hrmo	AEV - All Events	RT - ROOTOT	AEV - All Events	RT - ROOTOT	
								Reg Mon MO TOTAL					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD			4K - hrmo	AEV - All Events	RT - ROOTOT	AEV - All Events	RT - ROOTOT	
								Reg Mon MO TOTAL					

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 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: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

P permit		Permit #: IN0022191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 023 External Outfall		Discharge: 023-C CSD: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		Status: NetDMR Validated			
Report Dates & Status		DMR Due Date: 04/26/21					
Monitoring Period: From 03/01/21 to 03/31/21							
Considerations for Form Completion							
CSD: L06-103/MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	82 - l/min	0	0	WHDS - When Discharging RT - RCOOTOT	RT - RCOOTOT
74063	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	38 - Mgal	0	0	ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	5W - l/min	0	0	ALUEV - All Events	RT - RCOOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	4K - l/min	0	0	ALUEV - All Events	RT - RCOOTOT

Submission Note

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

Edit Check Errors

No errors

Comments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-04-19 13:21 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-04-19 13:37 (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:	024 External Outfall	Discharge:	024-C CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status:	NetDMR Validated
Report Dates & Status					
Monitoring Period:	From 03/01/21 to 03/31/21				
Considerations for Form Completion	CSO: L06-420 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer					
First Name:					
Last Name:					
No Date Indicator (NODI)					
Form NODI:					
Transfer Name					
Monitoring Location					
Section # From NODI					
Code	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	# of Ex. Units	Frequency of Analysis
50037 Duration		EG - Effluent Gross 0	8.08 Reg Mon MO TOTAL 82 - #mo 0	82 - #mo 0	WHDS - When Discharging RT - RCO TOT WHDS - When Discharging RT - RCO TOT
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0	1.78 Reg Mon MO TOTAL 82 - #mo 0	82 - #mo 0	AEUV - All Events AEUV - All Events
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0	3.45 Reg Mon MO TOTAL 82 - #mo 0	82 - #mo 0	AEUV - All Events AEUV - All Events
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0	5.0 Reg Mon MO TOTAL 44 - #mo 0	44 - #mo 0	AEUV - All Events AEUV - All Events

Submission Note	
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityofwayne.org
E-Mail:	Susan Reas
Date/Time:	2021-04-19 13:22 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityofwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-04-19 13:37 (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: 025 External Outfall	Discharge: 025-C CSO: L08-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	
Report Dates & Status	DMR Due Date: 04/28/21	Status: NeDMR Validated
Monitoring Period: From 03/01/21 to 03/31/21		
Considerations for Form Completion		
CSO: L08-421 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Date Indicator (NODI)		

Code	Parameter Name	Monitoring Location	Session & 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	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0									WHDS - When Discharging	RT - RCDTOT
74063	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0									WHDS - When Discharging	RT - RCDTOT
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0									WHDS - When Discharging	RT - RCDTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0									WHDS - When Discharging	RT - RCDTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-04-19 13:22 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
027 - External Outfall		027-C		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					
Code		Monitoring Location		Season # Permit NODI	
50037	Duration	EG - Effluent Gross		0 -	
74053	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross		0 -	
76887	Precipitation, monthly accumulation	EG - Effluent Gross		0 -	
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross		0 -	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:					
2021-04-19 13:34 (Time Zone: -04:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Beck					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-04-19 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: D25 External Outfall
 Discharge: 028-C
 CSC: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status
 Monitoring Period: From 03/01/21 to 03/31/21
 DMR Due Date: 04/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: M10-238 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

No Data Indicator (NODI)
 Form NODI: -

Code	Permit	Name	Monitoring Location	Season	Permit NODI	Sample Permit Recd	Value NODI	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	-						1.9	82 - h/mo	0	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume (\$50 volume, CSC volume)		EG - Effluent Gross	0	-						0.455	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation		EG - Effluent Gross	0	-						3.21	5W - h/mo	0	ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-						3.0	4K - h/mo	0	ALIEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-04-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-04-19 13:37 (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:	029 External Outfall	Discharge:	029-C CSO: M10-285 - 230 FT E OF DUCK ST & BARR ST	Status:	NotDMR Validated
Report Dates & Status					
Monitoring Period:	From 03/01/21 to 03/31/21				
Considerations for Form Completion					
CSO: M10-285 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
Title:					
No Data Indicator (NDDI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading		Quality of Concentration		Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4				
50037	duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.52	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - ROOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.123	Req Mon MO TOTAL	9T - Mgal	0	AUEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		3.49	Req Mon MO TOTAL	5W - hrmo	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		2.0	Req Mon MO TOTAL	4K - hrmo	0	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 13:22 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE IN 46802		FORT WAYNE IN 46803	
Permitted Feature:		Discharge:		Status:	
5032 External Outfall		CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 03/01/21 to 03/31/21		04/23/21			
Considerations for Form Completion					
CSO: M10-306 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		Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
				Qualifier-1 Value	Qualifier-2 Value	Qualifier-1 Value	Qualifier-2 Value		Qualifier-3	Qualifier-4	
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI		5.24	Req Mon MO TOTAL 92 - #/mo	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT	
									WHDS - When Discharging RT - ROOTOT	RT - ROOTOT	
74053	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Req. Value NODI		2.525	Req Mon MO TOTAL 3R - #/gal	0	AL/ELV - All Events ES - ESTIMA	ES - ESTIMA	
									AL/ELV - All Events ES - ESTIMA	ES - ESTIMA	
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI		3.49	Req Mon MO TOTAL 5W - #/mo	0	AL/ELV - All Events RT - ROOTOT	RT - ROOTOT	
									AL/ELV - All Events RT - ROOTOT	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		5.0	Req Mon MO TOTAL 4K - #/mo	0	AL/ELV - All Events RT - ROOTOT	RT - ROOTOT	
									AL/ELV - All Events RT - ROOTOT	RT - ROOTOT	

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 13:22 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
033 External Outfall		CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21 Considerations for Form Completion CSO: M10-313 MUNICIPAL MAJORALLEN COUNTY Principal Executive Officer		04/28/21			
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Coast	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value		Units	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		12.87	Req Mon MO TOTAL	0	02 - Hrmo	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		26.751	Req Mon MO TOTAL	0	3R - Mgal	AUEV - All Events	ES - ESTIMA
78937	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		3.5	Req Mon MO TOTAL	0	5W - Hrmo	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		4.0	Req Mon MO TOTAL	0	4K - Hrmo	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

2021-04-19 13:34 (Time Zone: -04:00)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

2021-04-19 13:37 (Time Zone: -04:00)

susan.beck@cityofwayne.org

Susan Reas

susan.beck@cityofwayne.org

Susan Reas

2021-04-19 13:34 (Time Zone: -04:00)

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Susan Reas

susan.beck@cityofwayne.org

Susan Reas

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191 Major: Yes	Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	03S External Outfall	Discharge: CSO: M19-032 - 520 FT N OF STATE BLVD & WESTBROOK DR	
Report Dates & Status	Monitoring Period: From 03/01/21 to 03/31/21 Considerations for Form Completion CSO: M19-032 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	DMR Due Date: 04/28/21	Status: NotDMR Validated
First Name:	Last Name:	Telephone:	

Code	Parameter	Monitoring Location	Session #	Param. NOD	Quantity or Loading		Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value	Qualifier: 2 Value	Qualifier: 1 Value	Qualifier: 2 Value			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD		3.75	Req Mon MO TOTAL	92 - h/mo	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD		0.006	Req Mon MO TOTAL	3R - Mgal	ALIEV - All Events	ES - ESTIMA
78957	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD		3.6	Req Mon MO TOTAL	5W - h/mo	ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD		1.0	Req Mon MO TOTAL	4K - h/mo	ALIEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 13:34 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
039 External Outfall		CSD: N06-022 - 120 FT N OF HANNA ST & BERRY ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSD: N06-022 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Code	Premises Name	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (\$60 volume, CSD volume)	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-04-19 13:23 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-04-19 13:37 (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: 044 External Outfall	Discharge: 044-C CSO: N22-93 - 150 FT E OF DALGREEN AVE & SPY RUN AVE	
Report Dates & Status:	DMR Due Date: 04/28/21	Status: NotDMR Validated
Monitoring Period: From 03/01/21 to 03/31/21		
Considerations for Form Completion		
CSO: N22-93 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI		Req Mon MO TOTAL	02 - l/min		WHDS - When Discharging	RT - ROOTOT
74053	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI		Req Mon MO TOTAL	3R - Mgal		ALEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI		Req Mon MO TOTAL	SW - l/min		ALEV - All Events	RT - ROOTOT
84163	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI		Req Mon MO TOTAL	4K - l/min		ALEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-04-19 13:35 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
045 External Outfall		CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
From 03/01/21 to 03/31/21		04/28/21			
Monitoring Period:					
Considerations for Form Completion					
CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
Last Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Session # Param. NODI	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				Req Mon MO TOTAL	82 - hr/mo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-				Req Mon MO TOTAL	3R - Mgal		ALJEV - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				Req Mon MO TOTAL	5W - hr/mo		ALJEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				Req Mon MO TOTAL	4K - hr/mo		ALJEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-04-19 13:35 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
048 External Outfall		048-C CSO: 010-252 - 350 FT W OF EDGEWATER & GARFIELD		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO: 010-252 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	Quality or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								
74093	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								
84195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excurstions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-04-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
050 External Outfall		CSO: 010-277 - 100 FT N OF DOOMBS ST & HERBERT ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			3.0	02 - N/mo	WH/DS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [S80 volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			0.782	3R - Mgal	AJUEV - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			3.49	5W - In/mo	AJUEV - All Events	RT - ROOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			2.0	4K - #/mo	AJUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 13:23 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
051 External Outfall		CSD: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		NetDNR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSD: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading
		Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4
		Value 1	Value 2	Value 3	Value 4
50037	Duration	EG - Effluent Gross	0	--	
74083	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--	
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	
Submission Note					
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name:					
E-Mail:					
Date/Time:					
Report Last Signed By					
User:					
Name:					
E-Mail:					
Date/Time:					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permit Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes		200 E BERRY ST		P.L. BRUNNER WPC
			FT WAYNE, IN 46802		FORT WAYNE, IN 46803
Permitted Feature:		Discharge:			
052 External Outfall		CSO: 022-004 - 370 FT W OF NANTHONY BLVD & ST JOSEPH RIVER DR			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21		NoDMR 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: -					

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			# of EA	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					WUOS - When Discharging RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					RT - RCOTOT
94165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST. JOSEPH RIVER		
Report Dates & Status	DMR Due Date: 04/28/21	Status:	Not DMR Validated
Monitoring Period: From 03/01/21 to 03/31/21			
Considerations for Form Completion			
CSO: 022-094 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 #	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50337	Duration	EG - Effluent Gross	0	-	Sample Permit Rec.	Value NODI			Req Mon MO TOTAL	42 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74953	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec.	Value NODI			Req Mon MO TOTAL	35 - Mgal		ALIEV - All Events	ES - ESTIMA
78937	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec.	Value NODI			Req Mon MO TOTAL	5W - hr/mo		ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec.	Value NODI			Req Mon MO TOTAL	4K - hr/mo		ALIEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:

2021-04-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-04-19 13:37 (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 WFC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	Discharge:	054-C CSO: 023-080 - 240 FTE OF MERCER AVE & HOLLIS LN	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	04/28/21		
Monitoring Period:	From 03/01/21 to 03/31/21				
Considerations for Form Completion					
CSO:	023-080 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Date Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			Opt Mon MO TOTAL	82 - ltrmo		WHDS - When Discharging RT - RCO TOT	
74083	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			Opt Mon MO TOTAL	3R - Mgal		AUEV - All Events	ES - ESTIMA
78827	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			2.2	SW - ltrmo		AUEV - All Events	RT - RCO TOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			Opt Mon MO TOTAL	4K - ltrmo		AUEV - All Events	RT - RCO TOT

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:30 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (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: 055 External Outfall	Discharge: CSO: P05-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST	
Report Dates & Status	DMR Due Date: 04/28/21	Status: NoDMR Validated
Monitoring Period: From 03/01/21 to 03/31/21		
Considerations for Form Completion		
CSO: P05-192 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value 3	Units	0	82 - hr/mo	RT - ROOTOT
					Value NODI						
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Req.	3.128	3R - Mgal	0	AUEV - All Events	ES - ESTIMA
					Value NODI						
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	3.49	5W - hr/mo	0	AUEV - All Events	RT - ROOTOT
					Value NODI						
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req.	5.0	4K - hr/mo	0	AUEV - All Events	RT - ROOTOT
					Value NODI						

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:23 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Discharge:		Facility Location:	
056 External Outfall		056-C CSO: J03-313 - BROWN ST PUMP STATION		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NOD):					
Form NOD:					
Parameter		Monitoring Location	Season	Param. NOD	Quality or Loading
Name					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units
Code					Sample Permit Req. Value NOD
50037 Duration		EG - Effluent Gross	0	-	82 - h/mo Req Mon MO TOTAL 82 - h/mo 0
74063 Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	-	7476 Req Mon MO TOTAL 3R - Mgal 0
76887 Precipitation, monthly accumulation		EG - Effluent Gross	0	-	337 Req Mon MO TOTAL SW - h/mo 0
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	5.0 Req Mon MO TOTAL 4K - #/mo 0
Submission Note					
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name:					
E-Mail:					
Date/Time:					
Report Last Signed By					
User:					
Name:					
E-Mail:					
Date/Time:					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
057 External Outfall		CSO: P10-121 - STORMWATER LIFT STATION WET WELL		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 3 Value 3	Qualifier 4 Value 4
50037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 02 - Inflow
					C - No Discharge
74093	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 3P - Inflow
					C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 5W - Inflow
					C - No Discharge
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 4K - Inflow
					C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name: susan.beck@cityofwayne.org					
E-Mail: susan.beck@cityofwayne.org					
Date/Time: 2021-04-19 13:21 (Time Zone: -04:00)					
Report Last Signed By					
User: susan.beck@cityofwayne.org					
Name: susan.beck@cityofwayne.org					
E-Mail: susan.beck@cityofwayne.org					
Date/Time: 2021-04-19 13:37 (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: F.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature: OSD External Outfall	Discharge: 060-C CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE	Status: NoDMR Validated
Report Dates & Status	DMR Due Date: 04/28/21	Telephone:
Monitoring Period: From 03/01/21 to 03/31/21		
Considerations for Form Completion		
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-		Req Mon NO TOTAL 82 - Inflow				When Discharging	RT - ROOTOT
						C - No Discharge					
74063	Overflow volume [SS9 volume, CSO volume]	EG - Effluent Gross	0	-		Req Mon NO TOTAL 38 - Inflow				When Discharging	ES - ESTIMA
						C - No Discharge					
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		Req Mon NO TOTAL 516 - Inflow				When Discharging	RT - ROOTOT
						C - No Discharge					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-		Req Mon NO TOTAL 4K - Inflow				When Discharging	RT - ROOTOT
						C - No Discharge					

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 13:21 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Susan Reas

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Permitted Feature: 001 External Outfall		Discharge: 061-C CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		Status: NetDMR Validated			
Report Dates & Status		DMR Due Date: 04/28/21					
Monitoring Period: From 03/01/21 to 03/31/21							
Considerations for Form Completion							
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter Name	Monitoring Location	Season 2 Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Opt Mon MO TOTAL	82 - ltrmo	WH/DS - When Discharging	RT - ROOTOT	
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Opt Mon MO TOTAL	31 - Mgal	ALIEV - All Events	ES - ESTIMA	
76837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Opt Mon MO TOTAL	SW - ltrmo	ALIEV - All Events	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Opt Mon MO TOTAL	4K - ltrmo	ALIEV - All Events	RT - ROOTOT	

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:31 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0032181	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Facility Location:			
082 External Outfall		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Report Dates & Status		Status:			
Monitoring Period: From 03/01/21 to 03/31/21		NetDMR Validated			
Considerations for Form Completion		Telephone:			
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season & Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Units			
50037	Duration	EG - Effluent Gross	0									WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0									ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0									RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0									RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0022191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE IN 46802		FORT WAYNE IN 46803	
Permitted Feature:		Discharge:		Status:	
064 External Outfall		CSO: 602-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 03/01/21 to 03/31/21		04/28/21			
Considerations for Form Completion					
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	From NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value		WHDS - When Discharging	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.42	Reg Mon MG TOTAL	82 - #/mo	0	RT - RCO TOT	
74053	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.012	Reg Mon MG TOTAL	3R - Mgal	0	ES - ESTIMA	
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		3.49	Reg Mon MG TOTAL	5W - #/mo	0	RT - RCO TOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		1.0	Reg Mon MG TOTAL	4K - #/mo	0	RT - RCO TOT	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:21 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032161	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Facility Location:			
068 External Outfall		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Report Dates & Status		Status:			
Monitoring Period: From 03/01/21 to 03/31/21		NetDMR Validated			
Considerations for Form Completion		Telephone:			
CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	B2	h/mo	WHDS - When Discharging	RT - ROOTOT	
74063	Overflow volume [880 volume, CSO volume]	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	3R	Mgal	AL/EV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	5W	in/mo	AL/EV - All Events	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Reg Mon MO TOTAL	4K	h/mo	AL/EV - All Events	RT - ROOTOT	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:32 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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	
Report Dates & Status		DMR Due Date: 04/28/21	Status: NetDMR Validated
Monitoring Period:	From 03/01/21 to 03/31/21		
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:			

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Reg Mon MO TOTAL	82 - #/mo			WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [RS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Reg Mon MO TOTAL	3R - #/mo			ALIEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Reg Mon MO TOTAL	5W - #/mo			ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Reg Mon MO TOTAL	4K - #/mo			ALIEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:33 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)

Permit Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: DGI External Outfall		Discharger: 881-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		Status: NotDMR Validated	
Report Dates & Status Monitoring Period: From 03/01/21 to 03/31/21 Considerations for Form Completion CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		Title:		Telephone:	
Form NODI: First Name: Last Name: No Data Indicator (NODI)		Form NODI:			
Parameter Name		Monitoring Location Season #		Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	
Code		Sample Permit Req. Value NODI		Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
50037 Duration		EG - Effluent Gross 0 -		Req Mon MO TOTAL 82 - Inflow C - No Discharge	
74083 Overflow volume (\$80 volume, CSO volume)		EG - Effluent Gross 0 -		Req Mon MO TOTAL 3R - Mail C - No Discharge	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		3.21 Req Mon MO TOTAL 5W - Inflow Req Mon MO TOTAL 5W - Inflow g	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		Req Mon MO TOTAL 4K - Inflow C - No Discharge	
Submission Note If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-04-19 13:34 (Time Zone: -04:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org Name: Susan Beck E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2021-04-19 13:37 (Time Zone: -04:00)					



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

May 20, 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 April 2021

We are pleased to enclose a completed CSO MRO form for the month of April 2021. 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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

An Equal Opportunity Employer

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 5546 (02 / 4-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5546 (02 / 4-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirement Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: MONTH 4-2021		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Design Peak Hourly Flow (MGD): 40		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
WWT Inflow Data		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Average Hourly Flow (MGD)		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Peak Hourly Flow (MGD)		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Flow at Month		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
01 57.48 65.54		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
02 48.42 59.81		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
03 39.96 48.24		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
04 41.65 58.28		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
05 35.82 40.60		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
06 39.84 55.93		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
07 35.15 39.55		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
08 44.56 53.21		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
09 36.73 69.97		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
10 50.21 101.00		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
11 64.52 100.99		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
12 49.39 65.29		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
13 45.02 55.94		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
14 37.58 43.11		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
15 44.03 52.49		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
16 35.11 49.50		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
17 33.77 40.51		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
18 39.16 51.06		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
19 33.81 39.87		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
20 42.28 63.06		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
21 64.85 83.87		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
22 49.31 67.73		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
23 40.24 56.73		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
24 44.87 60.09		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
25 39.55 59.09		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
26 43.34 55.11		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
27 37.58 52.97		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
28 35.62 55.87		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
29 80.39 92.06		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
30 53.37 66.27		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Totals: 1344.52		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Type or Principal Name and Title of Principal Executive Officer or Authorized Agent		Summit Exec. Manager		Telephone 260-427-6113	
Signature of Principal Executive Officer or Authorized Agent		Summit Exec. Manager		Date (mm/dd/yyyy) 05/20/21	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		Summit Exec. Manager		Date (mm/dd/yyyy) 05/20/21	

City: Fort Wayne		Page 1 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirement Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: MONTH 4-2021		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Design Peak Hourly Flow (MGD): 40		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
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30 53.37 66.27		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Totals: 1344.52		Design Average Flow (MGD): 40		Measured/Estimated (M) or Estimated (E) must be specified	
Type or Principal Name and Title of Principal Executive Officer or Authorized Agent		Summit Exec. Manager		Telephone 260-427-6113	
Signature of Principal Executive Officer or Authorized Agent		Summit Exec. Manager		Date (mm/dd/yyyy) 05/20/21	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		Summit Exec. Manager		Date (mm/dd/yyyy) 05/20/21	

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

Ex-1-P.—KOLLA CHETTI P. 13.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 STATE FORM 503-46 (R2 / 5-13)

City: Fort Wayne						Facility: Fort Wayne - P.A. Brunner WWTP						Permit Number: IN0012191					
Monitoring Period: [MONTH] 4-2021						Public Notification Requirements Met?						Check box (No CSO discharge occurred for the month)					
Design Peak Runoff Flow (MGD): 85						Design Average Flow (MGD): 50						Measured/Metered (M) or Estimated (E) must be specified					
Time Day Month Year	CSO Control No.			CSO Control No.			CSO Control No.			CSO Control No.			CSO Control No.				
	M	E	N	M	E	N	M	E	N	M	E	N	M	E	N		
	Time Discharge or Event	Event Duration or Frequency	Event Discharge or Volume	Time Discharge or Event	Event Duration or Frequency	Event Discharge or Volume	Time Discharge or Event	Event Duration or Frequency	Event Discharge or Volume	Time Discharge or Event	Event Duration or Frequency	Event Discharge or Volume	Time Discharge or Event	Event Duration or Frequency	Event Discharge or Volume		
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Totals:	Dt	vs		Dt	vs		Dt	vs		Dt	vs		Dt	vs			



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

State Farm 50546 (RZ: 5-13)

MINISTÈRE DE L'ÉDUCATION

[illegible]



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

State Form 5946 (02/14/12)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Permit Number: IN031191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirement Met?			
Monitoring Period: MONTH 4-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified			
CSO Outfall No.	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.
Day of Month	Time of Discharge or Receipt	Time of Discharge or Receipt	Time of Discharge or Receipt	Time of Discharge or Receipt	Time of Discharge or Receipt
01					
02					
03					
04					
05					
06					
07					
08					
09					
10	5:10 PM	M	2.17	M	0.077
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28	8:45 PM	M	0.33	M	0.028
29	1:35 AM	M	3.50	M	0.248
30					
Total:	0	Yr	0.00	0.000	0.355



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/14-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/14-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: (MONTH) 4-2011		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60	
WWT Influent Data		Precipitation Data - Peak Hour (Inches)		Design Average Flow (MGD)	
Day of Month	Time	Time	Time	Time	Time
01	57:43	65:54	5 m	5 m	5 m
02	48:42	59:81	5 m	5 m	5 m
03	39:56	48:24	5 m	5 m	5 m
04	41:65	58:28	5 m	5 m	5 m
05	35:52	40:60	7:45 PM	0.25	0.02
06	39:84	55:93	5 m	5 m	5 m
07	35:15	39:55	5 m	5 m	5 m
08	44:56	53:21	4:45 AM	0.50	0.03
09	36:73	69:97	5 m	5 m	5 m
10	50:21	101:00	2:55 PM	2.67	0.43
11	64:52	100:99	10:25 AM	2.42	0.13
12	49:39	65:29	5 m	5 m	5 m
13	45:92	55:04	5 m	5 m	5 m
14	37:58	43:11	5 m	5 m	5 m
15	44:03	52:49	5 m	5 m	5 m
16	35:11	49:50	5 m	5 m	5 m
17	33:77	40:51	5 m	5 m	5 m
18	39:16	51:06	5 m	5 m	5 m
19	33:81	39:87	11:55 PM	0.08	0.01
20	42:28	63:06	12:55 AM	3.08	0.37
21	64:85	83:87	5:30 AM	0.17	0.02
22	49:31	67:73	5 m	5 m	5 m
23	40:24	56:73	5 m	5 m	5 m
24	44:87	60:09	3:25 PM	1.17	0.14
25	39:55	59:09	5 m	5 m	5 m
26	43:34	55:11	5 m	5 m	5 m
27	37:58	52:97	5 m	5 m	5 m
28	35:65	55:87	8:55 PM	0.58	0.12
29	80:39	92:06	12:15 AM	3.92	0.17
30	53:37	66:27	5 m	5 m	5 m
Totals:		1744.52	14.83	2.23	0.037
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Penn Manager		Telephone: 260-427-6113	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT AND ALL APPLICABLE FEDERAL AND STATE LAWS, RULES, AND REGULATIONS. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yyyy)		05/20/21	

City: Fort Wayne		Page 5 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: (MONTH) 4-2011		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60	
WWT Influent Data		Precipitation Data - Peak Hour (Inches)		Design Average Flow (MGD)	
Day of Month	Time	Time	Time	Time	Time
01	57:43	65:54	5 m	5 m	5 m
02	48:42	59:81	5 m	5 m	5 m
03	39:56	48:24	5 m	5 m	5 m
04	41:65	58:28	5 m	5 m	5 m
05	35:52	40:60	7:45 PM	0.25	0.02
06	39:84	55:93	5 m	5 m	5 m
07	35:15	39:55	5 m	5 m	5 m
08	44:56	53:21	4:45 AM	0.50	0.03
09	36:73	69:97	5 m	5 m	5 m
10	50:21	101:00	2:55 PM	2.67	0.43
11	64:52	100:99	10:25 AM	2.42	0.13
12	49:39	65:29	5 m	5 m	5 m
13	45:92	55:04	5 m	5 m	5 m
14	37:58	43:11	5 m	5 m	5 m
15	44:03	52:49	5 m	5 m	5 m
16	35:11	49:50	5 m	5 m	5 m
17	33:77	40:51	5 m	5 m	5 m
18	39:16	51:06	5 m	5 m	5 m
19	33:81	39:87	11:55 PM	0.08	0.01
20	42:28	63:06	12:55 AM	3.08	0.37
21	64:85	83:87	5:30 AM	0.17	0.02
22	49:31	67:73	5 m	5 m	5 m
23	40:24	56:73	5 m	5 m	5 m
24	44:87	60:09	3:25 PM	1.17	0.14
25	39:55	59:09	5 m	5 m	5 m
26	43:34	55:11	5 m	5 m	5 m
27	37:58	52:97	5 m	5 m	5 m
28	35:65	55:87	8:55 PM	0.58	0.12
29	80:39	92:06	12:15 AM	3.92	0.17
30	53:37	66:27	5 m	5 m	5 m
Totals:		1744.52	14.83	2.23	0.037
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Penn Manager		Telephone: 260-427-6113	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT AND ALL APPLICABLE FEDERAL AND STATE LAWS, RULES, AND REGULATIONS. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yyyy)		05/20/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5854 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

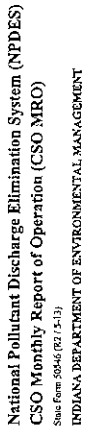


National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5854 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?		Permit Number: IN002191	
Monitoring Period: MONTH 4-2021		Check box if no CSO discharge occurred for the month:		Permit Number: IN002191	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Permit Number: IN002191	
WYTP Inflow Data		WYTP Inflow Data		WYTP Inflow Data	
Day of Month	Hour	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	57:48	65.54	5 m	5 m	5 m
02	48:42	59.81	5 m	5 m	5 m
03	39:06	48.24	5 m	5 m	5 m
04	41:65	58.28	5 m	5 m	5 m
05	35:82	40.60	0.25	0.03	0.02
06	39:84	55.93	5 m	5 m	5 m
07	35:15	39.55	5 m	5 m	5 m
08	44:56	53.21	0.75	0.19	0.11
09	36:73	69.97	5 m	5 m	5 m
10	50:21	101.00	3.00	0.53	0.11
11	64:52	100.99	2.08	0.35	0.10
12	49:39	65.29	5 m	5 m	5 m
13	45:92	55.94	5 m	5 m	5 m
14	37:58	43.11	5 m	5 m	5 m
15	44:03	52.49	5 m	5 m	5 m
16	35:11	49.50	5 m	5 m	5 m
17	35:77	40.51	5 m	5 m	5 m
18	39:16	51.06	5 m	5 m	5 m
19	33:81	39.87	11:30 PM	0.08	0.01
20	42:28	63.06	12:15 AM	1.67	0.20
21	64:85	83.87	3:00 AM	3.33	0.53
22	49:31	67.73	5 m	5 m	5 m
23	40:24	56.73	5 m	5 m	5 m
24	44:87	60.09	3:20 PM	1.25	0.15
25	39:55	59.09	5 m	5 m	5 m
26	43:34	55.11	5 m	5 m	5 m
27	37:58	52.97	5 m	5 m	5 m
28	35:62	55.87	8:30 PM	0.67	0.14
29	80:39	97.06	12:00 AM	4.25	0.65
30	53:37	66.27	5 m	5 m	5 m
Totals:	1344:52		1723	2.78	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Sumit Rana, Manager		Sumit Rana, Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION BY AN INDIVIDUAL WHOSE NAME AND TITLE ARE SHOWN ABOVE AND WHOSE SIGNATURE IS SHOWN BELOW. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION BY AN INDIVIDUAL WHOSE NAME AND TITLE ARE SHOWN ABOVE AND WHOSE SIGNATURE IS SHOWN BELOW. 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		Signature of Principal Executive Officer or Authorized Agent	
Sumit Rana		Sumit Rana	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
05/20/21		05/20/21	

City: Fort Wayne		Page 6 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?		Permit Number: IN002191	
Monitoring Period: MONTH 4-2021		Check box if no CSO discharge occurred for the month:		Permit Number: IN002191	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Permit Number: IN002191	
WYTP Inflow Data		WYTP Inflow Data		WYTP Inflow Data	
Day of Month	Hour	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10	5:45 PM	3.25	3.08	0.043	M
11	12:05 PM	4.00	3.92	0.033	M
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29	1:55 AM	6.08	2:05 AM	9.25	M
30					
Totals:	3	13.33	3	16.25	0.307

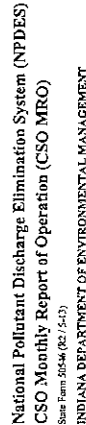


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 504-65 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANA DEPARTMENT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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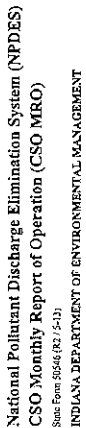
**(National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO))**
State Form 50546 (2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANA DEPARTMENT OF REVENUE

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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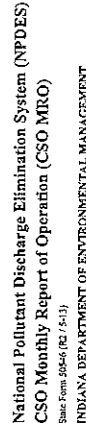
City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN062191	
Month: 4-2021		Page 7 of 12		Public Notification Requirements Met?	
Measuring Period: MONTH		Check box (No CSO discharge occurred for the month):			
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Check box (No CSO discharge occurred for the month):	
CSO Outfall No. 07		CSO Outfall No. 11		CSO Outfall No. 12	
Time Discharge Begins	Event Occurs (M, T, W, T, F, S, S, M, D)	Time Discharge Begins	Event Occurs (M, T, W, T, F, S, S, M, D)	Time Discharge Begins	Event Occurs (M, T, W, T, F, S, S, M, D)
CSO Outfall No.	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.
Day of Week	Event Occurs (M, T, W, T, F, S, S, M, D)	Day of Week	Event Occurs (M, T, W, T, F, S, S, M, D)	Day of Week	Event Occurs (M, T, W, T, F, S, S, M, D)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Total:	0	0	0	0	0



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

Stucc Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 6056 (B2) / 5.11.11

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Permit Number: UN03191					
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?							
Modulating Period: 1 MONTH		4-2021							
Design Peak Hourly Flow (MGD):		88		60					
WVTP Inflow Data:		Design Average Flow (MGD):		CSO Outfall No.					
Access Point	Peak Inflow Rate (MGD)	Time of Peak Inflow (MGD)	Precipitation Data - Another Bird's Eye View	Measurements	CSO Outfall No.				
Day of Month	Hour of Day	Time of Peak Inflow (MGD)	Precipitation Data - Another Bird's Eye View	Measurements	CSO Outfall No.				
01	57.48	65.54		5 m					
02	48.42	59.81		5 m					
03	39.96	48.24		5 m					
04	41.65	58.28		5 m					
05	35.82	40.60	0.25	0.03	5 m				
06	39.84	55.93		5 m					
07	35.15	39.55		5 m					
08	44.56	53.21	0.50	0.04	5 m				
09	36.73	69.97		5 m					
10	50.21	101.00	3.95 PM	0.12	5 m				
11	64.52	100.99	11:15 AM	0.10	5 m				
12	49.39	65.29		5 m					
13	45.92	55.94		5 m					
14	37.58	43.11		5 m					
15	44.03	52.49		5 m					
16	35.11	49.50		5 m					
17	33.77	40.51	6:20 PM	0.01	5 m				
18	39.16	51.06		5 m					
19	33.81	39.87		5 m					
20	42.28	63.06	12:10 AM	0.13	5 m				
21	64.85	83.87	8:35 AM	1.67	0.05	5 m			
22	49.31	67.73		5 m					
23	40.24	36.73		5 m					
24	44.87	60.09	3:20 PM	0.83	0.10	0.04	5 m		
25	39.55	59.09		5 m					
26	43.34	55.11		5 m					
27	37.58	52.97		5 m					
28	35.62	55.87	8:55 PM	0.58	0.07	0.04	5 m		
29	80.39	92.06	12:05 AM	4.58	0.72	0.20	5 m		
30	53.37	66.27		5 m					
Totals:		1344.52	3.433	2.08	0	0.00	0.008	Da	ys
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:		Souni Rose, Manager		Telephone:		250-474-613			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE INDIANA POLLUTION CONTROL ACT AND THE INDIANA POLLUTION CONTROL BOARD. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		Signature of Principal Executive Officer or Authorized Agent:		Date (mm/dd/yyyy):		250-474-613			

City: Fort Wayne		Page 8 of 12		Permit Number: IN0032791	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met:			
Monitoring Period: MONTH 4-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified:	
85		60			
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Time	Event Duration (Hours)	M	Event Discharge (MGD)	M	Event Discharge (MGD)
Day/Month	Begin/End	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Totals:		Da	VS	Da	VS



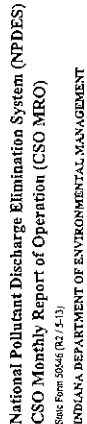
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 30546 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 30546 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: MONTH 4-2021		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60	
WWT Inflow Data		Precipitation Data - Cold Dr. Ppt Gauge		Measure/Metered (M) or Estimated (E) must be specified	
Average Flow (MGD)	Peak Hourly Flow (MGD)	Time	Prep. Time (mm/h)	Time	Time
01 57.48	65.54				
02 48.42	59.81				
03 39.96	48.24				
04 41.65	58.28				
05 35.82	40.60	7:45 PM	0.58	0.05	5 m
06 39.84	55.93				
07 35.15	39.55				
08 44.56	53.21	4:50 AM	0.58	0.05	5 m
09 36.73	69.97				
10 50.21	101.00	1:35 PM	2.67	0.12	5 m
11 64.52	100.99	10:30 AM	1.67	0.05	5 m
12 49.39	65.29				
13 45.92	55.94				
14 37.58	43.11				
15 44.03	52.49				
16 35.11	49.50				
17 33.77	40.51				
18 39.16	51.06				
19 33.81	39.87	11:25 PM	0.17	0.02	5 m
20 42.28	63.06	12:35 AM	1.75	0.21	0.05 5 m
21 64.85	83.87	8:20 AM	2.47	0.35	0.09 5 m
22 49.31	67.73				
23 40.24	56.73				
24 44.87	60.09	3:20 PM	1.17	0.14	0.05 5 m
25 39.55	59.09	4:35 AM	0.08	0.01	0.01 5 m
26 43.34	55.11				
27 37.58	52.97				
28 35.62	55.87	8:25 PM	0.83	0.16	0.11 5 m
29 80.39	92.06	12:00 AM	3.58	0.30	0.14 5 m
30 53.37	66.27				
Totals:	1344.52		15.75	2.19	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent:		Susan Beck, Manager		Telephone: 260-427-6313	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent:		Date (mm/dd/yyyy)		03/20/21	

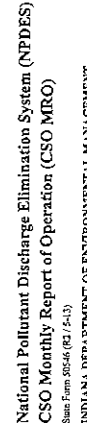
City: Fort Wayne		Page 9 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWT		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: MONTH 4-2021		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60	
WWT Inflow Data		Precipitation Data - Cold Dr. Ppt Gauge		Measure/Metered (M) or Estimated (E) must be specified	
Average Flow (MGD)	Peak Hourly Flow (MGD)	Time	Prep. Time (mm/h)	Time	Time
01 57.48	65.54				
02 48.42	59.81				
03 39.96	48.24				
04 41.65	58.28				
05 35.82	40.60	7:45 PM	0.58	0.05	5 m
06 39.84	55.93				
07 35.15	39.55				
08 44.56	53.21	4:50 AM	0.58	0.05	5 m
09 36.73	69.97				
10 50.21	101.00	1:35 PM	2.67	0.12	5 m
11 64.52	100.99	10:30 AM	1.67	0.05	5 m
12 49.39	65.29				
13 45.92	55.94				
14 37.58	43.11				
15 44.03	52.49				
16 35.11	49.50				
17 33.77	40.51				
18 39.16	51.06				
19 33.81	39.87	11:25 PM	0.17	0.02	5 m
20 42.28	63.06	12:35 AM	1.75	0.21	0.05 5 m
21 64.85	83.87	8:20 AM	2.47	0.35	0.09 5 m
22 49.31	67.73				
23 40.24	56.73				
24 44.87	60.09	3:20 PM	1.17	0.14	0.05 5 m
25 39.55	59.09	4:35 AM	0.08	0.01	0.01 5 m
26 43.34	55.11				
27 37.58	52.97				
28 35.62	55.87	8:25 PM	0.83	0.16	0.11 5 m
29 80.39	92.06	12:00 AM	3.58	0.30	0.14 5 m
30 53.37	66.27				
Totals:	1344.52		15.75	2.19	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent:		Susan Beck, Manager		Telephone: 260-427-6313	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent:		Date (mm/dd/yyyy)		03/20/21	



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

Static Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (R2 / 5-13)

INDIAN DEPARTMENT OF ENTROPOLICENT-Y MONTGOMERY

City: Fort Wayne		Facility: Fort Wayne - P.L. Bunner WWTP		Permit Number: IN032191							
Page 10 of 12		Public Notification Requirements Met?									
Monitoring Period: MONTH 4-2021		Check box if no CSO discharge occurred for this month:									
Design Peak Hourly Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified									
Month	Day	CSO Discharge No.			CSO Discharge No.			CSO Discharge No.			
		M	E	Event Discharge or Duration (MGD)	M	E	Event Discharge or Duration (MGD)	M	E	Event Discharge or Duration (MGD)	
Time Discharge Began	Time Discharge Ended	M	E	Event Discharge or Duration (MGD)	M	E	Event Discharge or Duration (MGD)	M	E	Event Discharge or Duration (MGD)	
01											
02											
03											
04											
05											
06											
07											
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10											
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25											
26											
27											
28											
29											
30											
Totals:	0	VS	0.00	0.000	0	VS	0.00	0.000	0	VS	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 SCIENCE

City: Fort Wayne		Facility: Fort Wayne - P.L. Bruner WWTP		4-2021		Page 11 of 12		Permit Number: IN0022191	
Monitoring Period: MONTH		MONTH		4-2021		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):		CSO Outfall No.		CSO Outfall No.		Design Average Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified	
Day of Month	M	Event Occurred or Details (Hour)	Y	Event Occurred or Details (MGD)	Y	Time Discharge Began	Time Discharge Ended	Event Occurred or Details (MGD)	Y
	M	Event Occurred or Details (Hour)	Y	Event Occurred or Details (MGD)	Y	Time Discharge Began	Time Discharge Ended	Event Occurred or Details (MGD)	Y
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
Totals:	0	Y	0.00	0.000	0	Y	0.00	0.000	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:	[12] of [12]	Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?			
Monitoring Period:	[MONTH]	4-2021	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					
08					
09					
10	Wet Weather Day				
11	Wet Weather Day				
12					
13					
14					
15					
16					
17					
18					
19					
20	Wet Weather Day				
21	Wet Weather Day				
22					
23					
24					
25					
26					
27					
28	Wet Weather Day				
29	Wet Weather Day				
30					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Telephone	
Susan Reas, 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				05/20/21	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
002 External Outfall		002-C CSO 006-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT. W OF COLISEUM BLVD		NatDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO - 002 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:	Susan	Title:		Program Manager	
Last Name:	Reas			Telephone: 280-427-6213	
No Data Indicator (NODI)					
Form NODI:	-				
Monitoring Location		Season		Permit NODI	
Code	Parameter Name	Value	Value	Value	Value
50037	Duration	EG - Effluent Gross	0	-	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
IN0032191_CSMRO_2021_04.pdf		Name		Type	Size
IN0032191_Letter_2021_04.pdf				pdf	451732.0
Report Last Saved By				pdf	179226.0
FORT WAYNE WWTP					
User:	susan.beck@cityofwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityofwayne.org				
Date/Time:	2021-05-20 10:17 (Time Zone: -04:00)				
Report Last Signed By					
User:	susan.beck@cityofwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityofwayne.org				
Date/Time:	2021-05-20 10:17 (Time Zone: -04:00)				

Permit		Permittee:	FORT WAYNE WWTTP	Facility:	FORT WAYNE WWTTP				
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803				
Major:	Yes								
Permitted Feature:	003 External Outfall	Discharge:	003-C CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR						
Report Dates & Status		DMR Due Date:	05/28/21	Status:	NeDMR Validated				
Monitoring Period:	From 04/01/21 to 04/30/21								
Considerations for Form Completion									
CSO - 001 POND WHEN USED AS CSO ONLY									
Principal Executive Officer									
First Name:		Title:		Telephone:					
Last Name:									
No Data Indicator (NDI)									
Form NDI:	-								
Code	Parameter Name	Monitoring Location	Session #	Permit NDI	Quality or Loading	Quantity or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	When Discharging	RT - RCOTOT
74063	Overflow volume (\$50 volume, CSC volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI	Req Mon MO TOTAL 42 C - No Discharge	42	h/mo	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI	2:19 Req Mon MO TOTAL 5W C - No Discharge	5W	h/mo	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI	Req Mon MO TOTAL 4K C - No Discharge	4K	h/mo	RT - RCOTOT

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

No errors.

Comments:

Attachment

Report Last

User:

E-Mail:

Report Last

Alma,
Dana,

E-Mail: zhangy@uic.edu

1000

[illegible]

DMR Copy of Record

Permit	Permit #: IN0022191	Permitter: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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: CSO: J02-90, 201 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER		
Report Dates & Status	DMR Due Date: 05/25/21	Status: NetDMR Validated	
Monitoring Period: From 04/01/21 to 04/30/21			
Considerations for Form Completion			
CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:	Telephone:	
Last Name:			
No Data Indicator (NOD)			
Form NOD: -			

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	92 - n/mo		WH/DS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	3ft - Mgal		AUEV - All Events	ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	2.41	SW - n/mo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Req Mon MO TOTAL	4k - #/mo		AUEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (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:	005 External Outfall	Discharge:	005-C CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status		DMR Due Date:	05/28/21	Status:	NetDMR Validated
Monitoring Period:	From 04/01/21 to 04/30/21				
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:					

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Quality of 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			
50037	Duration		EG - Effluent Gross	0									
74063	Overflow volume (SSO volume, CSD volume)		EG - Effluent Gross	0									
78857	Precipitation, monthly accumulation		EG - Effluent Gross	0									
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0									

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:13 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #: IN0032191	Major: Yes	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
007 External Outfall		CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.		NatDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Permitter		Monitoring Location		Quantity or Loading	
Name		Season # Path: NODI		Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
Code		EG - Effluent Gross		Req Mon MO TOTAL 82 - #/mo C - No Discharge	
50037	Duration	0			
Sample Permit Rec. Value NODI		Sample Permit Rec. Value NODI		Sample Permit Rec. Value NODI	
74063		EG - Effluent Gross		Req Mon MO TOTAL 3R - #/mo C - No Discharge	
78887		EG - Effluent Gross		2.41 Req Mon MO TOTAL 5W - #/mo 0	
84165		EG - Effluent Gross		Req Mon MO TOTAL 4K - #/mo C - No Discharge	
Sample Permit Rec. Value NODI		Sample Permit Rec. Value NODI		Sample Permit Rec. Value NODI	
ES - ESTIMA		RT - RCO TOT		RT - RCO TOT	
RT - RCO TOT		RT - RCO TOT		RT - RCO TOT	
RT - RCO TOT		RT - RCO TOT		RT - RCO TOT	

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (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 WFC FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	Discharge:	011-C CSO: K05-233 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status		DMR Due Date:	05/28/21	Status:	NetDMR Validated
Monitoring Period:	From 04/01/21 to 04/30/21				
Considerations for Form Completion					
CSO: K05-233 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 #	Form NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				Reg Mon MO TOTAL 35 - Mgal C - No Discharge		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-				Reg Mon MO TOTAL 35 - Mgal C - No Discharge		ALIEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				2.41 Reg Mon MO TOTAL 5W - Inmo C - No Discharge		ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				Reg Mon MO TOTAL 4K - Ifmg C - No Discharge		ALIEV - All Events	RT - ROOTOT

Submission Note

If a parameter row does not contain any values for the Sample no: Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No comments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: 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: CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated	
Monitoring Period: From 04/01/21 to 04/30/21			
Considerations for Form Completion			
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			

Code	Parameter	Monitoring Location	Session #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-									
					Sample Permit Rec. Value NOD								
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-									
					Sample Permit Rec. Value NOD								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-									
					Sample Permit Rec. Value NOD								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									
					Sample Permit Rec. Value NOD								

Submission Note
If a parameter row does not contain any values for the Sample no. Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 013-C
 External Outfall
 Discharge: CSO: K06-288 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status
 Monitoring Period: From 04/01/21 to 04/30/21
 DMR Due Date: 05/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K06-288 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Promoter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-				82 - h/mo	WHOS - When Discharging RT - RCOTOT
					Req Mon MO TOTAL	82 - h/mo	0		WHOS - When Discharging RT - RCOTOT
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-				3R - Mgal	ALIEV - All Events ES - ESTIMA
					Req Mon MO TOTAL	3R - Mgal	0		ALIEV - All Events ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				5W - h/mo	ALIEV - All Events RT - RCOTOT
					Req Mon MO TOTAL	5W - h/mo	0		ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				4K - #/mo	ALIEV - All Events RT - RCOTOT
					Req Mon MO TOTAL	4K - #/mo	0		ALIEV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-05-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
017 External Outfall		017-C CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5037	Duration	EG - Effluent Gross	0	-						
74053	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-						
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Sample Permit Req.	Value NOD	Reg Mon MO TOTAL	3R - Mgal	AL/VEV - All Events	ES - ESTIMA
5037	Duration	EG - Effluent Gross	0	-			1.42	Reg Mon MO TOTAL	AL/VEV - All Events	ES - ESTIMA
74053	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-			0.037	Reg Mon MO TOTAL	AL/VEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			2.23	Reg Mon MO TOTAL	AL/VEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			1.0	Reg Mon MO TOTAL	AL/VEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032181	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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 CSD: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSD: K11-165/MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Promoter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			37.67	Req Mon MO TOTAL	B2 - #/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			12.774	Req Mon MO TOTAL	3R - Ngal	0	AUEV - All Events	ES - ESTIMA
75897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			2.79	Req Mon MO TOTAL	5W - #/mo	0	AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			5.0	Req Mon MO TOTAL	4K - #/mo	0	AUEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-05-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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: CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status	Monitoring Period: From 04/01/21 to 04/30/21	DMR Due Date: 05/28/21	Status: NetDMR Validated
Considerations for Form Completion			
CSO: K11-178 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		
Last Name:	Telephone:		
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter	Monitoring Location	Season	#	Sample Permit Rec. Value NODI	Quantity or Loading			Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
50037	Duration	EG - Effluent Gross	0	-					Req Mon MO TOTAL 92 - h/mo			WHDS - When Discharging	RT - ROOTOT
									C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-					Req Mon MO TOTAL 3F - Mgal			AUEV - All Events	ES - ESTIMA
									C - No Discharge				
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					2.73	SW - h/mo		AUEV - All Events	RT - ROOTOT
									Req Mon MO TOTAL 5W - h/mo	0		AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					Req Mon MO TOTAL 4K - h/mo			AUEV - All Events	RT - ROOTOT
									C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample no. Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
020 External Outfall		020-C		Not DMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code		Monitoring Location		Session #	
50037 Duration		EG - Effluent Gross		0	
74063 Overflow volume (SS0 volume, CSO volume)		EG - Effluent Gross		0	
78887 Precipitation, monthly accumulation		EG - Effluent Gross		0	
84185 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0	

Code	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Exc.	Frequency of Analysis	Sample Type
50037	0	13.33	Req Mon MO TOTAL	82 - H/mo	0	0	WHDS - When Discharging	RT - RCOTOT
74063	0	0.008	Req Mon MO TOTAL	3R - Mgal	0	0	AUEV - All Events	ES - ESTIMA
78887	0	2.78	Req Mon MO TOTAL	5W - H/mo	0	0	AUEV - All Events	RT - RCOTOT
84185	0	3.0	Req Mon MO TOTAL	4K - H/mo	0	0	AUEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:13 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (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 203 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature: 021 External Outfall	Discharge: CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NCDMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSC: K19-044 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Last Name: _____															
No Data Indicator (NODI)															
Form NODI: _____															
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3		Value 3	Units		WHDS - When Discharging	RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						16.25	Req Mon MO TOTAL 82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [880 volume, CSC volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						0.007	3R - Mgal		AUEV - All Events	ES - ESTIMA
76837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						2.78	5W - hr/mo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						3.0	4K - #/mo		AUEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (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: 023 External Outfall	Discharge: CSO - L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSO: L06-103 MUNICIPAL 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		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL	Req Mon MO TOTAL	0	WHDS - When Discharging	RT - RCTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL	Req Mon MO TOTAL	0	WHDS - When Discharging	RT - RCTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL	Req Mon MO TOTAL	0	WHDS - When Discharging	RT - RCTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL	Req Mon MO TOTAL	0	WHDS - When Discharging	RT - RCTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-05-20 10:12 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-05-20 10:17 (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 46602	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46603
Permitted Feature: 024 External Outfall	Discharge: 024-C CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status: NetDWR Validated
Report Dates & Status	DMR Due Date: 05/28/21	Telephone:
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSO: L06-420 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.57	Reg Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.003	Reg Mon MO TOTAL	3R - Magl	0	ALIEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		2.17	Reg Mon MO TOTAL	5W - hrmo	0	ALIEV - All Events	RT - RCTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		1.0	Reg Mon MO TOTAL	4K - hrmo	0	ALIEV - All Events	RT - RCTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit	IN0022191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	05/28/21	Telephone:	
Monitoring Period:	From 04/01/21 to 04/30/21				
Considerations for Form Completion					
CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter	Monitoring Location	Season #	Param. NODI	Quantity at Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				1.33	Reg Mon MO TOTAL	82 - Inmo	0	WHDS - When Discharging RT - RCTOT
74053	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				0.004	Reg Mon MO TOTAL	3R - Magl	0	AUEV - All Events ES - ESTIMA
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				2.17	Reg Mon MO TOTAL	5W - Inmo	0	AUEV - All Events RT - RCTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				1.0	Reg Mon MO TOTAL	4K - Inmo	0	AUEV - All Events RT - RCTOT

Submission Note

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

Edit Check Errors

No errors

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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 - 200 FT SE OF THIRD ST & CALHOUN ST		Status: NetDMR Validated			
Report Dates & Status		DMR Due Date: 05/28/21					
Monitoring Period: From 04/01/21 to 04/30/21							
Considerations for Form Completion							
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading	Quality of Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
					Sample Permit Req. Value NODI	Req Mon MO TOTAL	Units
50037	Duration	EG - Effluent Gross	0	-		Req Mon MO TOTAL B2 - Inflow	WHDS - When Discharging RT - ROOTOT
						C - No Discharge	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-		Req Mon MO TOTAL 3R - Mgal	ALREV - All Events ES - ESTIMA
						C - No Discharge	
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		3.89 SW - Inflow	ALREV - All Events RT - ROOTOT
						Req Mon MO TOTAL 5W - Inflow	RT - ROOTOT
94165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-		Req Mon MO TOTAL 4K - #mo	ALREV - All Events RT - ROOTOT
						C - No Discharge	

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:10 (Time Zone: -0400)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -0400)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
028 - External Outfall		CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code		Monitoring Location		Quantity of Loading	
		Season # Permit NODI		Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
50037 Duration		EG - Effluent Gross 0 -		Sample Permit Rec. Value NODI	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0 -		Sample Permit Rec. Value NODI	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		Sample Permit Rec. Value NODI	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		Sample Permit Rec. Value NODI	

Code	Sample	Permit Rec.	Value NODI	Req Mon MO TOTAL	3R - Mail	ES - ESTIMA	Sample Type
50037	Duration			0.07	Req Mon MO TOTAL 3R - Mail 0	ES - ESTIMA	WHDS - When Discharging RT - RCTOT
74063	Overflow volume [SS0 volume, CSO volume]			0.018	Req Mon MO TOTAL 3R - Mail 0	ES - ESTIMA	WHDS - When Discharging RT - RCTOT
78987	Precipitation, monthly accumulation			2.19	Req Mon MO TOTAL 3R - Mail 0	RT - RCTOT	WHDS - When Discharging RT - RCTOT
84165	Discharge event observation [Visual Monitoring]			1.0	Req Mon MO TOTAL 4K - #mo 0	RT - RCTOT	WHDS - When Discharging RT - RCTOT

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

Edit Check Errors

No errors.

Comments

Attachments

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:14 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		City of FORT WAYNE		200 E BERRY ST		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 029 External Outfall		Discharge: CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		05/28/21		Status: NetDMR Validated	
Report Dates & Status		Monitoring Period: From 04/01/21 to 04/30/21		DMR Due Date:		Telephone:	
Considerations for Form Completion		CSO: M10-265 MUNICIPAL MAJOR ALLEN COUNTY		Title:			
Principal/Executive Officer							
First Name:							
Last Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				Req Mon MO TOTAL	B2 - hrmo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-				Req Mon MO TOTAL	3R - Magal		ALVEY - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				2.17	SW - hrmo		ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				Req Mon MO TOTAL	4K - hrmo		ALVEY - All Events	RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 032 External Outfall
Report Dates & Status: Monitoring Period: From 04/01/21 to 04/30/21
Considerations for Form Completion: CSO: M10-305 MUNICIPAL MAJOR ALLEN COUNTY
Principal/ Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE IN 46802
Discharge: 032-C
 CSO: M10-305 - 120 FT N OF CLAIR ST & HARRISON ST
DMR Due Date: 05/28/21
Status: NetDMR Validated

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of EC	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mail	3R - Mail	0	ALREV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - hr/mo	5W - hr/mo	0	ALREV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo	4K - hr/mo	0	ALREV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated	
Monitoring Period: From 04/01/21 to 04/30/21			
Considerations for Form Completion			
CSO: M10-313/MUNICIPAL MAJORALLEN COUNTY			
Principal Executive Officer	Title:	Telephone:	
First Name:			
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier			Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					1	2	3	Value 1	Value 2	Value 3	Value 1	Value 2	Value 3			
50037	Duration	EG - Effluent Gross	0	-												WHDS - When Discharging RT - RCOTOT
74053	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-												ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-												ALVEY - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-												ALVEY - All Events RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

Susan Reas

2021-05-20 10:14 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

Susan Reas

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		FORT WAYNE WWTP
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:		Discharge:		Status:	
036 External Outfall		036-C CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/25/21			
Considerations for Form Completion					
CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code		Parameter	Monitoring Location	Season	Session #
50037 Duration			EG - Effluent Gross	0	
74053 Overflow volume [SSO volume, CSO volume]			EG - Effluent Gross	0	
78887 Precipitation, monthly accumulation			EG - Effluent Gross	0	
84155 Discharge event observation [Visual Monitoring]			EG - Effluent Gross	0	
Submission Note		Quantity or Loading			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units # of Ex. Frequency of Analysis Sample Type			
Edit Check Errors		Quality or Concentration			
No errors.		Req Mon MO TOTAL 82 - ltrmo WHDS - When Discharging RT - RCO TOT			
Comments		C - No Discharge			
Attachments		Req Mon MO TOTAL 3R - Mgal ES - ESTMA			
No attachments.		C - No Discharge			
Report Last Saved By		Req Mon MO TOTAL 5W - ltrmo RT - RCO TOT			
FORT WAYNE WWTP		Req Mon MO TOTAL 5W - ltrmo RT - RCO TOT			
User:		Req Mon MO TOTAL 4K - ltrmo RT - RCO TOT			
Name:		C - No Discharge			
E-Mail:		Req Mon MO TOTAL 4K - ltrmo RT - RCO TOT			
Date/Time:		Req Mon MO TOTAL 4K - ltrmo RT - RCO TOT			
Report Last Signed By		C - No Discharge			
User:		Req Mon MO TOTAL 4K - ltrmo RT - RCO TOT			
Name:		C - No Discharge			
E-Mail:		Req Mon MO TOTAL 4K - ltrmo RT - RCO TOT			
Date/Time:		Req Mon MO TOTAL 4K - ltrmo RT - RCO TOT			

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

Susan Reas

2021-05-20 10:10 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

Susan Reas

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permit Address: 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: CSO: N08-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated	
Monitoring Period: From 04/01/21 to 04/30/21			
Considerations for Form Completion			
CSO: N08-022 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Rec. Value (NODI)			Req Mon MO TOTAL	82 - l/mo		WHDS - When Discharging	RT - ROOTOT
					Sample	Permit Rec. Value (NODI)			C - No Discharge				
74053	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-	Sample	Permit Rec. Value (NODI)			Req Mon MO TOTAL	3R - l/mo		ALVEV - All Events	ES - ESTIMA
					Sample	Permit Rec. Value (NODI)			C - No Discharge				
78937	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Rec. Value (NODI)			2.17	SW - l/mo		ALVEV - All Events	RT - ROOTOT
					Sample	Permit Rec. Value (NODI)			Req Mon MO TOTAL	SW - l/mo	0	ALVEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Rec. Value (NODI)			Req Mon MO TOTAL	4K - #/mo		ALVEV - All Events	RT - ROOTOT
					Sample	Permit Rec. Value (NODI)			C - No Discharge				

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN002191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
D44 External Outfall		044-C CSO: N22-93 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter	Monitoring Location	Season # Param NODI	Quantity or Loading	Quality of Concentration
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 2 Qualifier 2 Value 3	# of Ex. Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL 92 - ltrmo C - No Discharge	WHDS - When Discharging RT - RCO TOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	Req Mon MO TOTAL 3R - Mail C - No Discharge	AL/EV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	3.89 Req Mon MO TOTAL 5W - ltrmo C - No Discharge	AL/EV - All Events RT - RCO TOT AL/EV - All Events RT - RCO TOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Req Mon MO TOTAL 4K - ltrmo C - No Discharge	AL/EV - All Events RT - RCO TOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 045
 External Outfall
 Discharge: 045-C
 CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 04/01/21 to 04/30/21
 DMR Due Date: 05/28/21

Considerations for Form Completion
 CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Seasonal Para. NODI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0				Req Mon MO TOTAL 62 - hr/mo	WHQS - When Discharging RT - RCOTOT
							C - No Discharge	
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0				Req Mon MO TOTAL 3R - Magl	AL/EV - All Events ES - ESTMA
							C - No Discharge	
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0				3.69 SW - hr/mo	AL/EV - All Events RT - RCOTOT
							Req Mon MO TOTAL 5W - hr/mo 0	AL/EV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				Req Mon MO TOTAL 4K - hr/mo	AL/EV - All Events RT - RCOTOT
							C - No Discharge	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46603

Permitted Features: 048
 External Outfall
 Discharge: CSO: D10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status
 Monitoring Period: From 04/01/21 to 04/30/21
 Status: Not DMR Validated

Considerations for Form Completion
 CSO: D10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter	Monitoring Location	Season #	Param. NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						

74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-						
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78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						
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84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						
-------	---	---------------------	---	---	--	--	--	--	--	--

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

Edit Check Errors
 No errors
 Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
050 External Outfall		CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/26/21			
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					
Code		Parameter	Monitoring Location	Season #	Sample
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
74083	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
79857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI

Code	Parameter	Monitoring Location	Season #	Sample	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3		
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL	82 - Inmo		WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	3R - Mail		ALIEV - All Events	ES - ESTMA
79857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5W - Inmo	2.17	ALIEV - All Events	RT - ROOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	4K - Inmo		ALIEV - All Events	RT - ROOTOT

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032181	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
051 External Outfall		CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Title:					

Code	Permit	Monitoring Location	Season & Param (NODI)	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0					Req Mon MO TOTAL 82 - h/mo		WHIDS - When Discharging	RT - RCOTOT
								C - No Discharge			
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0					Req Mon MO TOTAL 3R - Majal		ALVEY - All Events	ES - ESTIMA
								C - No Discharge			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0					2.19 Req Mon MO TOTAL 5W - h/mo		ALVEY - All Events	RT - RCOTOT
								C - No Discharge		ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0					Req Mon MO TOTAL 4K - h/mo		ALVEY - All Events	RT - RCOTOT
								C - No Discharge			

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:10 (Time Zone: -0400)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -0400)

DMR Copy of Record

Permit	Permit #: IN0032191	Permitter: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated	
Monitoring Period: From 04/01/21 to 04/30/21			
Considerations for Form Completion			
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--										WHDS - When Discharging RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--										ES - ESTIMA
78957	Precipitation, monthly accumulation	EG - Effluent Gross	0	--										RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--										RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		FORT WAYNE WWTP
Major:	Yes	Discharge:	CITY OF FORT WAYNE		P.L. BRUNNER WPC
			200 E BERRY ST		FORT WAYNE, IN 46603
			FT WAYNE, IN 46602		
Permitted Feature:		Discharge:		Status:	
053 External Outfall		CSD: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSD: 022-094 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
Title:					
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter	Name	Monitoring Location	Season	Permit NOD	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Quality of Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	-				Req Mon MO TOTAL	82	hrmo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [\$80 volume, CSD volume]		EG - Effluent Gross	0	-				Req Mon MO TOTAL	38	Mgal		ALIEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-				Req Mon MO TOTAL	5W - hrmo			ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-				Req Mon MO TOTAL	4K - hrmo			ALIEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
054 External Outfall		CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter	Monitoring Location	Season #	Quantity or Loading	Quality of Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 3 Value 3	Qualifier 4 Value 4
50037	Duration	EG - Effluent Gross	0	Opt Mon MO TOTAL	Opt Mon MO TOTAL
				G - No Discharge	G - No Discharge
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	Opt Mon MO TOTAL	Opt Mon MO TOTAL
				G - No Discharge	G - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	2.08	2.08
				Opt Mon MO TOTAL	Opt Mon MO TOTAL
				G - No Discharge	G - No Discharge
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Opt Mon MO TOTAL	Opt Mon MO TOTAL
				G - No Discharge	G - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors:					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name:					
E-Mail:					
Date/Time:					
Report Last Signed By					
User:					
Name:					
E-Mail:					
Date/Time:					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:		Facility Location:	
Major:	Yes	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
055 External Outfall		CSC: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST 05/28/21		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSC: P06-192 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter	Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		6.0 Req Mon MO TOTAL 82 - l/mo	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		0.553 Req Mon MO TOTAL 3R - l/mgal	0	ALJEV - All Events ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		2.17 Req Mon MO TOTAL 5W - l/mo	0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT
84195	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		3.0 Req Mon MO TOTAL 4K - l/mo	0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-05-20 10:10 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes				Permittee Address: 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 - BROWN ST PUMP STATION					
Report Dates & Status		DMR Due Date: 05/28/21		Status: NetDMR Validated			
Monitoring Period: From 04/01/21 to 04/30/21							
Considerations for Form Completion							
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Season #		Param #			
Code	Parameter Name	Monitoring Location	Season #	Param #	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI	Quality of Concentration	Units
						Req Mon MO TOTAL	82 - hr/mo
							0
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI	Quality of Concentration	Units
						Req Mon MO TOTAL	3R - Mgal
							0
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI	Quality of Concentration	Units
						Req Mon MO TOTAL	5W - in/mo
							0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI	Quality of Concentration	Units
						Req Mon MO TOTAL	4K - in/mo
							0

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-20 10:17 (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: 057 External Outfall	Discharge: 057-C CSO: P10-21 - STORMWATER LIFT STATION WET WELL	
Report Dates & Status	DMR Due Date: 05/28/21	Status: Not DMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSO: P10-121 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	82	l/mo		WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	3R	Mgal		ALVEY - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	5W	l/mo		ALVEY - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	4K	#/mo		ALVEY - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Discharge:	200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:		Status:			
050	External Outfall	NetDMR Validated			
Report Dates & Status		Telephone:			
Monitoring Period:	From 04/01/21 to 04/30/21				
Considerations for Form Completion					
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SBO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Majl		AEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	5W - hr/mo		AEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - hr/mo		AEV - All Events	RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (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: 061 External Outfall	Discharge: CSO: R14-137 - 200 FT. W OF LAVERN AVE & STATE BLVD	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NotDMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	82 - hr/mo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	3R - Mgal		ALIEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	SW - hr/mo		ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	4K - hr/mo		ALIEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (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: 052 External Outfall	Discharge: 992-C CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NoDMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					
74093	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					
78927	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. 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: 2021-05-20 10:14 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-05-20 10:17 (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: 064 External Outfall	Discharge: 064-C CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE	
Report Dates & Status	DMR Due Date: 05/28/21	Status: NetDMR Validated
Monitoring Period: From 04/01/21 to 04/30/21		
Considerations for Form Completion		
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -	Monitoring Location: Season # Permit NODI	
Code	Parameter Name	Quantity or Loading
		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3
50037	Duration	Sample Permit Rec. Value NODI EG - Effluent Gross 0 -
74093	Overflow volume (\$80 volume, CSO volume)	Sample Permit Rec. Value NODI EG - Effluent Gross 0 -
78987	Precipitation, monthly accumulation	Sample Permit Rec. Value NODI EG - Effluent Gross 0 -
84165	Discharge event observation (Visual Monitoring)	Sample Permit Rec. Value NODI EG - Effluent Gross 0 -

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-05-20 10:10 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-05-20 10:17 (Time Zone: -04:00)

Req Mon MO TOTAL	3R - Majl	ES - ESTMA
C - No Discharge		
Req Mon MO TOTAL	SW - nimo	RT - RCOTOT
2.19		
Req Mon MO TOTAL	SW - nimo	RT - RCOTOT
0		
Req Mon MO TOTAL	4K - #imo	RT - ROOTOT
C - No Discharge		

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0002191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
068-C		068-C		NetDMR Validated	
External Outfall		CSD: N18-254 - S4 FT N OF NORTH-SIDE DR & GLAZIER AVE ON EAST BANK			
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 04/01/21 to 04/30/21		05/28/21			
Considerations for Form Completion					
CSD: N18-254 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI: —					
Permit		Monitoring Location:		Season:	
Name		EG - Effluent Gross		0	
50037 Duration		Sample Permit Rec. Value NODI		Req Mon MO TOTAL 82 - hrmo	
				C - No Discharge	
74063 Overflow volume [SSD volume, CSD volume]		Sample Permit Rec. Value NODI		Req Mon MO TOTAL 3R - Magi	
				C - No Discharge	
76987 Precipitation, monthly accumulation		Sample Permit Rec. Value NODI		SW - hrmo	
				Req Mon MO TOTAL 5W - hrmo 0	
84165 Discharge event observation [Visual Monitoring]		Sample Permit Rec. Value NODI		Req Mon MO TOTAL 4K - hrmo	
				C - No Discharge	

Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-05-20 10:10 (Time Zone: -04:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-05-20 10:17 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032181	Permittee Address:	FORT WAYNE WWTP		FORT WAYNE WWTP
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:		Status:			
080-C External Outfall		NetDMR Validated			
Report Dates & Status		Telephone:			
Monitoring Period:	From 04/01/21 to 04/30/21				
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:	—				

Code	Parameter	Monitoring Location	Season	Param. NODI	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	—	Req Mon MO TOTAL	82 - hrmo			WHDS - When Discharging RT - RCOTOT
					C - No Discharge				
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	—	Req Mon MO TOTAL	3R - Mail			ALIEV - All Events ES - ESTIMA
					C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	—	2.19	SW - hrmo			ALIEV - All Events RT - RCOTOT
					Req Mon MO TOTAL	5W - hrmo	0		ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	—	Req Mon MO TOTAL	4K - hrmo			ALIEV - All Events RT - RCOTOT
					C - No Discharge				

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofportwayne.org
Name: Susan
E-Mail: susan.beck@cityofportwayne.org
Date/Time: 2021-05-20 10:10 (Time Zone: -0400)

Report Last Signed By

User: susan.beck@cityofportwayne.org
Name: Susan
E-Mail: susan.beck@cityofportwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -0400)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature: 081 Externa Outfall	Discharge: 081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		
Report Dates & Status	Monitoring Period: From 04/01/21 to 04/30/21	DMR Due Date: 05/28/21	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:		
Last Name:	Telephone:		
No Data Indicator (NODI)			

Code	Parameter Name	Monitoring Location	Session #	Permit NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality of Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-							
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-							
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-							
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-							

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

Edit Check Errors
No errors.
Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-05-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-05-20 10:17 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

June 21, 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 May 2021

We are pleased to enclose a completed CSO MRO form for the month of May 2021. 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

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CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer

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.

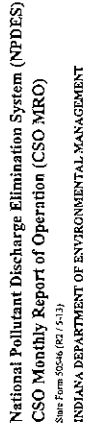
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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

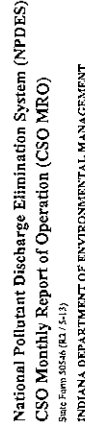


National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12		Pract Number: IN0023191													
Facility: Fort Wayne - P.L. Runner WWTP		Public Notification Requirement Met?		Y													
Monitoring Period: MONTH: 5-2021		Check box if a CSO Discharge occurred for the month:															
Design Peak Hourly Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified															
IS		60		60													
WVTP Influent Data		Precipitation Data - Colored St. Q11 Gauge		CSO Outfall No.													
Day of Month	Average Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. (mm)	Pred. Precip. (mm)	Total Daily Flow (MGD)	Time Discharge Begun	M Discharge E	M Discharge E	M Discharge E	M Discharge E	Event Duration (Hours)	Event Duration (Hours)	Event Duration (Hours)	Event Duration (Hours)	Event Duration (Hours)	Event Duration (Hours)	
01	40.81	47.66															
02	42.13	52.28															
03	46.37	50.25	1:35 AM	1.58	0.21	0.08	5 m										
04	59.13	90.93	2:05 AM	0.58	0.45	0.44	5 m										
05	43.22	56.70					5 m										
06	38.55	48.81	2:35 PM	0.83	0.10	0.04	5 m										
07	48.56	75.31	1:15 PM	0.83	0.14	0.10	5 m										
08	37.37	50.62					5 m										
09	93.31	101.09	12:20 AM	11.58	2.16	0.40	5 m										
10	101.00	101.10					5 m										
11	99.78	101.13					5 m										
12	94.42	98.03					5 m										
13	78.92	94.96					5 m										
14	66.85	75.94					5 m										
15	57.57	62.91					5 m										
16	53.29	57.93					5 m										
17	50.40	55.78					5 m										
18	38.98	51.25					5 m										
19	36.67	49.97					5 m										
20	36.00	39.80					5 m										
21	34.84	40.50					5 m										
22	33.45	39.91					5 m										
23	36.15	51.03					5 m										
24	46.76	52.54					5 m										
25	36.83	50.29					5 m										
26	63.69	92.08	3:35 AM	2.33	1.03	0.61	5 m										
27	48.81	67.69					5 m										
28	70.86	95.07	3:10 AM	3.08	0.97	0.39	5 m										
29	52.09	73.86					5 m										
30	38.19	44.36					5 m										
31	38.30	63.22					5 m										
Totals:	1,663.70			20.81	5.06												
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager	
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 PENALT																	

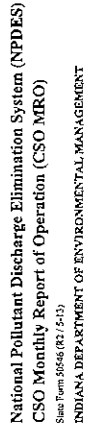


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form SOS-16 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CIP#: Fort Wayne		Page 1 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 5-2021		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.	
Time	M	M	M	M	M
Time	Event	Event	Event	Event	Event
Discharge	Discharge	Discharge	Discharge	Discharge	Discharge
Begin	or	or	or	or	or
End	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	Discharge
	or	or	or	or	or
	Discharge	Discharge	Discharge	Discharge	Discharge
	Begin	Begin	Begin	Begin	Begin
	End	End	End	End	End
	Discharge	Discharge	Discharge	Discharge	



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

State Transit 5015-16 (2009 / 5-17)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
SUNBELT FORM 500-901 (2007-3-25)

City: Fort Wayne		Page 2 of 12		Permit Number: IN002191					
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y					
Monitoring Period: (MONTH) 5-2011		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60					
Time Day of Month	CSO Outfall No.			CSO Outfall No.			CSO Outfall No.		
	M Discharge Rate	M Event Discharge Rate (MGD)	M Event Discharge Rate (MGD)	M Discharge Rate	M Event Discharge Rate (MGD)	M Event Discharge Rate (MGD)	M Discharge Rate	M Event Discharge Rate (MGD)	M Event Discharge Rate (MGD)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
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21									
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23									
24									
25									
26									
27									
28									
29									
30									
31									
Totals:	Dn VS		Dn VS		Dn VS		Dn VS		Dn VS

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

Santa Fe, NM 87505-5000

[C.T. & M.J.] 1970-1971: 1100 + 1000

City: Fort Wayne		Page 3 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Branch WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH]		5-2021		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):	
60		31		39	
Monitoring Station No.		35		37	
Monitoring Station Name		35		37	
Monitoring Station Location		35		37	
Monitoring Station Elevation		35		37	
Monitoring Station Diameter		35		37	
Monitoring Station Material		35		37	
Monitoring Station Condition		35		37	
Monitoring Station Remarks		35		37	
Monitoring Station Date		35		37	
Monitoring Station Time		35		37	
Monitoring Station Weather		35		37	
Monitoring Station Wind		35		37	
Monitoring Station Temperature		35		37	
Monitoring Station Humidity		35		37	
Monitoring Station Pressure		35		37	
Monitoring Station Visibility		35		37	
Monitoring Station Clouds		35		37	
Monitoring Station Precipitation		35		37	
Monitoring Station Air Quality		35		37	
Monitoring Station Water Quality		35		37	
Monitoring Station Sediment		35		37	
Monitoring Station Noise		35		37	
Monitoring Station Vibration		35		37	
Monitoring Station Other		35		37	
Monitoring Station Total		35		37	
Monitoring Station Average		35		37	
Monitoring Station Maximum		35		37	
Monitoring Station Minimum		35		37	
Monitoring Station Standard Deviation		35		37	
Monitoring Station Coefficient of Variation		35		37	
Monitoring Station Skewness		35		37	
Monitoring Station Kurtosis		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	
Monitoring Station Jarque-Bera		35		37	
Monitoring Station Shapiro-Wilk		35		37	
Monitoring Station Anderson-Darling		35		37	
Monitoring Station Kolmogorov-Smirnov		35		37	
Monitoring Station Lilliefors		35		37	
Monitoring Station D'Agostino-Pearson		35		37	
Monitoring Station Omnibus		35		37	

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

Solic Form 50546 (R2 / S-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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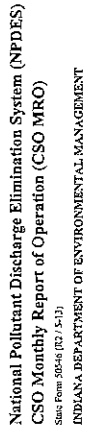
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02 / 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] 5-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 60		CSO Outfall No. 17	
Wastewater Inflow Data		Predicted Data - Peak Hourly Flow (MGD)		Measured Data - Peak Hourly Flow (MGD)	
Day of Month	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	01:00	47.56	5.00	5.00	5.00
02	02:00	52.28	5.00	5.00	5.00
03	03:00	50.25	1.58	0.19	0.06
04	04:00	59.33	2:00 AM	0.33	0.078
05	05:00	56.70	2:35 AM	0.33	0.078
06	06:00	48.81	3:10 PM	0.75	0.09
07	07:00	48.56	1:15 PM	0.58	0.11
08	08:00	50.62			
09	09:00	101.09	12:20 AM	11.25	2.14
10	10:00	101.10	10:45 PM	0.08	0.01
11	11:00	101.13			
12	12:00	98.03			
13	13:00	94.96			
14	14:00	75.94			
15	15:00	62.91			
16	16:00	57.93			
17	17:00	55.78			
18	18:00	51.35			
19	19:00	49.97			
20	20:00	39.80			
21	21:00	40.50			
22	22:00	39.91			
23	23:00	51.03			
24	24:00	52.54			
25	25:00	50.29			
26	26:00	92.08	3:30 AM	2.42	1.03
27	27:00	67.69			
28	28:00	95.07	6:35 AM	2.33	0.58
29	29:00	73.86			
30	30:00	44.36			
31	31:00	63.22			
Totals: 1663.70		19.67		4.49	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Shawn Rest, Manager		Shawn Rest, Manager		Shawn Rest, Manager	
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 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.		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 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.		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 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
06/21/2021		06/21/2021		06/21/2021	

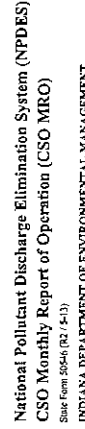
City: Fort Wayne		Page 5 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 5-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 60		CSO Outfall No. 17	
Wastewater Inflow Data		Predicted Data - Peak Hourly Flow (MGD)		Measured Data - Peak Hourly Flow (MGD)	
Day of Month	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	01:00	47.56	5.00	5.00	5.00
02	02:00	52.28	5.00	5.00	5.00
03	03:00	50.25	1.58	0.19	0.06
04	04:00	59.33	2:00 AM	0.33	0.078
05	05:00	56.70	2:35 AM	0.33	0.078
06	06:00	48.81	3:10 PM	0.75	0.09
07	07:00	48.56	1:15 PM	0.58	0.11
08	08:00	50.62			
09	09:00	101.09	12:20 AM	11.25	2.14
10	10:00	101.10	10:45 PM	0.08	0.01
11	11:00	101.13			
12	12:00	98.03			
13	13:00	94.96			
14	14:00	75.94			
15	15:00	62.91			
16	16:00	57.93			
17	17:00	55.78			
18	18:00	51.35			
19	19:00	49.97			
20	20:00	39.80			
21	21:00	40.50			
22	22:00	39.91			
23	23:00	51.03			
24	24:00	52.54			
25	25:00	50.29			
26	26:00	92.08	3:30 AM	2.42	1.03
27	27:00	67.69			
28	28:00	95.07	6:35 AM	2.33	0.58
29	29:00	73.86			
30	30:00	44.36			
31	31:00	63.22			
Totals: 1663.70		19.67		4.49	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Shawn Rest, Manager		Shawn Rest, Manager		Shawn Rest, Manager	
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 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.		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 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.		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 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
06/21/2021		06/21/2021		06/21/2021	



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 PB2 (5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]



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

State Form 500-6 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



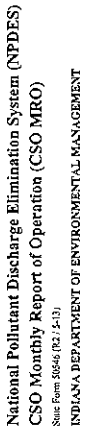
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 500-6 (02 / 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] 5-2021		Check box if a CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if an CSO discharge occurred for the month:	
WVTP Influent Data		CSO Outfall No. 54		CSO Outfall No.	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	40.81	01	47.66	01	47.66
02	42.13	02	52.28	02	52.28
03	46.57	03	50.25	03	50.25
04	59.33	04	90.93	04	90.93
05	43.22	05	56.70	05	56.70
06	38.55	06	48.81	06	48.81
07	48.56	07	75.31	07	75.31
08	37.37	08	50.62	08	50.62
09	93.51	09	101.09	09	101.09
10	101.00	10	101.10	10	101.10
11	99.78	11	101.13	11	101.13
12	94.42	12	96.03	12	96.03
13	78.92	13	94.96	13	94.96
14	66.85	14	75.94	14	75.94
15	57.57	15	62.91	15	62.91
16	53.29	16	57.93	16	57.93
17	50.40	17	55.78	17	55.78
18	38.98	18	51.35	18	51.35
19	36.67	19	49.97	19	49.97
20	36.00	20	39.80	20	39.80
21	34.84	21	40.50	21	40.50
22	33.45	22	39.91	22	39.91
23	36.15	23	51.03	23	51.03
24	46.76	24	52.54	24	52.54
25	36.83	25	50.20	25	50.20
26	63.69	26	92.08	26	92.08
27	48.81	27	67.69	27	67.69
28	70.86	28	95.07	28	95.07
29	52.09	29	73.86	29	73.86
30	38.19	30	44.36	30	44.36
31	38.10	31	63.22	31	63.22
Totals: 1665.70		Totals: 18.67		Totals: 4.08	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Ross		Susan Ross		Susan Ross	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
06/21/2021		06/21/2021		06/21/2021	

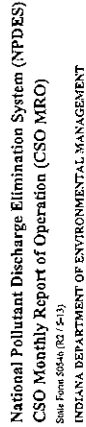
City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 5-2021		Check box if a CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if an CSO discharge occurred for the month:	
WVTP Influent Data		CSO Outfall No. 54		CSO Outfall No.	
Time	Peak Flow (MGD)	Time	Peak Flow (MGD)	Time	Peak Flow (MGD)
01	40.81	01	47.66	01	47.66
02	42.13	02	52.28	02	52.28
03	46.57	03	50.25	03	50.25
04	59.33	04	90.93	04	90.93
05	43.22	05	56.70	05	56.70
06	38.55	06	48.81	06	48.81
07	48.56	07	75.31	07	75.31
08	37.37	08	50.62	08	50.62
09	93.51	09	101.09	09	101.09
10	101.00	10	101.10	10	101.10
11	99.78	11	101.13	11	101.13
12	94.42	12	96.03	12	96.03
13	78.92	13	94.96	13	94.96
14	66.85	14	75.94	14	75.94
15	57.57	15	62.91	15	62.91
16	53.29	16	57.93	16	57.93
17	50.40	17	55.78	17	55.78
18	38.98	18	51.35	18	51.35
19	36.67	19	49.97	19	49.97
20	36.00	20	39.80	20	39.80
21	34.84	21	40.50	21	40.50
22	33.45	22	39.91	22	39.91
23	36.15	23	51.03	23	51.03
24	46.76	24	52.54	24	52.54
25	36.83	25	50.20	25	50.20
26	63.69	26	92.08	26	92.08
27	48.81	27	67.69	27	67.69
28	70.86	28	95.07	28	95.07
29	52.09	29	73.86	29	73.86
30	38.19	30	44.36	30	44.36
31	38.10	31	63.22	31	63.22
Totals: 1665.70		Totals: 18.67		Totals: 4.08	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF 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.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Ross		Susan Ross		Susan Ross	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
06/21/2021		06/21/2021		06/21/2021	



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

Natic Form 50546 (P2, 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Scale Form S0546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]



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

State Form 50246 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



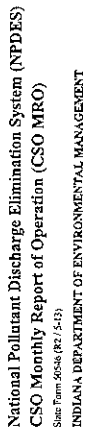
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50246 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

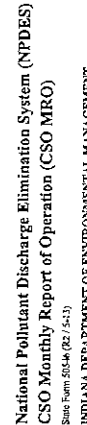
City: Fort Wayne		Page 10 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 5-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Metered (M) or Estimated (E) must be specified	
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:		0	0.00	0.000	0.000

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:		0	0.00	0.000	0.000



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Site Form 50546 (R2 / 5-13)



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

State Form 505-46 (R2 / 5-13)

CBS - Fort Wayne										Page 11 of 12		Printed Number: INDR2191							
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirement Met? <input type="checkbox"/> Y <input type="checkbox"/> N									
Monitoring Period: MONTH 5-2021										Check box if no CSO Discharge occurred for the month:									
Design Peak Hourly Flow (MGD): 85										Measured/Metered (M) or Estimated (E) must be specified									
Design Average Flow (MGD): 60										CSO Outfall No. 27									
Precipitation Data - Basis A/C - N14 Gauge										CSO Outfall No. 33									
WWTW Influent Data		Time		Precip. Depth (Inches)		Peak Daily Precip. (Inches)		Peak and Interval (Inches/15 min)		Time from Beginning		M		Event Time (M)		Event Time (M)		Event Time (M)	
Day of Month	Average Inflow (MGD)	Peak Inflow (MGD)	Time	Precip. Depth (Inches)	Precip. Depth (Inches)	Peak Daily Precip. (Inches)	Peak and Interval (Inches/15 min)	Time from Beginning	M	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)	Event Time (M)
01	40.81	47.66																	
02	42.13	52.28																	
03	46.57	50.25	1:50 AM	1.42	0.34	0.14	0.14	5 m											
04	50.33	90.93	1:15 AM	0.67	0.52	0.48	0.48	5 m											
05	43.22	56.70																	
06	38.55	48.81	3:05 PM	0.67	0.16	0.06	0.06	5 m											
07	49.56	75.31	8:55 AM	0.50	0.22	0.16	0.16	5 m											
08	37.37	50.62																	
09	93.31	101.09	12:10 AM	11.25	3.70	0.70	0.70	5 m											
10	101.00	101.10	10:40 PM	0.08	0.02	0.02	0.02	5 m											
11	99.78	101.13																	
12	94.42	98.03																	
13	78.92	94.96																	
14	66.85	75.94																	
15	57.57	62.91																	
16	53.29	57.93																	
17	50.40	55.78																	
18	38.98	51.35																	
19	36.67	49.97																	
20	36.00	39.80																	
21	34.84	40.50																	
22	33.45	39.91																	
23	36.15	51.03																	
24	46.76	52.54																	
25	36.83	50.29																	
26	63.69	92.08	3:40 AM	2.50	1.42	0.80	0.80	5 m											
27	48.81	67.69																	
28	70.86	95.07	6:20 AM	2.50	0.93	0.46	0.46	5 m											
29	52.09	73.86																	
30	38.19	44.36																	
31	38.30	63.22																	
Totals:	1663.70			12.88	7.31														

[illegible]



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. Brimmer WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH]	5-2021	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	Wet Weather Day		
08			
09	Wet Weather Day		
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Wet Weather Day		
27			
28	Wet Weather Day		
29	Wet Weather Day		
30			
31			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Susan Reas, 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		06/21/2021	

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 002 External Outfall
Discharge: CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD
Report Dates & Status
 Monitoring Period: From 05/01/21 to 05/31/21
 DMR Due Date: 06/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO - 002 POND WHEN USED AS CSO ONLY
Principal/Executive Officer
 First Name: Susan
 Last Name: Reas
 Title: Manager
 Telephone: 260-427-8213

No Data Indicator (NOD)
 Form NOD: -

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Sample Permit Req. Value NOD	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-				Req Mon MO TOTAL	22 - hr/mo		WHDS - When Discharging	RT - ROOTOT
									C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	-				Req Mon MO TOTAL	3R - Mgal		ALVEY - All Events	ES - ESTMA
									C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-				3.55	5W - hr/mo		ALVEY - All Events	RT - ROOTOT
									Req Mon MO TOTAL	5W - hr/mo	0	ALVEY - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-				Req Mon MO TOTAL	4K - hr/mo		ALVEY - All Events	RT - ROOTOT
									C - No Discharge				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_CSOMRO_2021_05.pdf		pdf	441783.0
IN0032191_LETTER_2021_05.pdf		pdf	179528.0

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-06-21 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: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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: CSO P1D-025.001 POND - 800 FT E OF PEMBERTON DR		
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				Req Mon MO TOTAL	82 - hr/mo		WHDS - When Discharging RT - RCOTOT	
									C - No Discharge				
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				Req Mon MO TOTAL	3R - Mail		AUEV - All Events	ES - ESTMA
									C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				3.55	5W - hr/mo		AUEV - All Events	RT - RCOTOT
									Req Mon MO TOTAL	5W - hr/mo	0	AUEV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					Req Mon MO TOTAL	4K - hr/mo	AUEV - All Events	RT - RCOTOT
									C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:23 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
004	External Outfall	CSC: J02-90, 201 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSC: J02-90 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 #	Permit NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
50037	Duration	EG - Effluent Gross	0	-							0.5	Req Mon MO TOTAL	WHDS - When Discharging RT - ROOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-							3R - Mg/L	Req Mon MO TOTAL	ALIEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-							4.44	Req Mon MO TOTAL	ALIEV - All Events RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-							1.0	Req Mon MO TOTAL	ALIEV - All Events RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:13 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes		P.L. BRUNNER WPC		
			FORT WAYNE IN 46803		
Permitted Feature:		Discharge:		Status:	
005 External Outfall				NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO, J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2		Qualifier 3	Value 3	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					WHDS - When Discharging	RT - ROOTOT	WHDS - When Discharging
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					WHDS - When Discharging	RT - ROOTOT	WHDS - When Discharging
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					WHDS - When Discharging	RT - ROOTOT	WHDS - When Discharging
94165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					WHDS - When Discharging	RT - ROOTOT	WHDS - When Discharging

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:15 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:34 (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, SE OF ELECTRIC AVE. & BROWN ST.	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NOD)		
Form NOD: --		

Code	Parameter	Name	Monitoring Location	Season	# of Pans	NOD	Quantity or Loading			Quality or Concentration			# of Ec.	Frequency of Analysis	Sample Type
							Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration		EG - Effluent Gross	0	--		Sample Permit Req. Value NOD								WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	--		Sample Permit Req. Value NOD								ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--		Sample Permit Req. Value NOD								RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--		Sample Permit Req. Value NOD								RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:17 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Features:		Discharge:		Status:	
011 External Outfall		011-C CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
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:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		% of ECL	Frequency of Analysis		Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2		Units		
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		3.33	Req Mon MO TOTAL	82 - #mo	0	WHDS - When Discharging RT - RCTOT	RT - RCTOT
74093	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		4.465	Req Mon MO TOTAL	3R - #mo	0	ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		4.44	Req Mon MO TOTAL	5W - #mo	0	ALUEV - All Events	RT - RCTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		1.0	Req Mon MO TOTAL	4K - #mo	0	ALUEV - All Events	RT - RCTOT

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:17 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: D12 External Outfall
 Discharge: D12-C
 CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status
 Monitoring Period: From 05/01/21 to 05/31/21
 DMR Due Date: 06/28/21
 Status: NetDMR Validated

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter	Name	Monitoring Location	Season #	Param. NODI	Qualifier 1	Qualifier 2	Value 1	Qualifier 1 Value 2	Qualifier 2 Value 2	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	--											
						Req Mon MO TOTAL	82 - hr/mo									WHDS - When Discharging RT - RCOTOT
74083	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	--											
						Req Mon MO TOTAL	3R - Mgal									ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--											
						Req Mon MO TOTAL	5W - hr/mo									RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--											
						Req Mon MO TOTAL	4K - hr/mo									RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

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. BRUNKER WPC FORT WAYNE IN 46803
Permitted Feature:	013-C External Outfall	Discharge:	CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status		DMR Due Date:	06/28/21	Status:	NetDMR Validated
Monitoring Period:	From 05/01/21 to 05/31/21				
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:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading		Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample		Permit Req.		2124	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
					Value NODI		Value NODI				
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample		Permit Req.		4.766	AUEV - All Events	ES - ESTMA
					Value NODI		Value NODI				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample		Permit Req.		4.48	AUEV - All Events	RT - ROOTOT
					Value NODI		Value NODI				
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample		Permit Req.		4.0	AUEV - All Events	RT - ROOTOT
					Value NODI		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:

2021-05-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permittee:	Facility:
Permit #: IN0032191	FORT WAYNE WWTP	FORT WAYNE WWTP
Major: Yes	CITY OF FORT WAYNE	P.L. BRUNNER WPC
	200 E BERRY ST	FORT WAYNE IN 46803
	FT WAYNE, IN 46802	
Permitted Feature:	Discharge:	
017 External Outfall	CSD: K07-176 - 130 FT SW OF ST. MARYS PKWY & WALDRON CIRCLE	
Report Dates & Status	DMR Due Date:	Status:
Monitoring Period: From 05/01/21 to 05/31/21	06/28/21	NetDMR Validated
Considerations for Form Completion		
CSD: K07-176 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Parameter Name	Monitoring Location	Season & Permit NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	B2 - hrmo	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	SW - hrmo	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - hrmo	0	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: 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 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
Considerations for Form Completion			
CSO: K11-165 MUNICIPAL MAJOR ALLEN COUNTY			
Principal/Executive Officer	Title:	Telephone:	
First Name:			
Last Name:			

Code	Permit	Name	Monitoring Location	Season	# Perm. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration		EG - Effluent Gross	0	-	Sample								
						Permit Req.								
						Value NODI								
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-	Sample								
						Permit Req.								
						Value NODI								
78987	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample								
						Permit Req.								
						Value NODI								
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample								
						Permit Req.								
						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

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:34 (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: 019 External Outfall	Discharge: 019-C CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY		
Principal/Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Parameter Name	Monitoring Location	Season #	Pattern	NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3		
50037	Duration	EG - Effluent Gross	0	-	-	Sample							
						Permit Req.							
						Value NODI							
74033	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	-	Sample							
						Permit Req.							
						Value NODI							
73887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Sample							
						Permit Req.							
						Value NODI							
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	Sample							
						Permit Req.							
						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:

2021-06-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0022191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		NetDMR Validated			
Report Dates & Status					
Monitoring Period:	From 05/01/21 to 05/31/21				
Considerations for Form Completion					
CSO: K15-16 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:	-				

Code	Permittee Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	22.33	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	8.689	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	4.84	Req Mon MO TOTAL	SW - hrmo	0	AUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Value NODI	Permit Req. Value NODI	4.0	Req Mon MO TOTAL	4K - hrmo	0	AUEV - All Events RT - RCOTOT

Submission Note

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

2021-06-21 18:12 (Time Zone: -04:00)

Report Last Signed By

User:

Susan Beck

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 18:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permitter: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status	DMR Due Date: 06/28/21	Status: NotDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
Considerations for Form Completion			
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			

No Data Indicator (NODI)		Form NODI:	Monitoring Location	Season & Perm. NODI	Quantity at Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
Code	Parameter	Name			Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration		EG - Effluent Gross	0				27.58 Req Mon MO TOTAL	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74053	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0				2.066 Req Mon MO TOTAL	ALIEV - All Events ES - ESTMA ALIEV - All Events ES - ESTMA
78987	Precipitation, monthly accumulation		EG - Effluent Gross	0				4.84 Req Mon MO TOTAL	ALIEV - All Events RT - ROOTOT ALIEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0				4.0 Req Mon MO TOTAL	ALIEV - All Events RT - ROOTOT ALIEV - All Events RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name: Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:13 (Time Zone: -04:00)

Report Last Signed By

User:

Name: Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
Considerations for Form Completion			
CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY			
Principal/ Executive Officer			
First Name:	Title:	Telephone:	
Last Name:			

No Data Indicator (NODI)

Code	Parameter	Name	Monitoring Location	Season #	Permit NODI	Sample Permit Req. Value NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 3	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	--				82 - hr/mo	14.49	Req Mon MO TOTAL	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	--				3R - Mgal	1.027	Req Mon MO TOTAL	ALUEV - All Events ES - ESTIMA	ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--				5W - l/mo	4.45	Req Mon MO TOTAL	ALUEV - All Events RT - ROOTOT	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--				4K - #/mo	5.0	Req Mon MO TOTAL	ALUEV - All Events RT - ROOTOT	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-06-21 13:03 (Time Zone: -04:00)

Report Last Signed By

susan.beck@cityofwayne.org

User:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0022191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
024 External Outfall		CSO: L08-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO: L08-420 MUNICIPAL 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			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
50037	Duration		EG - Effluent Gross	0	-	Sample					0	WHDS - When Discharging RT - RCTOT	RT - RCTOT
						Permit Rec.							
						Value NODI							
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-	Sample					0	ALREV - All Events	ES - ESTMA
						Permit Rec.							
						Value NODI							
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample					0	ALREV - All Events	RT - RCTOT
						Permit Rec.							
						Value NODI							
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample					0	ALREV - All Events	RT - RCTOT
						Permit Rec.							
						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

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:03 (Time Zone: -04:00)

Report Last Signed By

User:

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Name:

Susan

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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: CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
Considerations for Form Completion			
CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY			
Principal/Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of EA's	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI		8.25	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI		0.281	Req Mon MO TOTAL	3R - Magal	0	AEV - All Events AEV - All Events ES - ESTMA ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI		4.45	Req Mon MO TOTAL	SW - hrmo	0	AEV - All Events AEV - All Events RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI		5.0	Req Mon MO TOTAL	4K - #mo	0	AEV - All Events AEV - All Events RT - RCOTOT RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 18:07 (Time Zone: -0400)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 18:34 (Time Zone: -0400)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
027 External Outfall				NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO: M10-202 MUNICIPAL 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			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	Units			
50087	Duration	EG - Effluent Gross	0				Req Mon MO TOTAL	22 - hr/mo			WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0				Req Mon MO TOTAL	3R - Majal			ALUEV - All Events	E5 - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0				Req Mon MO TOTAL	5W - hr/mo			ALUEV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				Req Mon MO TOTAL	4K - hr/mo			ALUEV - All Events	RT - RCOTOT

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

Edit/Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:23 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:34 (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:	028 External Outfall	Discharge:	028-C CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE	Status:	NetDMR Validated				
Report Dates & Status									
Monitoring Period:	From 05/01/21 to 05/31/21								
Considerations for Form Completion									
CSO: M10-238	MUNICIPAL MAJORALLEN COUNTY								
Principal Executive Officer									
First Name:	Title:								
Last Name:	Telephone:								
No Data Indicator (NODI)									
Form NODI:									
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 82 - Inflow 0	82 - Inflow	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT	RT - ROOTOT RT - ROOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 3R - Mail 0	3R - Mail	AJEV - All Events AJEV - All Events	ES - ESTMA ES - ESTMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 5W - Inflow 0	5W - Inflow	AJEV - All Events AJEV - All Events	RT - ROOTOT RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 4K - Inflow 0	4K - Inflow	AJEV - All Events AJEV - All Events	RT - ROOTOT RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.
Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:19 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
02B External Outfall		CSC: M10-265 - 230 FT E OF DUCK ST & BARR ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSC: M10-265 MUNICIPAL 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			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units			
50037	Duration	EG - Effluent Gross	0									WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0									ALUEV - All Events ALUEV - All Events
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0									ALUEV - All Events ALUEV - All Events
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0									ALUEV - All Events ALUEV - All Events

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:07 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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: MTO-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
Considerations for Form Completion			
CSO: MTO-306 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			
No Data Indicator (NODI)			

Code	Parameter	Monitoring Location	Season & Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
	Name			Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units				
50037	Duration	EG - Effluent Gross	0	-	10.5	82	h/mo	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
					Req Mon MO TOTAL	82	h/mo	0
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-	2.993	3R	Mgal	AEV - All Events ES - ESTIMA
					Req Mon MO TOTAL	3R	Mgal	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.45	SW	h/mo	AEV - All Events RT - ROOTOT
					Req Mon MO TOTAL	SW	h/mo	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	5.0	4K	h/mo	AEV - All Events RT - ROOTOT
					Req Mon MO TOTAL	4K	h/mo	0

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
033 External Outfall		033-C CSO: MTO-313 - 200 FT SE OF THIRD ST & CALHOUN ST		NotDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO: MTO-313 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Permit	Name	Monitoring Location	Season	# Param. (NOD)	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		WHDS - When Discharging	WHDS - When Discharging	
50027	Duration		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		16.88	Req Mon MO TOTAL	82 - Inmo	0	WHDS - When Discharging	RT - ROOTOT	WHDS - When Discharging
74063	Overflow volume (SSO volume, CSO volume)		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		35.288	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTMA	AUEV - All Events
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		7.31	Req Mon MO TOTAL	5W - Inmo	0	AUEV - All Events	RT - ROOTOT	AUEV - All Events
84165	Discharge event observation (Visual Monitoring)		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		5.0	Req Mon MO TOTAL	4K - Inmo	0	AUEV - All Events	RT - ROOTOT	AUEV - All Events

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-06-21 13:24 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-06-21 13:34 (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:	038 External Outfall	Discharge:	036-C CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	06/28/21		
Monitoring Period:	From 05/01/21 to 05/31/21				
Considerations for Form Completion					
CSO:	M18-032 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter	Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							
74063	Overflow volume [SS0 volume, CS0 volume]		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--	Sample Permit Req. 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: 2021-05-21 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: 2021-06-21 13:34 (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: 039 External Outfall	Discharge: 039-C CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: N06-022 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			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1	Value 1 Qualifier 1	Value 2 Qualifier 2			
50037	Duration	EG - Effluent Gross	0								
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0								

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-06-21 13:08 (Time Zone: -04:00)
Report Last Signed By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN002191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Features:		Facility Location:			
D44 External Outfall		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Report Dates & Status		Status:			
Monitoring Period: From 05/01/21 to 05/31/21		NetDMR Validated			
Considerations for Form Completion					
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Telephone:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL 32 - hrmo		WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL 3R - Mgal		ALVEY - All Events ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL 5W - hrmo		ALVEY - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL 4K - hrmo		ALVEY - All Events RT - RCOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:24 (Time Zone: -04:00)

Report Last Signed By

susan.beck@cityoffortwayne.org

User:

Susan Reas

Name:

susan.beck@cityoffortwayne.org

E-Mail:

2021-06-21 13:34 (Time Zone: -04:00)

Date/Time:

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802

Permitted Feature: 045-C
 External Outfall: CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE
 Discharge: 06/28/21
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 05/01/21 to 05/31/21
 DMR Due Date: 06/28/21
 CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NOD)
 Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	82 - h/mo	C - No Discharge	WHDS - When Discharging	RT - RCDTOT			
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3R - h/mo	C - No Discharge	ALREV - All Events	ES - ESTIMA			
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	5W - h/mo	7.31	ALREV - All Events	RT - RCDTOT			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K - h/mo	C - No Discharge	ALREV - All Events	RT - RCDTOT			

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 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: 2021-06-21 13:34 (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: 048 External Outfall	Discharge: 048-C CSO: 010-252 - 350 FT W OF EDGEWATER & GARFIELD	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NotDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: 010-252 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			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req. Value NODI			Req Mon MO TOTAL 82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
					Sample	Permit Req. Value NODI			C - No Discharge			
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NODI			Req Mon MO TOTAL 3R - Megal		ALUEV - All Events	ES - ESTIMA
					Sample	Permit Req. Value NODI			C - No Discharge			
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req. Value NODI			3.55		ALUEV - All Events	RT - RCOTOT
					Sample	Permit Req. Value NODI			Req Mon MO TOTAL 5W - hr/mo		ALUEV - All Events	RT - RCOTOT
					Sample	Permit Req. Value NODI			C - No Discharge			
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req. Value NODI			Req Mon MO TOTAL 4K - hr/mo		ALUEV - All Events	RT - RCOTOT
					Sample	Permit Req. Value NODI			C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-06-21 13:20 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status	DMR Due Date: 06/26/21	Status: NetDMR Validated	
Monitoring Period: From 05/01/21 to 05/31/21			
Considerations for Form Completion			
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			

Code	Parameter	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3		Units	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	5.51	Req Mon MO TOTAL	82	hrmo	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	0.733	Req Mon MO TOTAL	3R	Mgal	AJEV - All Events	ES - ESTMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	4.45	Req Mon MO TOTAL	5W	hrmo	AJEV - All Events	RT - ROOTOT
84163	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	4.0	Req Mon MO TOTAL	4K	hrmo	AJEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Features:		Discharge:		Status:	
051 External Outfall		051-C CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:					
Last Name:					
Title:					
No Data Indicator (NODI)					
Form NODI: --					
Code		Parameter	Monitoring Location	Season #	Permit NODI
50037 Duration		EG - Effluent Gross	0	--	
74063 Overflow volume [SSU volume, CSO volume]		EG - Effluent Gross	0	--	
78897 Precipitation, monthly accumulation		EG - Effluent Gross	0	--	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name:					
E-Mail:					
Date/Time:					
Report Last Signed By					
User:					
Name:					
E-Mail:					
Date/Time:					

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 052
 External Outfall
Discharge: 052-C
 CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status
 Monitoring Period: From 05/01/21 to 05/31/21
 Considerations for Form Completion
 CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD: --
 Monitoring Location: Season # Param. NOD
 Monitoring Location: Season # Param. NOD
 EG - Effluent Gross 0 --
 EG - Effluent Gross 0 --
 EG - Effluent Gross 0 --
 EG - Effluent Gross 0 --

Code	Parameter Name	Monitoring Location	Season # Param. NOD	Sample Permit Req. Value NOD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Quality or Concentration C - No Discharge	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--		Req Mon MO TOTAL 82 - hrmo			WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--		Req Mon MO TOTAL 3R - Mgal			ALUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		3.55 Req Mon MO TOTAL 5W - hrmo			ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		Req Mon MO TOTAL 4K - hrmo			ALUEV - All Events	RT - RCOTOT

Submission Note

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

2021-06-21 13:20 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (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: 053 External Outfall	Discharge: 053-C CSO: 022-094 - 200 FTE OF PARNELL AVE BRIDGE & ST JOSEPH RIVER	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: 022-094 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			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NODI							
74063	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NODI							
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NODI							
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					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: 2021-06-21 13:20 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:	054 External Outfall	DMR Due Date:	06/28/21		
Report Dates & Status	CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN				
Monitoring Period:	From 05/01/21 to 05/31/21				
Considerations for Form Completion	CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer	Title:				
First Name:	Telephone:				
Last Name:	Status: NetDMR Validated				

Code	Permittee Name	Monitoring Location	Season #	Permit NOD	Quantity or Loading			Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1	Qualifier 2 Value 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		Opt Mon MO TOTAL 32 - hr/mo				WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		Opt Mon MO TOTAL 3R - Meal				AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		4.08				AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD		Opt Mon MO TOTAL 4K - hr/mo				AUEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

DMR Copy of Record

Permit
 Permit #: IN0022191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 055 External Outfall
 Discharge: 055-C
 CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status
 Monitoring Period: From 05/01/21 to 05/31/21
 DMR Due Date: 06/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

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

Telephone:

Form NOD:

Code	Parameter	Monitoring Location	Season	Permit NOD	Quantity or Loading	Quality or Concentration	Value 3	Units	\$ of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2						
50037	Duration	EG - Effluent Gross	0	-			23.33	Req Mon MO TOTAL 62 - hrmo	0	WHDS - When Discharging RT - ROOTOT	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-			4.693	Req Mon MO TOTAL 38 - Mgal	0	AUEV - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			4.45	Req Mon MO TOTAL 5W - hrmo	0	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			5.0	Req Mon MO TOTAL 4K - hrmo	0	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-05-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:34 (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: 056 External Outfall	Discharge: 056-C CSO: J03-313 - BROWN ST PUMP STATION	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NetDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NOD)		
Form NOD: --		

Code	Parameter Name	Monitoring Location	Season & Permit NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis		Sample Type
				Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3		Units		
50037	Duration	EG - Effluent Gross	0								82 - hr/mo	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
											Req Mon MO TOTAL	82 - hr/mo	0
74093	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0								3R - Mgal	ALIEV - All Events	ES - ESTMA
											Req Mon MO TOTAL	3R - Mgal	0
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0								5W - hr/mo	ALIEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	5W - hr/mo	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0								4K - hr/mo	ALIEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	4K - hr/mo	0

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:18 (Time Zone: -0400)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -0400)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE IN 46802		FORT WAYNE IN 46803	
Permitted Feature:		Discharge:			
057 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 05/01/21 to 05/31/21		05/28/21		Not DMR Validated	
Considerations for Form Completion					
CSO: P10-21 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration				EG - Effluent Gross	0			Req Mon MO TOTAL	22 - hrmo		WHDS - When Discharging	RT - RCOTOT
									C - No Discharge				
74063	Overflow volume [SS0 volume CSO volume]				EG - Effluent Gross	0			Req Mon MO TOTAL	3R - Majal		ALUEV - All Events	ES - ESTIMA
									C - No Discharge				
78887	Precipitation, monthly accumulation				EG - Effluent Gross	0			Req Mon MO TOTAL	5W - hrmo		ALUEV - All Events	RT - RCOTOT
									C - No Discharge				
84185	Discharge event observation [Visual Monitoring]				EG - Effluent Gross	0			Req Mon MO TOTAL	4K - hrmo		ALUEV - All Events	RT - RCOTOT
									C - No Discharge				

Submission Note

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

2021-06-21 13:02 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #: IN0032181	Major: Yes	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
080 External Outfall		CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season & Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	B2 - Inflow		WH08 - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Mail		AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	5W - Inflow	0	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - Inflow		AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:01 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032161	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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 - 200 FT W OF LAVERN AVE & STATE BLVD	
Report Dates & Status	DMR Due Date: 06/28/21	Status: NotDMR Validated
Monitoring Period: From 05/01/21 to 05/31/21		
Considerations for Form Completion		
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Permit	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	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0			Opt Mon MO TOTAL	82 - hrmo			WHDS - When Discharging RT - RCO TOT
						C - No Discharge				
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0			Opt Mon MO TOTAL	SR - Mepl			ES - ESTMA
						C - No Discharge				
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0			3.55	SW - hrmo			RT - RCO TOT
						Opt Mon MO TOTAL	SW - hrmo	0		RT - RCO TOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				Opt Mon MO TOTAL	4K - hrmo		RT - RCO TOT
						C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:20 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Discharge:	200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE IN 46803
Permitted Feature:		Status:			
052	External Outfall	NetDMR Validated			
Report Dates & Status		DMR Due Date:			
Monitoring Period:	From 05/01/21 to 05/31/21	06/28/21			
Considerations for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:	Title:				
Last Name:	Telephone:				
No Data Indicator (NODI)					
Form NODI:	-				

Code	Parameter	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	82 - ltrmo		WHDS - When Discharging	RT - RCTOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	3R - Mepl		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	5W - ltrmo		ALUEV - All Events	RT - RCTOT
84163	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	4K - ltrmo		ALUEV - All Events	RT - RCTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:22 (Time Zone: -0400)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-06-21 13:34 (Time Zone: -0400)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
064 External Outfall		CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 05/01/21 to 05/31/21		06/28/21			
Considerations for Form Completion					
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD: -					

Code	Permittee	Monitoring Location	Season	Permit NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD		Req Mon MO TOTAL	82 - #/mo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD		Req Mon MO TOTAL	3R - #/gal		ALREV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD		Req Mon MO TOTAL	5W - #/mo		ALREV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD		Req Mon MO TOTAL	4K - #/mo		ALREV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:02 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0022191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
068 Exernal Outfall		CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 05/01/21 to 05/31/21		06/23/21			
Considerations for Form Completion					
CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD: -					
Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Sample
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req Value NOD
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req Value NOD
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value NOD
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req Value NOD

Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:					
2021-06-21 13:22 (Time Zone: -04:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Beck					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-06-21 13:34 (Time Zone: -04:00)					

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		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		DMR Due Date: 06/28/21		Status: NetDMR Validated			
Monitoring Period: From 05/01/21 to 05/31/21							
Considerations for Form Completion							
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR							
Principal Executive Officer							
Last Name:		Title:		Telephone:			
First Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter	Name	Monitoring Location	Session #	Param. NODI	Sample Permit Req. Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50337	Duration		EG - Effluent Gross	0	-			Req Mon MO TOTAL 82 - ltrmo C - No Discharge				WHDS - When Discharging RT - ROOTOT	
74023	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	-			Req Mon MO TOTAL 3R - Mgal C - No Discharge				AL/REV - All Events ES - ESTMA	
78857	Precipitation, monthly accumulation		EG - Effluent Gross	0	-			3.55 Req Mon MO TOTAL 5W - ltrmo C - No Discharge				AL/REV - All Events RT - ROOTOT	
84155	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-			Req Mon MO TOTAL 4K - ltrmo C - No Discharge				AL/REV - All Events RT - ROOTOT	

Submission Note

If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org
Susan Reas
susan.beck@cityoffortwayne.org
2021-06-21 13:23 (Time Zone: -04:00)
susan.beck@cityoffortwayne.org
Susan Reas
susan.beck@cityoffortwayne.org
2021-06-21 13:34 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46902		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
081-C External Outfall		CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 05/01/21 to 05/31/21		05/28/21			
Considerations for Form Completion					
CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD: -					
Code	Parameter Name	Monitoring Location	Season #	Permit Rec.	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	AEV - All Events ES - ESTMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	AEV - All Events RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	AEV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments
 No 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: 2021-06-21 13:23 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-06-21 13:34 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

July 20, 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 June 2021

We are pleased to enclose a completed CSO MRO form for the month of June 2021. 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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

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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

State Form 50546 (R2 / 5-13)
ENVIRONMENTAL DEPARTMENT OF ENVIRONMENTAL MANAGEMENT[illegible]



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 90546 (R1/5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 90546 (R1/5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 2 of 12		Permit Number: IN0021191	
Facility: Fort Wayne - P.L. Brunner WWTW		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 6-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Control No. 64	
WWTW Influent Data		Precipitation Data - Values in 1/8" Gauge		CSO Control No. 57	
Day of Month	Time	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time	Event Discharge or Duration (MGD)
01	37:08	52.22			
02	57:44	95.07	12:50 PM	2.92	
03	48:99	89.76			
04	30:59	46.30			
05	36:49	43.68			
06	35:23	42.67			
07	53:48	92.06	10:55 AM	1.33	8:05 PM M 0.039 M
08	60:10	92.04	12:00 PM	0.42	
09	42:49	49.33			
10	37:81	45.39			
11	43:12	53.17			
12	34:30	41.26			
13	33:20	40.91			
14	38:42	47.53			
15	31:93	36.20			
16	31:44	35.25			
17	36:30	49.61			
18	54:79	93.64	7:45 AM	0.58	8:40 AM M 0.50 M 0.042 M
19	42:21	51.85	7:30 PM	0.08	
20	43:56	51.92	7:35 PM	0.33	
21	65:15	92.02	3:35 AM	1.00	
22	46:68	54.44			
23	32:77	36.58			
24	32:08	36.25			
25	72:02	101.02	8:10 AM	4.17	9:30 AM M 0.17 M 0.007 M
26	77:28	101.03	12:05 AM	0.75	
27	51:82	64.25			
28	40:76	45.79			
29	38:35	44.01			
30	52:12	100.98	1:00 PM	1.75	
Totals:		1348.20	12.83	4.40	0 0.00 0.000 3 1.40 0.058

Typed or Printed Name and Title of Principal Executive Officer or Authorised Agent		Susan Beck 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 QUALITY INFORMATION IS PROVIDED TO THE PUBLIC AND TO THE STATE OF INDIANA. 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 Authorised Agent		Susan Beck		Date (mm/dd/yyyy) 07/20/21	

City: Fort Wayne		Page 2 of 12		Permit Number: IN0021191	
Facility: Fort Wayne - P.L. Brunner WWTW		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 6-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Control No. 60	
WWTW Influent Data		Precipitation Data - Values in 1/8" Gauge		CSO Control No. 57	
Day of Month	Time	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time	Event Discharge or Duration (MGD)
01	37:08	52.22			
02	57:44	95.07	12:50 PM	2.92	
03	48:99	89.76			
04	30:59	46.30			
05	36:49	43.68			
06	35:23	42.67			
07	53:48	92.06	10:55 AM	1.33	8:05 PM M 0.039 M
08	60:10	92.04	12:00 PM	0.42	
09	42:49	49.33			
10	37:81	45.39			
11	43:12	53.17			
12	34:30	41.26			
13	33:20	40.91			
14	38:42	47.53			
15	31:93	36.20			
16	31:44	35.25			
17	36:30	49.61			
18	54:79	93.64	7:45 AM	0.58	8:40 AM M 0.50 M 0.042 M
19	42:21	51.85	7:30 PM	0.08	
20	43:56	51.92	7:35 PM	0.33	
21	65:15	92.02	3:35 AM	1.00	
22	46:68	54.44			
23	32:77	36.58			
24	32:08	36.25			
25	72:02	101.02	8:10 AM	4.17	9:30 AM M 0.17 M 0.007 M
26	77:28	101.03	12:05 AM	0.75	
27	51:82	64.25			
28	40:76	45.79			
29	38:35	44.01			
30	52:12	100.98	1:00 PM	1.75	
Totals:		1348.20	12.83	4.40	0 0.00 0.000 3 1.40 0.058

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

State Form 50546 (R.2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CWS - Fort Wayne		Page 4 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTTP		Public Notification Requirements Mat			
Monitoring Period: (MONTH) 6-2021		Y			
Design Peak Hourly Flow (MGD):		85		60	
Design Average Flow (MGD):		50		35	
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Day of Week	Time	Flow Discharge (MGD)	Flow Discharge (MGD)	Flow Discharge (MGD)	Flow Discharge (MGD)
01	01				
02	02				
03	03				
04	04				
05	05				
06	06				
07	07				
08	08				
09	09				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17				
18	18				
19	19				
20	20				
21	21				
22	22				
23	23				
24	24				
25	25				
26	26				
27	27				
28	28				
29	29				
30	30				
TOTAL:	TOTAL:				



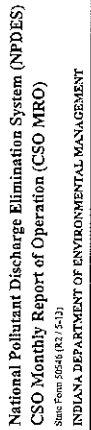
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 505-6 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 505-6 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

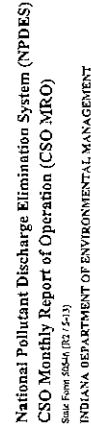
City: Fort Wayne										Page 5 of 12										Permit Number: IN002191									
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?										Y									
Monitoring Period: (MONTH) 6-2021										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 60										Design Average Flow (MGD): 17										CSO Discharge No.									
Time										Time										Time									
Peak										Peak										Peak									
Day of Month										Day of Month										Day of Month									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
Totals: 1348.30										Totals: 14.17										Totals: 14.59									
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent									
Susan Ross, Manager										Susan Ross, Manager										Susan Ross, Manager									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT THE INFORMATION CONTAINED HEREIN IS 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.										I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT THE INFORMATION CONTAINED HEREIN IS 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.										I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT THE INFORMATION CONTAINED HEREIN IS 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										Signature of Principal Executive Officer or Authorized Agent										Signature of Principal Executive Officer or Authorized Agent									
Date (mm/dd/yyyy) 6/20/21										Date (mm/dd/yyyy) 6/20/21										Date (mm/dd/yyyy) 6/20/21									

City: Fort Wayne										Page 5 of 12										Permit Number: IN002191									
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?										Y									
Monitoring Period: (MONTH) 6-2021										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 40										CSO Discharge No.									
Time										Time										Time									
Peak										Peak										Peak									
Day of Month										Day of Month										Day of Month									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
Totals: 1348.30										Totals: 14.17										Totals: 14.59									
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent									
Susan Ross, Manager										Susan Ross, Manager										Susan Ross, Manager									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT THE INFORMATION CONTAINED HEREIN IS 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.										I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT THE INFORMATION CONTAINED HEREIN IS 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.										I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND THAT THE INFORMATION CONTAINED HEREIN IS 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										Signature of Principal Executive Officer or Authorized Agent										Signature of Principal Executive Officer or Authorized Agent									
Date (mm/dd/yyyy) 6/20/21										Date (mm/dd/yyyy) 6/20/21										Date (mm/dd/yyyy) 6/20/21									



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-12)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

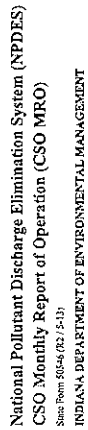
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
Scale Form 504-6 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

(over 500) rounded to 1000

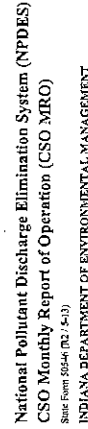
$$\{C^1(\mathbb{R}^n, \mathbb{R}^n) \mid \|u\|_{C^1} \leq 1\} \subset C^1(\mathbb{R}^n, \mathbb{R}^n)$$
[illegible]



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

State Form 505-26 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Farm Insurance Co.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
BUREAU OF SOILS (N.E. 203-344) (N.E. 203-344)

City: Fort Wayne						Page 7 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brauner WWTP						Public Notification Requirements Met?			
Monitoring Period: [MONTH] 6-2021						Check box if no CSO discharge occurred for this month:			
Design Peak Hourly Flow (MGD): 85						Measured/Metered (M) or Estimated (E) must be specified			
WWTW Influent Data		Precipitation Data - Brown St. JOB Gauge		Design Average Flow (MGD):		CSO Control No.		CSO Control No.	
Date of Event	Peak Hourly Rainfall (MGD)	Time Precip. Started (mm/hr)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Flow Rate (MGD)	M M T	E E T	M M T	E E T
01	37.98	5:20 PM			5 m				
02	57.44	9:07 AM	12:05 PM	3.42	0.60	0.19	5 m		
03	48.99	89.76			5 m				
04	39.59	46.30			5 m				
05	36.49	43.68			5 m				
06	35.23	42.67	6:20 PM	0.17	0.02	0.02	5 m		
07	53.48	92.06	10:45 AM	1.50	0.67	0.34	5 m		
08	60.10	92.04	12:00 PM	0.33	0.21	0.21	5 m		
09	42.49	49.33			5 m				
10	37.81	45.39			5 m				
11	43.12	53.17			5 m				
12	34.30	41.26			5 m				
13	33.20	40.91			5 m				
14	38.42	47.53			5 m				
15	31.93	36.20			5 m				
16	31.44	35.25			5 m				
17	36.30	49.61			5 m				
18	54.79	92.64	7:40 AM	0.75	0.63	0.59	5 m		
19	42.21	51.85	7:30 AM	0.08	0.01	0.01	5 m		
20	42.96	91.92	7:30 PM	0.42	0.45	0.45	5 m		
21	65.15	92.02	5:35 AM	1.00	0.48	0.25	5 m		
22	46.68	56.44			5 m				
23	32.77	36.58			5 m				
24	32.08	36.25			5 m				
25	72.02	101.02	8:10 AM	4.50	1.13	0.36	5 m		
26	77.28	101.03	12:00 AM	0.83	0.15	0.14	5 m		
27	51.82	64.25			5 m				
28	40.76	45.79			5 m				
29	38.35	44.01			5 m				
30	52.12	100.98	1:00 PM	1.67	0.37	0.21	5 m		
Totals:	1348.30			14.67	4.72				
						0	95	0.00	0.00
						De	95	19.91	1.535
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent						Telephone			
Susan Reas, Manager						360-427-6213			
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 TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.									
Signature of Principal Executive Officer or Authorized Agent						Date (mm/dd/yyyy)			
SUSAN REAS						07/20/21			

City: Fort Wayne		Page 7 of 12		Permit Number: DN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		2-2021		Public Notification Requirements Met?	
Monitoring Period: (MONTH)		85		Y	
Design Peak Hourly Flow (MGD):		60		Check box if no CSO discharge occurred for the month:	
Design Average Flow (MGD):		31		Measured/Measured (M) or Estimated (E) must be specified	
CSO Outfall No.		07		CSO Outfall No.	
Time of Day	Event Description (M or E)	Time of Day	Event Description (M or E)	Time of Day	Event Description (M or E)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Totals:	0 YS 0.00	0.000	0 YS 0.00	0.000	6 YS 1.998



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 6-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 60		Design Average Flow (MGD): 54		CSO Outfall No.	
Precipitation Data		Peak Daily Precipitation (inches)		Peak Daily Precipitation (inches)	
Time		Time		Time	
Peak		Peak		Peak	
Base of Month		Base of Month		Base of Month	
01		02		03	
04		05		06	
07		08		09	
10		11		12	
13		14		15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	
28		29		30	
Totals:		1346.30		12.25	

I, Susan Ryan, Superior, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the law. I am a duly licensed professional engineer in the State of Indiana. I am the Principal Executive Officer or Authorized Agent of the facility. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Ryan
Signature of Principal Executive Officer or Authorized Agent: Susan Ryan
Date (mm/dd/yyyy): 07/20/21
Telephone: 304-471-4211

City: Fort Wayne		Page 8 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 6-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 80		CSO Outfall No.	
Precipitation Data		Peak Daily Precipitation (inches)		Peak Daily Precipitation (inches)	
Time		Time		Time	
Peak		Peak		Peak	
Base of Month		Base of Month		Base of Month	
01		02		03	
04		05		06	
07		08		09	
10		11		12	
13		14		15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	
28		29		30	
Totals:		1346.30		12.25	

I, Susan Ryan, Superior, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the law. I am a duly licensed professional engineer in the State of Indiana. I am the Principal Executive Officer or Authorized Agent of the facility. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Ryan
Signature of Principal Executive Officer or Authorized Agent: Susan Ryan
Date (mm/dd/yyyy): 07/20/21
Telephone: 304-471-4211



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

State Form 50246 (04-1-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Banner WWTP		Public Notification Requirement Met?		Y	
Monitoring Period: (MONTH) 6-2021		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		CSO Detail No.		CSO Detail No.	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Flow	Time	Flow
01 37.98	52.22	12:15 PM	3.08	2:30 PM	0.47
02 57.44	95.07	12:15 PM	0.25	5 m	0.123
03 48.99	89.76			5 m	
04 39.59	46.30			5 m	
05 36.49	43.68			5 m	
06 35.23	42.67			5 m	
07 53.48	92.06	11:00 AM	1.58	0.76	0.46
08 60.10	92.04	12:15 PM	0.25	0.04	0.03
09 42.49	49.33	2:30 AM	0.50	0.09	0.09
10 37.81	45.39			5 m	
11 43.12	53.17			5 m	
12 34.30	41.26			5 m	
13 33.20	40.91			5 m	
14 38.42	47.53			5 m	
15 31.93	36.20			5 m	
16 31.44	35.25			5 m	
17 36.30	49.61			5 m	
18 54.79	93.64	7:45 AM	0.83	0.44	0.44
19 48.21	51.85	7:40 AM	0.08	0.01	0.01
20 49.96	91.92	7:35 PM	0.33	0.24	0.24
21 65.15	92.02	3:35 AM	1.25	0.59	0.53
22 46.68	56.44			5 m	
23 32.77	36.58			5 m	
24 32.08	36.25			5 m	
25 72.02	101.02	8:10 AM	4.75	1.27	0.34
26 77.28	101.03	12:00 AM	1.00	0.18	0.17
27 51.82	64.25			5 m	
28 40.76	45.79			5 m	
29 38.35	44.01			5 m	
30 52.12	100.98	2:50 PM	2.08	0.41	0.21
Totals: 1348.30		15.75		4.71	

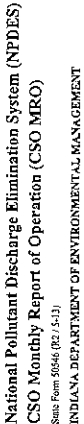
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yyyy) 07/20/21		Date (mm/dd/yyyy) 07/20/21	



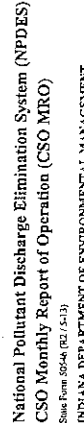
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50246 (04-1-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Banner WWTP		Public Notification Requirement Met?		Y	
Monitoring Period: (MONTH) 6-2021		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 Detail No.		CSO Detail No.		CSO Detail No.	
Time	Flow	Time	Flow	Time	Flow
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
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Totals: 0		0		0.000	

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

Indiana Department of Environmental Management
State Form 50546 (R2 / 5-13)



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

Scale Form 5054A (R2 / 5-13)
UNIVERSITY OF ALABAMA DEPT. OF MEN-

City: Fort Wayne										Page 30 of 12		Permit Number: 190022791	
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?			
Monitoring Period: MONTH: 6-2021										Y			
Design Peak Hourly Flow (MGD): 85										Check box if no CSO Discharge occurred for the month:			
Design Average Flow (MGD): 61										Measured/Measured (M) or Estimated (E) must be specified			
CSO Outfall No. 62										CSO Outfall No. 63			
CSO Outfall No. 64										CSO Outfall No. 65			
CSO Outfall No. 66										CSO Outfall No. 67			
CSO Outfall No. 68										CSO Outfall No. 69			
CSO Outfall No. 69										CSO Outfall No. 70			
CSO Outfall No. 70										CSO Outfall No. 71			
CSO Outfall No. 71										CSO Outfall No. 72			
CSO Outfall No. 72										CSO Outfall No. 73			
CSO Outfall No. 73										CSO Outfall No. 74			
CSO Outfall No. 74										CSO Outfall No. 75			
CSO Outfall No. 75										CSO Outfall No. 76			
CSO Outfall No. 76										CSO Outfall No. 77			
CSO Outfall No. 77										CSO Outfall No. 78			
CSO Outfall No. 78										CSO Outfall No. 79			
CSO Outfall No. 79										CSO Outfall No. 80			
CSO Outfall No. 80										CSO Outfall No. 81			
CSO Outfall No. 81										CSO Outfall No. 82			
CSO Outfall No. 82										CSO Outfall No. 83			
CSO Outfall No. 83										CSO Outfall No. 84			
CSO Outfall No. 84										CSO Outfall No. 85			
CSO Outfall No. 85										CSO Outfall No. 86			
CSO Outfall No. 86										CSO Outfall No. 87			
CSO Outfall No. 87										CSO Outfall No. 88			
CSO Outfall No. 88										CSO Outfall No. 89			
CSO Outfall No. 89										CSO Outfall No. 90			
CSO Outfall No. 90										CSO Outfall No. 91			
CSO Outfall No. 91										CSO Outfall No. 92			
CSO Outfall No. 92										CSO Outfall No. 93			
CSO Outfall No. 93										CSO Outfall No. 94			
CSO Outfall No. 94										CSO Outfall No. 95			
CSO Outfall No. 95										CSO Outfall No. 96			
CSO Outfall No. 96										CSO Outfall No. 97			
CSO Outfall No. 97										CSO Outfall No. 98			
CSO Outfall No. 98										CSO Outfall No. 99			
CSO Outfall No. 99										CSO Outfall No. 100			
CSO Outfall No. 100										CSO Outfall No. 101			
CSO Outfall No. 101										CSO Outfall No. 102			
CSO Outfall No. 102										CSO Outfall No. 103			
CSO Outfall No. 103										CSO Outfall No. 104			
CSO Outfall No. 104										CSO Outfall No. 105			
CSO Outfall No. 105										CSO Outfall No. 106			
CSO Outfall No. 106										CSO Outfall No. 107			
CSO Outfall No. 107										CSO Outfall No. 108			
CSO Outfall No. 108										CSO Outfall No. 109			
CSO Outfall No. 109										CSO Outfall No. 110			
CSO Outfall No. 110										CSO Outfall No. 111			
CSO Outfall No. 111										CSO Outfall No. 112			
CSO Outfall No. 112										CSO Outfall No. 113			
CSO Outfall No. 113										CSO Outfall No. 114			
CSO Outfall No. 114										CSO Outfall No. 115			
CSO Outfall No. 115										CSO Outfall No. 116			
CSO Outfall No. 116										CSO Outfall No. 117			
CSO Outfall No. 117										CSO Outfall No. 118			
CSO Outfall No. 118										CSO Outfall No. 119			
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CSO Outfall No. 128										CSO Outfall No. 129			
CSO Outfall No. 129										CSO Outfall No. 130			
CSO Outfall No. 130										CSO Outfall No. 131			
CSO Outfall No. 131										CSO Outfall No. 132			
CSO Outfall No. 132										CSO Outfall No. 133			
CSO Outfall No. 133										CSO Outfall No. 134			
CSO Outfall No. 134										CSO Outfall No. 135			
CSO Outfall No. 135										CSO Outfall No. 136			
CSO Outfall No. 136										CSO Outfall No. 137			
CSO Outfall No. 137										CSO Outfall No. 138			
CSO Outfall No. 138										CSO Outfall No. 139			
CSO Outfall No. 139										CSO Outfall No. 140			
CSO Outfall No. 140										CSO Outfall No. 141			
CSO Outfall No. 141										CSO Outfall No. 142			
CSO Outfall No. 142										CSO Outfall No. 143			
CSO Outfall No. 143										CSO Outfall No. 144			
CSO Outfall No. 144										CSO Outfall No. 145			
CSO Outfall No. 145										CSO Outfall No. 146			
CSO Outfall No. 146										CSO Outfall No. 147			
CSO Outfall No. 147										CSO Outfall No. 148			
CSO Outfall No. 148										CSO Outfall No. 149			
CSO Outfall No. 149										CSO Outfall No. 150			

City: Fort Wayne

Page 10 of 12

Permit Number: IN032391

Facility: Fort Wayne P.L. Brunner WWTP

MONTH: 6-2021

Public Notification Requirements Met? Y

Monitoring Period: MONTH: 6-2021

Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD):

Design Average Flow (MGD): 60

Measuring/Measured (M) or Estimated (E) must be specified:

Date	CSO Outfall No. 80			CSO Outfall No. 81			CSO Outfall No. 82			CSO Outfall No. 83			CSO Outfall No. 84			CSO Outfall No. 85			CSO Outfall No. 86			CSO Outfall No. 87			CSO Outfall No. 88			CSO Outfall No. 89			CSO Outfall No. 90				
	Time Discharge or Begins	M	Event Duration or Hours	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	Time Discharge or Begins	M	Event Discharge or (MGD)	E	
01																																			
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Totals:	0	Y5	0.00	0	Y5	0.00	0	Y5	0.00	0.00																									



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 505-6 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 505-6 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Form Number: IN0032191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: (MONTH) 6-2021		Check box if no CSO discharge occurred for the month:				
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 35		CSO Discharge No. 27		
WWTU Influent Data		Peak Discharge Rate (MGD)		CSO Discharge No. 27		
Day of Month	Average Daily Flow (MGD)	Time	Peak Discharge Rate (MGD)	Time	Peak Discharge Rate (MGD)	
01	37.93	52:22	0.90	0.34	5 m	
02	57.44	95:07	1.24	0.74	5 m	
03	48.99	89:76			5 m	
04	39.59	46:30			5 m	
05	36.49	43:68			5 m	
06	35.53	42:67			5 m	
07	53.48	92:06	1.58	0.90	5 m	
08	60.10	92:04	0.08	0.02	5 m	
09	42.49	49:33	0.50	0.33	5 m	
10	37.81	45:39			5 m	
11	43.12	53:17			5 m	
12	34.30	41:26			5 m	
13	33.20	40:91			5 m	
14	38.42	47:53			5 m	
15	31.93	36:30			5 m	
16	31.44	35:25			5 m	
17	36.30	49:61			5 m	
18	54.79	93:64	0.75	0.90	5 m	
19	48.21	73:30	0.08	0.02	5 m	
20	43.96	91:92	0.33	0.52	5 m	
21	65.15	92:02	1.33	1.02	5 m	
22	46.68	56:44			5 m	
23	32.77	36:38			5 m	
24	32.08	36:25			5 m	
25	72.02	101:02	8:10 AM	5.17	0.42	5 m
26	77.28	101:03	12:00 AM	0.83	0.24	5 m
27	51.82	64:25			5 m	
28	40.76	45:79			5 m	
29	38.55	44:01			5 m	
30	52.12	100:98	2:45 PM	1.92	0.90	5 m
Totals:	1348.30		15.92	8.21		
Type of Printed Name and Title of Principal Executive Officer or Authorized Agent		Sum Res. Manager		Telephone 256-427-6113		
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 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 Res.		Date (mm/dd/yyyy) 07/20/21		

City: Fort Wayne		Page 11 of 12		Form Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 6-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 35		CSO Discharge No. 45	
WWTU Influent Data		Peak Discharge Rate (MGD)		CSO Discharge No. 45	
Day of Month	Average Daily Flow (MGD)	Time	Peak Discharge Rate (MGD)	Time	Peak Discharge Rate (MGD)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Totals:	0	0	0.00	0.00	0.00
Type of Printed Name and Title of Principal Executive Officer or Authorized Agent		Sum Res. Manager		Telephone 256-427-6113	
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 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 Res.		Date (mm/dd/yyyy) 07/20/21	



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: [12] of [12]	Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?		Y
Monitoring Period:	[MONTH]	6-2021	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	Wet Weather			
03				
04				
05				
06				
07	Wet Weather			
08	Wet Weather			
09				
10				
11				
12				
13				
14				
15				
16				
17				
18	Wet Weather			
19				
20	Wet Weather			
21	Wet Weather			
22				
23				
24				
25	Wet Weather			
26	Wet Weather			
27				
28				
29				
30	Wet Weather			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent			Telephone	
Susan Reas, 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			07/20/21	

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: CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COUSEUM BLVD		
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated	
Monitoring Period: From 06/01/21 to 06/30/21			
Considerations for Form Completion			
CSO - 002 POND WHEN USED AS CSO ONLY			
Principal/Executive Officer	Title: Program Manager	Telephone: 250-427-5213	
First Name: Susan			
Last Name: Reas			
No Data Indicator (NODI)			
Form NODI: -			

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	Req Mon MO TOTAL	82 - ltr/mo	C - No Discharge	WHDS - When Discharging	RT - RCO TOT	
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	Req Mon MO TOTAL	3R - ltr/mo	C - No Discharge	ALEV - All Events	ES - ESTIMA	
72887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	Req Mon MO TOTAL	5W - ltr/mo	4.71	ALEV - All Events	RT - RCO TOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI	Req Mon MO TOTAL	4K - ltr/mo	C - No Discharge	ALEV - All Events	RT - RCO TOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_2021_06.pdf	pdf	158562.0
IN0032191_CSDMRO_2021_06.pdf	pdf	444536.0
Report Last Saved By		
FORT WAYNE WWTP		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2021-07-20 13:05 (Time Zone: -04:00)	
Report Last Signed By		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2021-07-20 13:05 (Time Zone: -04:00)	

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 003
 External Outfall
 Discharge: CSO P10-025 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status
 Monitoring Period: From 06/01/21 to 06/30/21
 DMR Due Date: 07/28/21
 Status: Not DMR Validated

Considerations for Form Completion
 CSO - 001 POND WHEN USED AS CSO ONLY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Sample	Permit Req.	Value	NODI	Monitoring Location	Season	# Param.	NODI	Quantity or Loading	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration			EG - Effluent Gross	0	-	-										WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [990 volume, CSO volume]			EG - Effluent Gross	0	-	-										ALDEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation			EG - Effluent Gross	0	-	-										ALDEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]			EG - Effluent Gross	0	-	-										ALDEV - All Events RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

2021-07-20 13:01 (Time Zone: -04:00)

2021-07-20 13:06 (Time Zone: -04:00)

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:
Major:	Yes	Discharge:	004-C CSO: JO2-30, 201 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER		Facility:
Permitted Feature:		004 External Outfall		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period:		07/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: JO2-30 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:		Telephone:			
No Data Indicator (NODI)					
Form NODI:					
Code		Monitoring Location		Quantity or Loading	
		Session #		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
50037 Duration		EG - Effluent Gross 0		Sample Permit Rec. Value NODI	
		EG - Effluent Gross 0		Req Mon MD TOTAL 82 - hrmo	
		EG - Effluent Gross 0		C - No Discharge	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0		Req Mon MD TOTAL 3R - Mgal	
		EG - Effluent Gross 0		C - No Discharge	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0		4.72	
		EG - Effluent Gross 0		Req Mon MD TOTAL 5W - hrmo 0	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		Req Mon MD TOTAL 4K - hrmo	
		EG - Effluent Gross 0		C - No Discharge	

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-07-20 12:58 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-07-20 13:06 (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:	005 External Outfall	Discharge:	005-C CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	07/28/21	Telephone:	
Monitoring Period:	From 06/01/21 to 06/30/21				
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD				19.91	Req Mon MO TOTAL	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD				1.525	Req Mon MO TOTAL	0	AUEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD				4.72	Req Mon MO TOTAL	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD				8.0	Req Mon MO TOTAL	0	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-07-20 12:56 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-07-20 13:06 (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, SE OF ELECTRIC AVE. & BROWN ST.	Status:	NetDMR Validated
Report Dates & Status	From 06/01/21 to 06/30/21	DMR Due Date:	07/28/21	Telephone:	
Monitoring Period:	Considerations for Form Completion				
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL	82 - Inflow		WHDS - When Discharging	RT - RCTOT
									C - No Discharge				
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL	3R - Magal		ALUEV - All Events	ES - ESTIMA
									C - No Discharge				
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL	5W - Inflow		ALUEV - All Events	RT - RCTOT
									4.72				
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL	4K - #flow		ALUEV - All Events	RT - RCTOT
									C - No Discharge				

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 12:56 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility	
Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:		Discharge:		Status:	
011 External Outfall		CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 06/01/21 to 06/30/21		07/28/21			
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:					
Code		Parameter Name	Monitoring Location	Season #	Param. NODI
50037	Duration	EG - Effluent Gross	0	-	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality or Concentration Value 1 Value 2 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-					Req Mon MO TOTAL 82 - h/mo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-					Req Mon MO TOTAL 3R - Mgal		ALVEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					Req Mon MO TOTAL 4.72 - in/mo		ALVEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					Req Mon MO TOTAL 4K - #/mo		ALVEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-07-20 12:58 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 012-C
 External Outfall
 Discharge: CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status
 Monitoring Period: From 06/01/21 to 06/30/21
 Considerations for Form Completion
 CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

Facility Location:
 City of Fort Wayne
 200 E BERRY ST
 FT WAYNE, IN 46802

Status: NetDMR Validated

Telephone:

Code	Parameter	Name	Monitoring Location	Season #	Permit Req.	Sample Value	Permit Req.	Sample Value	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Quality of Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	-													WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-													AEV - All Events ES - ESTMA
78897	Precipitation, monthly accumulation		EG - Effluent Gross	0	-													AEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-													AEV - All Events RT - ROOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 12:56 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46603
Permitted Feature: 013-C External Outfall	Discharge: CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated	
Monitoring Period: From 06/01/21 to 06/30/21			
Considerations for Form Completion			
Principal/Executive Officer			
First Name:	Title:		Telephone:
Last Name:			

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value		WHDS - When Discharging	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD			14.59	82 - Inflow	0	WHDS - When Discharging	RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD			2.413	3R - Mail	0	ALIEV - All Events	ES - ESTIMA	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD			4.89	5W - Inflow	0	ALIEV - All Events	RT - ROOTOT	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NOD			9.0	4K - Inflow	0	ALIEV - All Events	RT - ROOTOT	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 12:54 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (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: 017 External Outfall	Discharge: 017-C	
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated
Monitoring Period: From 06/01/21 to 06/30/21		
Considerations for Form Completion		
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NOD)		
Form NOD:		

Code	Parameter Name	Monitoring Location	Season	Permit NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								
74063	Overflow volume [SSO volume, CSD volume]	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 12:55 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Features:	018 External Outfall	Discharge:	
Report Dates & Status			
Monitoring Period:	From 06/01/21 to 06/30/21	DMR Due Date:	07/28/21
Considerations for Form Completion		Status:	NetDMR Validated
CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY			
Principal Executive Officer			
First Name:		Title:	
Last Name:		Telephone:	
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season & Permit NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3	Quality or Concentration Value 1 Value 2 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0 --			61.34 Req Mon MO TOTAL 32 - hr/mo	32 - hr/mo	WHDS - When Discharging WHDS - When Discharging	RT - RCTOT RT - RCTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0 --			63.85 Req Mon MO TOTAL 3R - Mgal	3R - Mgal	ALUEV - All Events ALUEV - All Events	ES - ESTIMA ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0 --			5.18 Req Mon MO TOTAL 5W - hr/mo	5W - hr/mo	ALUEV - All Events ALUEV - All Events	RT - RCTOT RT - RCTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0 --			9.0 Req Mon MO TOTAL 4K - #/mo	4K - #/mo	ALUEV - All Events ALUEV - All Events	RT - RCTOT RT - RCTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-07-20 12:55 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
019 External Outfall		019-C CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 06/01/21 to 06/30/21		07/26/21			
Considerations for Form Completion					
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season & Param. NODI	
		EG - Effluent Gross		0 -	
Code		Parameter Name		Quantity or Loading	
				Qualifier 1 Value 1 Qualifier 2 Value 2 Unit 1 Qualifier 3 Value 3 Units	
50037		Duration		Req Mon MO TOTAL 12 - ltr/mo C - No Discharge	
74263		Overflow volume [SSS volume, CSO volume]		Req Mon MO TOTAL 3R - Mgal C - No Discharge	
78887		Precipitation, monthly accumulation		5.18 Req Mon MO TOTAL 5W - ltr/mo D	
84165		Discharge event observation [Visual Monitoring]		Req Mon MO TOTAL 4K - #/mo C - No Discharge	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-07-20 12:55 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-07-20 13:06 (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: 020 External Outfall	Discharge: CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD	
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated
Monitoring Period: From 06/01/21 to 06/30/21		
Considerations for Form Completion		
CSO: K15-116 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	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--				21.99	82 - hr:mo	0	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--				7.986	3R - Mgal	0	ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				5.18	5W - hr:mo	0	ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				9.0	4K - hr:mo	0	ALUEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-07-20 12:55 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 021 External Outfall
 Discharge: CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE
 Status: NetDMR Validated

Report Dates & Status: From 06/01/21 to 06/30/21
 Monitoring Period: 07/28/21

Considerations for Form Completion
 CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 Title:

First Name:
 Last Name:
 Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season 1 Permit NODI	Sample Permit Rec. Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Unit Qualifier 1 Value 1 Qualifier 2 Value 2	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2	Units	% of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			82 - hrmo		WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			3R - Mgal		ALVEY - All Events ALVEY - All Events	ES - ESTIMA ES - ESTIMA
75987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			5W - hrmo		ALVEY - All Events ALVEY - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			4K - hrmo		ALVEY - All Events ALVEY - All Events	RT - RCOTOT RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-07-20 12:55 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-07-20 13:08 (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:	023 External Outfall	Discharge:	023-C CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status		DMR Due Date:	07/28/21	Status:	NetDMR Validated
Monitoring Period:	From 06/01/21 to 06/30/21				
Considerations for Form Completion					
CSO:	L06-103 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				# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units
50037	Duration	EG - Effluent Gross	0	--	Sample		Permit Rec.				
					Value NODI						
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Sample		Permit Rec.				
					Value NODI						
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample		Permit Rec.				
					Value NODI						
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample		Permit Rec.				
					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
No comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 12:52 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (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:	024 External Outfall	Discharge:	024-C CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	07/28/21		
Monitoring Period:	From 06/01/21 to 06/30/21				
Considerations for Form Completion					
CSO: L06-420 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								WHDS - When Discharging RT - RCO TOT	
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								WHDS - When Discharging RT - RCO TOT	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								WHDS - When Discharging RT - RCO TOT	
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								WHDS - When Discharging RT - RCO TOT	

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2021-07-20 12:53 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-07-20 13:06 (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 46602	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46603
Permitted Feature: Q25 External Outfall	Discharge: 025-C CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated
Monitoring Period: From 06/01/21 to 06/30/21		
Considerations for Form Completion		
CSO: L06-421 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 #	Permit NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				7.49	82 - hrmo	WHDS - When Discharging RT - RCTOT	
74083	Overflow volume [S90 volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				0.444	3R - Mgal	ALUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				4.47	5W - hrmo	ALUEV - All Events	RT - RCTOT
84166	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				9.0	4K - hrmo	ALUEV - All Events	RT - RCTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 12:53 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: 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 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated	
Monitoring Period: From 06/01/21 to 06/30/21			
Considerations for Form Completion			
CSO: M10-202 MUNICIPAL 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 at Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
	Name				Qualifier 1 Value 1 Qualifier 2 Value 2 Unit Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - l/mo C - No Discharge		WHDS - When Discharging RT - ROOT TOT	
74053	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mg/L C - No Discharge		ALVEV - All Events ES - ESTIMA	
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	8.21 Req Mon MO TOTAL 5W - l/mo C - No Discharge		ALVEV - All Events RT - ROOT TOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - #/mo C - No Discharge		ALVEV - All Events RT - ROOT TOT	

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-07-20 13:02 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0002191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated	
Monitoring Period: From 06/01/21 to 06/30/21			
Considerations for Form Completion			
CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY			
Principal/Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season & Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0				224			92 - hr/mo	0	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0				0.386			3R - Mgal	0	ALIEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0				4.71			SW - in/mo	0	ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				7.0			4K - #/mo	0	ALIEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 12:57 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032101		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 029 External Outfall		Discharge: 029-C		CSO: M10-285 - 230 FT E OF DUCK ST & BARR ST		Status: NetDMR Validated	
Report Dates & Status		DMR Due Date: 07/28/21					
Monitoring Period: From 06/01/21 to 06/30/21							
Considerations for Form Completion							
CSO: M10-285 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter Name	Monitoring Location	Season of Perm. NODI	Quantity or Loading		Quality of Concentration		# of Exc.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	B2 - ltrmo	0	WHPS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	SW - ltrmo	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - ltrmo	0	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 12:53 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
002 External Outfall		002-C		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 06/01/21 to 06/30/21		07/28/21			
Considerations for Form Completion					
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Sample Permit Rec.	Value NOD	Quantity or Loading		Quality or Concentration		Units	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1	Value 1	Qualifier 2	Value 2				
50037	Duration	EG - Effluent Gross	0	-	-	-					9.75	0	WHDS - When Discharging	RT - ROOTOT
											Req Mon MO TOTAL	0	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [880 volume, CSO volume]	EG - Effluent Gross	0	-	-	-					3.369	0	ALIEV - All Events	ES - ESTMA
											Req Mon MO TOTAL	0	ALIEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-					4.47	0	ALIEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	0	ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-					9.0	0	ALIEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	0	ALIEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 12:53 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 033
 External Outfall
 Discharge: 033-C
 CSO: MTO-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status
 Monitoring Period: From 06/01/21 to 06/30/21
 DMR Due Date: 07/28/21
 Status: NoDMR Validated

Considerations for Form Completion
 CSO: MTO-313 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter	Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	-			3.51		WHQS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CS0 volume]		EG - Effluent Gross	0	-			7.137		ALIEV - All Events ES - ESTIMA	
76887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-			6.21		ALIEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-			4.0		ALIEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:02 (Time Zone: -04:00)
Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (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 Features: C36 External Outfall	Discharge: 036-C CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR	
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated
Monitoring Period: From 06/01/21 to 06/30/21		
Considerations for Form Completion		
CSO: M18-032 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 (NOD)	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3			
50037	Duration	EG - Effluent Gross	0				Req Mon	MO TOTAL	B2 - hrmo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0				Req Mon	MO TOTAL	3R - Mgal		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0				Req Mon	MO TOTAL	5W - hrmo	8.21	ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				Req Mon	MO TOTAL	4K - hrmo		ALUEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-07-20 13:02 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:05 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 039 External Outfall
 Discharge: CSO: N08-022 - 120 FT N OF HANNA ST & BERRY ST
 Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802

Report Dates & Status: From 06/01/21 to 06/30/21
 Monitoring Period: Considerations for Form Completion
 CSO: N08-022 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: NetDMA Validated

First Name: _____
 Last Name: _____
 No Data Indicator (NODI): _____
 Form NODI: _____
 Title: _____
 Telephone: _____

Code	Parameter Name	Monitoring Location	Session # Param. NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2	# of Ex. Units	Frequency of Analysis	Sample Type
50037	Precipitation	EG - Effluent Gross	0			2.25	WHDS - When Discharging RT - RCOOTOT WHDS - When Discharging RT - RCOOTOT	RT - RCOOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0			0.028	ALREV - All Events ALREV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0			4.47	ALREV - All Events ALREV - All Events	RT - RCOOTOT RT - RCOOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			4.0	ALREV - All Events ALREV - All Events	RT - RCOOTOT RT - RCOOTOT

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

Edit Check Errors
 No errors.

Comments
 No 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: 2021-07-20 12:54 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-07-20 13:08 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
D44 External Outfall		CSO: N22-93 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 06/01/21 to 06/30/21		07/28/21			
Considerations for Form Completion					
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location:		Season # Permit NODI	
50037 Duration		EG - Effluent Gross : 0		-	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross		0	
72887 Precipitation, monthly accumulation		EG - Effluent Gross		0	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0	

Code	Permit Name	Monitoring Location	Season # Permit NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 1 Value 1 Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL	82 - hrmo	Value 3	Units	WHDS - When Discharging RT - RCDTOT	Sample Type
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL	3R - Mgal	Value 3	Units	ALUEV - All Events	ES - ESTIMA
72887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5W - hrmo	Value 3	Units	ALUEV - All Events	RT - RCDTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL	4K - hrmo	Value 3	Units	ALUEV - All Events	RT - RCDTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-07-20 13:03 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (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:	045 External Outfall	Discharge:	045-C CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status		DMR Due Date:	07/28/21	Status:	NetDMR Validated
Monitoring Period:	From 06/01/21 to 06/30/21				
Considerations for Form Completion					
CSO: N22-103, JOSEPH RIVER 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 #	Permit NODI	Sample Permit Req Value NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--										
							Req Mon MO TOTAL		82 - hr/mo					WHICH - When Discharging RT - ROOTOT
										C - No Discharge				
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--										
							Req Mon MO TOTAL		3R - Mgal					ES - ESTMA
										C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--										
										8.21				
							Req Mon MO TOTAL		SW - hr/mo					RT - ROOTOT
														RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--										
							Req Mon MO TOTAL		4K - hr/mo					RT - ROOTOT
										C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-07-20 13:03 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-07-20 13:08 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:	049 External Outfall	DMR Due Date:	07/28/21		
Report Dates & Status	From 06/01/21 to 06/30/21	Status:	Not DMR Validated		
Monitoring Period:	Considerations for Form Completion	Telephone:			
CSC: 010-352 MUNICIPAL MAJOR ALLEN COUNTY	Principal Executive Officer				
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Permittee Name	Monitoring Location	Season	# Permits	NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	42 - ltrmo		WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0	-	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	3R - Mgai		ALVEY - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	5W - ltrmo		ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	4K - #lmo		ALVEY - All Events	RT - RCOTOT

Submission Note

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

2021-07-20 12:57 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:08 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Facility Location:			
050 External Outfall		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Report Dates & Status		Status:			
Monitoring Period:	From 06/01/21 to 06/30/21	Not DMR Validated			
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Monitoring Location		Season		Telephone:	
Parameter:	Name	Monitoring Location	Season		
50037	Duration	EG - Effluent Gross	0		

Code	Parameter	Monitoring Location	Season	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)	2.34	Req Mon MO TOTAL	0	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)	0.415	Req Mon MO TOTAL	0	AJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)	4.47	Req Mon MO TOTAL	0	AJEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)	6.0	Req Mon MO TOTAL	0	AJEV - All Events	RT - ROOTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 12:54 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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: CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated	
Monitoring Period: From 06/01/21 to 06/30/21			
Considerations for Form Completion			
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer	Title:		
First Name:			
Last Name:			
No Data Indicator (NOD):			
Form NOD:			
Permit	Monitoring Location	Season & Param. NOD	Telephone:

Code	Permit	Name	Monitoring Location	Season & Param. NOD	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
50027	Duration		EG - Effluent Gross	0	Sample Permit Req. Value NOD		Req Mon MO TOTAL 82 - In/No			WHDS - When Discharging	RT - RCOTOT
							C - No Discharge				
74063	Overflow volumes [SS0 volumes, CS0 volumes]		EG - Effluent Gross	0	Sample Permit Req. Value NOD		Req Mon MO TOTAL 3R - Mag			AUEY - All Events	ES - ESTIMA
							C - No Discharge				
78837	Precipitation, monthly accumulation		EG - Effluent Gross	0	Sample Permit Req. Value NOD		Req Mon MO TOTAL 4K - #/mo			AUEY - All Events	RT - RCOTOT
							C - No Discharge				
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	Sample Permit Req. Value NOD		Req Mon MO TOTAL 4K - #/mo			AUEY - All Events	RT - RCOTOT
							C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 12:57 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes		200 E BERRY ST		P.L. BRUNNER WPC
			FT WAYNE, IN 46802		FORT WAYNE, IN 46803
Permitted Feature:		Discharge:		Status:	
	052C		052C		NetDMR Validated
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period:	From 06/01/21 to 06/30/21		07/28/21		
Considerations for Form Completion					
CSO: 032-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample								
					Permit Req.								
					Value NODI								
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample								
					Permit Req.								
					Value NODI								
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample								
					Permit Req.								
					Value NODI								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample								
					Permit Req.								
					Value NODI								

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:00 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Discharge:		Facility Location:	
053 External Outfall		053-C		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 06/01/21 to 06/30/21		07/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:		-			

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50137	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	82 - hrmo		WHDS - When Discharging	RT - RCOTOT
										C - No Discharge			
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	3R - Migal		AUEV - All Events	ES - ESTMA
										C - No Discharge			
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	SW - hrmo		AUEV - All Events	RT - RCOTOT
										SW - hrmo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL	4K - hrmo		AUEV - All Events	RT - RCOTOT
										C - No Discharge			

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:00 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Y68
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 054
 External Outfall
 Discharge: 054-C
 CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status
 Monitoring Period: From 06/01/21 to 06/30/21
 DMR Due Date: 07/28/21
 Status: NotDMR Validated

CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer
 Title:

First Name:
 Last Name:
 Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Quality or Concentration Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 82 - ltrmo C - No Discharge			WH/DS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 3R - Mepl C - No Discharge			AL/EV - All Events	ES - ESTMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 5W - ltrmo 4.78			AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 4K - #lmo C - No Discharge			AL/EV - All Events	RT - RCOTOT

Submission Note

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

2021-07-20 12:57 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 18:08 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee		Facility																																																																																		
Permit #:	IN0022191	FORT WAYNE WWTP		FORT WAYNE WWTP																																																																																		
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC																																																																																		
		200 E BERRY ST		FORT WAYNE, IN 46803																																																																																		
		FT WAYNE, IN 46802																																																																																				
Permitted Feature:		Discharge:		Status:																																																																																		
055 External Outfall		055-C CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		NetDMR Validated																																																																																		
Report Dates & Status		DMR Due Date:																																																																																				
Monitoring Period: From 06/01/21 to 06/30/21		07/28/21																																																																																				
Considerations for Form Completion																																																																																						
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY																																																																																						
Principal Executive Officer																																																																																						
First Name:																																																																																						
Last Name:																																																																																						
No Data Indicator (NODI)																																																																																						
Form NODI:																																																																																						
Title:																																																																																						
Telephone:																																																																																						
<table border="1"> <thead> <tr> <th rowspan="2">Code</th> <th rowspan="2">Parameter</th> <th rowspan="2">Monitoring Location</th> <th rowspan="2">Season</th> <th rowspan="2"># Param. NODI</th> <th colspan="3">Quantity or Loading</th> <th colspan="3">Quality or Concentration</th> <th rowspan="2"># of EDs</th> <th rowspan="2">Frequency of Analysis</th> <th rowspan="2">Sample Type</th> </tr> <tr> <th>Qualifier 1</th> <th>Value 1</th> <th>Qualifier 2</th> <th>Value 2</th> <th>Qualifier 3</th> <th>Value 3</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>50037</td> <td>Duration</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td></td> <td>14.87</td> <td>Req Mon MO TOTAL</td> <td>B2 - Inflow</td> <td>0</td> <td>WHDS - When Discharging</td> <td>RT - ROOTOT</td> </tr> <tr> <td>74063</td> <td>Overflow volume [SSO volume, CSO volume]</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td></td> <td>2.862</td> <td>Req Mon MO TOTAL</td> <td>3R - Mgal</td> <td>0</td> <td>AUEV - All Events</td> <td>ES - ESTIMA</td> </tr> <tr> <td>78387</td> <td>Precipitation, monthly accumulation</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td></td> <td>4.47</td> <td>Req Mon MO TOTAL</td> <td>SW - Inflow</td> <td>0</td> <td>AUEV - All Events</td> <td>RT - ROOTOT</td> </tr> <tr> <td>84165</td> <td>Discharge event observation [Visual Monitoring]</td> <td>EG - Effluent Gross</td> <td>0</td> <td>-</td> <td>Sample Permit Req. Value NODI</td> <td></td> <td></td> <td></td> <td>8.0</td> <td>Req Mon MO TOTAL</td> <td>4K - Inflow</td> <td>0</td> <td>AUEV - All Events</td> <td>RT - ROOTOT</td> </tr> </tbody> </table>						Code	Parameter	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of EDs	Frequency of Analysis	Sample Type	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				14.87	Req Mon MO TOTAL	B2 - Inflow	0	WHDS - When Discharging	RT - ROOTOT	74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				2.862	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTIMA	78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				4.47	Req Mon MO TOTAL	SW - Inflow	0	AUEV - All Events	RT - ROOTOT	84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				8.0	Req Mon MO TOTAL	4K - Inflow	0	AUEV - All Events	RT - ROOTOT
Code	Parameter	Monitoring Location	Season	# Param. NODI	Quantity or Loading						Quality or Concentration			# of EDs	Frequency of Analysis	Sample Type																																																																						
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units																																																																											
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				14.87	Req Mon MO TOTAL	B2 - Inflow	0	WHDS - When Discharging	RT - ROOTOT																																																																								
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				2.862	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTIMA																																																																								
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				4.47	Req Mon MO TOTAL	SW - Inflow	0	AUEV - All Events	RT - ROOTOT																																																																								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				8.0	Req Mon MO TOTAL	4K - Inflow	0	AUEV - All Events	RT - ROOTOT																																																																								

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 12:54 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes				Permittee Address: 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 - BROWN ST PUMP STATION					
Report Dates & Status		DMR Due Date: 07/28/21		Status: NetDMR Validated			
Monitoring Period: From 06/01/21 to 06/30/21							
Considerations for Form Completion							
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Rec. Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Unit	Quality of Concentration Value 1 Value 2 Qualifier 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-					WHDS - When Discharging RT - RCOTOT	WHDS - When Discharging RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-					ALVEV - All Events ES - ESTIMA	ALVEV - All Events ES - ESTIMA
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					ALVEV - All Events RT - RCOTOT	ALVEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					ALVEV - All Events RT - RCOTOT	ALVEV - All Events RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-07-20 12:56 (Time Zone: -04:00)

Date/Time:

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-07-20 13:06 (Time Zone: -04:00)

Date/Time:

DMR Copy of Record

Permit		Permit #: IN0032191		Permitter: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP			
Major: Yes		Permittee Address: 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 - STORMWATER LIFTSTATION WET WELL							
Report Dates & Status		DMR Due Date: 07/28/21		Status: NotDMR Validated					
Monitoring Period: From 06/01/21 to 06/30/21									
Considerations for Form Completion									
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY									
Principal/Executive Officer									
First Name:		Title:							
Last Name:									
No Data Indicator (NODI)									
Form NODI: -									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3				
50037	Duration	EG - Effluent Gross	0	-					WHDS - When Discharging RT - RCOTOT
									C - No Discharge
74063	Overflow volume [550 volume, CSD volume]	EG - Effluent Gross	0	-					ES - ESTIMA
									ALUEV - All Events
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					ALUEV - All Events
									RT - RCOTOT
									ALUEV - All Events
									RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					ALUEV - All Events
									RT - RCOTOT
									C - No Discharge
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-07-20 12:52 (Time Zone: -04:00)									
Report Last Signed By									
User: susan.beck@cityoffortwayne.org									
Name: Susan Beck									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)									

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
060 External Outfall		060-C CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		NatDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 06/01/21 to 06/30/21		07/29/21			
Considerations for Form Completion					
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					

Code	Permit	Monitoring Location	Season	Permit NODI	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL B2 - Inflow			WHQS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3R - Magal			ALVEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			5.04 Req Mon MO TOTAL 5W - Inflow			ALVEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 4K - Inflow			ALVEV - All Events	RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 12:51 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-07-20 13:06 (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:	DS1 External Outfall	Discharge:	061-C CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD						
Report Dates & Status		DMR Due Date:	07/28/21	Status:	NetDMR Validated				
Monitoring Period:	From 06/01/21 to 06/30/21								
Considerations for Form Completion									
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:		Title:							
Last Name:									
No Data Indicator (NDI)									
Form NDI:									
Code	Parameter Name	Monitoring Location	Season #	Param. NDI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 1 Qualifier 2 Value 3	Units	WHDS - When Discharging	RT - RCOTOT
					Sample Permit Rec. Value NOD	Opt Mon MO TOTAL B2 - In/mo C - No Discharge			
74063	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Opt Mon MO TOTAL 3R - Mgal C - No Discharge			ES - ESTIMA
					Sample Permit Rec. Value NOD	4.71			
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Opt Mon MO TOTAL SW - In/mo			RT - RCOTOT
					Sample Permit Rec. Value NOD	Opt Mon MO TOTAL SW - In/mo			RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD	Opt Mon MO TOTAL 4C - #mo C - No Discharge			RT - RCOTOT

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

No errors.

1. **Introduction**
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 4. **Results**
 5. **Conclusion**
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 252. **Keywords**
 253. **Subject Headings**
 2

Attachments.....
No attachments.

FORT WAYNE WWTP

Name:

Date/Time:

ser:

NAME _____
E-MAIL _____

DATE/TIME.

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:		Status:			
062 External Outfall		NetDMR Validated			
Report Dates & Status		Telephone:			
Monitoring Period:	From 05/01/21 to 05/30/21				
Considerations for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration		Units	% of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	42 - hr/mo		WHDS - When Discharging	RT - RCOTOT
					Sample Permit Req. Value NODI				C - No Discharge				
74063	Overflow volume [60 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	3R - Mgal		ALVEV - All Events	ES - ESTMA
					Sample Permit Req. Value NODI				C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	5W - hr/mo		ALVEV - All Events	RT - RCOTOT
					Sample Permit Req. Value NODI				4.71	5W - hr/mo		ALVEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Opt Mon MO TOTAL	4K - #/mo		ALVEV - All Events	RT - RCOTOT
					Sample Permit Req. Value NODI				C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:00 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
064 External Outfall		064-C CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 06/01/21 to 06/30/21		07/28/21			
Considerations for Form Completion					
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Formway		Monitoring Location		Season # Param. NODI	
Name					
50327 Duration		EG - Effluent Gross : 0		-	
74063 Overflow volume [SSO volume, CSO volume]		EG - Effluent Gross : 0		-	
78987 Precipitation, monthly accumulation		EG - Effluent Gross : 0		-	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross : 0		-	

Code	Paramway	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			
50327	Duration		EG - Effluent Gross	0									
74063	Overflow volume [SSO volume, CSO volume]		EG - Effluent Gross	0									
78987	Precipitation, monthly accumulation		EG - Effluent Gross	0									
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0									

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 12:52 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 068-C External Outfall		Discharge: CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK			
Report Dates & Status Monitoring Period: From 06/01/21 to 06/30/21 Considerations for Form Completion CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		DMR Due Date: 07/28/21		Status: NetDMR Validated	
First Name: Last Name: No Data Indicator (NODI) Form NODI:		Title:		Telephone:	

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-									WHDS - When Discharging RT - RCO TOT
74063	Overflow volume [880 volume, CSO volume]	EG - Effluent Gross	0	-									ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-									RT - RCO TOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									RT - RCO TOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-07-20 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: 2021-07-20 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0002191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Status:			
080 External Outfall		NetDMR Validated			
Report Dates & Status		Telephone:			
Monitoring Period:	From 06/01/21 to 06/30/21				
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter	Name	Monitoring Location	Season #	Permit NOD	Sample Permit Req. Value NOD	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			
50037	duration		EG - Effluent Gross	0	--										WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]		EG - Effluent Gross	0	--										ES - ESTMA
78937	Precipitation, monthly accumulation		EG - Effluent Gross	0	--										RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--										RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:01 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (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: 081 External Outfall	Discharge: 081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.	
Report Dates & Status	DMR Due Date: 07/28/21	Status: NetDMR Validated
Monitoring Period: From 06/01/21 to 06/30/21		
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 (NDDI)		
Form NDDI: -		

Code	Parameter Name	Monitoring Location	Season	# Param. NDDI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration		EG - Effluent Gross	0									WHDS - When Discharging RT - RCO TOT
74083	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0									ALIEV - All Events ES - ESTIMA
78827	Precipitation, monthly accumulation		EG - Effluent Gross	0									ALIEV - All Events RT - RCO TOT
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0									ALIEV - All Events RT - RCO TOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:01 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-07-20 13:06 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

August 18, 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 July 2021

We are pleased to enclose a completed CSO MRO form for the month of July 2021. 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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

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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 30546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

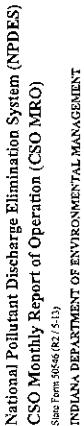
City: Fort Wayne		Page 1 of 12		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN002191	
Monitoring Period: 7-2021		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Metered (M) or Estimated (E) must be specified:		Y	
WWT Inflow Data		Precipitation Data - Divided by 0.01 Gauge		Time		Event	
Average Hourly Flow (MGD)		Peak Hourly Flow (MGD)		Time		Event	
Day of Month		Precip. (inches)		Time		Event	
01 47.50 65.61		54.52		5 m		5 m	
02 49.65 54.52		5 m		5 m		5 m	
03 35.45 50.62		5 m		5 m		5 m	
04 37.99 49.12		5 m		5 m		5 m	
05 32.17 38.69		5 m		5 m		5 m	
06 33.13 39.27		5 m		5 m		5 m	
07 33.50 43.23		5:30 PM 0.50 0.09 0.05		5 m		5 m	
08 40.66 61.61		9:20 AM 0.25 0.05 0.01		5 m		5 m	
09 30.98 35.38		5 m		5 m		5 m	
10 34.27 58.02		10:55 PM 0.08 0.01 0.01		5 m		5 m	
11 37.36 88.03		1:52 AM 3.50 0.59 0.14		5 m		5 m	
12 42.21 56.55		9:45 AM 1.42 1.15 0.63		5 m		5 m	
13 82.18 88.02		2:15 PM 0.17 0.06 0.06		5 m		5 m	
14 60.33 73.34		5 m		5 m		5 m	
15 44.70 69.97		4:35 PM 0.83 0.20 0.14		5 m		5 m	
16 59.23 88.12		12:00 AM 4.50 1.56 0.45		5 m		5 m	
17 92.00 92.06		12:05 AM 1.67 0.29 0.19		5 m		5 m	
18 84.02 92.00		5 m		5 m		5 m	
19 61.50 71.29		5 m		5 m		5 m	
20 60.38 68.58		5 m		5 m		5 m	
21 60.09 65.95		5 m		5 m		5 m	
22 44.35 61.91		5 m		5 m		5 m	
23 39.01 49.82		10:30 AM 0.42 0.30 0.29		5 m		5 m	
24 37.98 44.63		9:45 PM 0.17 0.02 0.02		5 m		5 m	
25 41.42 60.60		12:20 AM 0.08 0.01 0.01		5 m		5 m	
26 34.94 39.71		5 m		5 m		5 m	
27 35.55 40.62		5 m		5 m		5 m	
28 39.23 61.33		5 m		5 m		5 m	
29 45.93 87.69		6:10 AM 0.42 0.40 0.40		5 m		5 m	
30 41.39 58.95		5 m		5 m		5 m	
31 32.89 38.37		5 m		5 m		5 m	
Totals: 1469.70		14.01 4.51		Da		Da	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rose, Manager		Telephone		350-427-6213	
Signature of Principal Executive Officer or Authorized Agent		Susan Rose		Date (mm/dd/yy)		08/18/21	

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



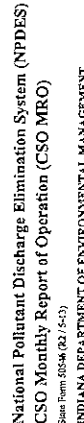
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 30546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN002191	
Monitoring Period: 7-2021		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Metered (M) or Estimated (E) must be specified:		Y	
WWT Inflow Data		Precipitation Data - Divided by 0.01 Gauge		Time		Event	
Average Hourly Flow (MGD)		Peak Hourly Flow (MGD)		Time		Event	
Day of Month		Precip. (inches)		Time		Event	
01 47.50 65.61		54.52		5 m		5 m	
02 49.65 54.52		5 m		5 m		5 m	
03 35.45 50.62		5 m		5 m		5 m	
04 37.99 49.12		5 m		5 m		5 m	
05 32.17 38.69		5 m		5 m		5 m	
06 33.13 39.27		5 m		5 m		5 m	
07 33.50 43.23		5:30 PM 0.50 0.09 0.05		5 m		5 m	
08 40.66 61.61		9:20 AM 0.25 0.05 0.01		5 m		5 m	
09 30.98 35.38		5 m		5 m		5 m	
10 34.27 58.02		10:55 PM 0.08 0.01 0.01		5 m		5 m	
11 37.36 88.03		1:52 AM 3.50 0.59 0.14		5 m		5 m	
12 42.21 56.55		9:45 AM 1.42 1.15 0.63		5 m		5 m	
13 82.18 88.02		2:15 PM 0.17 0.06 0.06		5 m		5 m	
14 60.33 73.34		5 m		5 m		5 m	
15 44.70 69.97		4:35 PM 0.83 0.20 0.14		5 m		5 m	
16 59.23 88.12		12:00 AM 4.50 1.56 0.45		5 m		5 m	
17 92.00 92.06		12:05 AM 1.67 0.29 0.19		5 m		5 m	
18 84.02 92.00		5 m		5 m		5 m	
19 61.50 71.29		5 m		5 m		5 m	
20 60.38 68.58		5 m		5 m		5 m	
21 60.09 65.95		5 m		5 m		5 m	
22 44.35 61.91		5 m		5 m		5 m	
23 39.01 49.82		10:30 AM 0.42 0.30 0.29		5 m		5 m	
24 37.98 44.63		9:45 PM 0.17 0.02 0.02		5 m		5 m	
25 41.42 60.60		12:20 AM 0.08 0.01 0.01		5 m		5 m	
26 34.94 39.71		5 m		5 m		5 m	
27 35.55 40.62		5 m		5 m		5 m	
28 39.23 61.33		5 m		5 m		5 m	
29 45.93 87.69		6:10 AM 0.42 0.40 0.40		5 m		5 m	
30 41.39 58.95		5 m		5 m		5 m	
31 32.89 38.37		5 m		5 m		5 m	
Totals: 1469.70		14.01 4.51		Da		Da	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rose, Manager		Telephone		350-427-6213	
Signature of Principal Executive Officer or Authorized Agent		Susan Rose		Date (mm/dd/yy)		08/18/21	



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

Indiana Department of Environmental Management
Slate Form 50546 (R2 / 5-13)



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

State Form 505-16 (R2 / 5-13)
INDIANA DEPARTMENT OF REVENUE

City: Fort Wayne		Page 2 of 12		Permit Number: D0032191						
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y								
Monitoring Period: 7-2023		Check box if no CSO discharge occurred for the month:								
Design Peak Hourly Flow (MGD):		Precipitation Data - Average S.E. 100 Gauge		Measured/Estimated (M) or Estimated (E) must be specified						
Time Period	Peak Average Daily Flow (MGD)	Time Period (Begin/End)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Flow Intensity (In./24 Hr. (15 min. Avg.))	Flow Intensity (In./24 Hr. (15 min. Avg.))	Flow Intensity (In./24 Hr. (15 min. Avg.))	Flow Intensity (In./24 Hr. (15 min. Avg.))	Flow Intensity (In./24 Hr. (15 min. Avg.))	Flow Intensity (In./24 Hr. (15 min. Avg.))
01	47.50	65.61				5 m				
02	49.65	54.52				5 m				
03	35.45	50.62				5 m				
04	37.99	49.12				5 m				
05	32.17	38.69				5 m				
06	35.13	39.27				5 m				
07	33.50	43.23	5:35 PM	0.67	0.12	0.06	5 m			
08	40.66	61.61	6:30 AM	0.17	0.02	0.01	5 m			
09	30.98	35.28				5 m				
10	34.27	58.02	11:00 PM	0.08	0.01	0.01	5 m			
11	57.36	88.03	1:45 AM	3.42	0.59	0.18	5 m			
12	42.21	86.55	2:55 PM	1.42	1.36	0.89	5 m			
13	82.18	88.02	5:50 AM	0.50	0.39	0.35	5 m			
14	60.33	73.34				5 m				
15	44.70	69.97	5:55 PM	0.25	0.04	0.02	5 m			
16	59.23	88.12	3:40 AM	4.42	1.49	0.73	5 m			
17	92.00	92.06	12:00 AM	1.75	0.31	0.22	5 m			
18	84.02	92.00				5 m				
19	61.30	71.29				5 m				
20	60.38	68.58				5 m				
21	60.00	65.95				5 m				
22	44.35	61.91				5 m				
23	39.01	49.82	10:35 AM	0.17	0.02	0.02	5 m			
24	37.98	44.63	9:40 PM	0.08	0.02	0.02	5 m			
25	41.42	60.60	12:10 AM	0.17	0.03	0.03	5 m			
26	34.94	59.71				5 m				
27	33.55	40.62				5 m				
28	39.23	61.33				5 m				
29	45.93	87.69	6:10 AM	0.42	0.44	0.44	5 m			
30	41.39	58.95				5 m				
31	32.89	38.37				5 m				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Reed, Manager		260-27-4213	
<p>CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEM DESCRIBED HEREIN AND THAT I AM RESPONSIBLE FOR ASSURING THAT THE INFORMATION SUBMITTED IS 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.</p>					
Signatures of Principal Executive Officer or Authorized Agent		Susan Reed		Date (mm/dd/yyyy)	
				02/19/21	

City: Fort Wayne

Page 2 of 11

Permit Number: N0032191

Facility: Fort Wayne - P.L. Brunner WWTP

Public Notification Requirements Met?

Y

Monitoring Period: (MONTH) 7-2021

Check box if no CSO discharges occurred for the month:

Budget Peak Hourly Flow (MGD): 85

Design Average Flow (MGD): 60

Measured/Manual (M) or Estimated (E) must be specified

Day of Month	CSO Control No.		CSO Control No.		CSO Control No.		CSO Control No.		CSO Control No.		CSO Control No.		CSO Control No.		CSO Control No.		CSO Control No.	
	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)	M Time Discharge Begin	M Event Discharge or Duration F (MG)		
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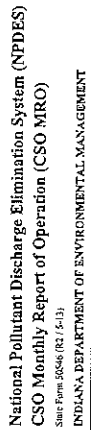
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50-46 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50-46 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 12		Form Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 7-2021		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	
WWT Effluent Data:		CSO Discharge Data:		CSO Discharge Data:	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)
01 47.50	65.61	6:00 AM	0.08	4:15 AM	0.01
02 49.65	54.52			4:45 AM	0.01
03 35.45	50.62			5:15 AM	0.01
04 37.99	49.12			5:45 PM	0.01
05 32.17	38.69			6:15 AM	0.01
06 33.13	39.27			6:45 PM	0.01
07 35.50	43.23	5:40 PM	0.33	7:15 AM	0.01
08 40.66	61.61	6:15 AM	0.25	7:45 PM	0.01
09 36.98	35.28			8:15 AM	0.01
10 34.27	58.02			8:45 AM	0.01
11 57.36	88.03	1:20 AM	3.42	9:15 AM	0.01
12 47.31	86.55	2:55 PM	1.74	9:45 PM	0.01
13 82.18	88.02	5:50 AM	0.75	10:15 PM	0.01
14 60.33	73.34			10:45 PM	0.01
15 44.70	69.97	5:55 PM	0.25	11:15 PM	0.01
16 59.23	88.12	3:40 AM	4.67	11:45 PM	0.01
17 92.00	92.06	12:00 AM	1.75	12:15 AM	0.01
18 84.02	92.00	3:20 AM	0.08	12:45 AM	0.01
19 61.30	71.29			1:15 AM	0.01
20 60.38	68.58			1:45 AM	0.01
21 60.00	65.95			2:15 AM	0.01
22 44.35	61.91			2:45 AM	0.01
23 39.01	49.82	10:50 AM	0.17	3:15 AM	0.01
24 37.98	44.63	9:40 PM	0.08	3:45 PM	0.01
25 41.42	60.60	12:10 AM	0.08	4:15 PM	0.01
26 34.94	39.71			4:45 PM	0.01
27 35.55	40.62			5:15 PM	0.01
28 39.23	61.33			5:45 PM	0.01
29 45.93	87.69	6:05 AM	0.50	6:15 PM	0.01
30 41.39	58.95			6:45 PM	0.01
31 32.89	38.37			7:15 PM	0.01
Totals:	1469.70		12.83	4.80	
Type of Principal Name and Title of Principal Executive Officer or Authorized Agent		Signature		Date (mm/dd/yy)	
Susan Reas		Susan Reas		08/19/21	

City: Fort Wayne		Page 3 of 12		Form Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 7-2021		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	
WWT Effluent Data:		CSO Discharge Data:		CSO Discharge Data:	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)
01 47.50	65.61	6:00 AM	0.08	4:15 AM	0.01
02 49.65	54.52			4:45 AM	0.01
03 35.45	50.62			5:15 AM	0.01
04 37.99	49.12			5:45 PM	0.01
05 32.17	38.69			6:15 AM	0.01
06 33.13	39.27			6:45 PM	0.01
07 35.50	43.23	5:40 PM	0.33	7:15 AM	0.01
08 40.66	61.61	6:15 AM	0.25	7:45 PM	0.01
09 36.98	35.28			8:15 AM	0.01
10 34.27	58.02			8:45 AM	0.01
11 57.36	88.03	1:20 AM	3.42	9:15 AM	0.01
12 47.31	86.55	2:55 PM	1.74	9:45 PM	0.01
13 82.18	88.02	5:50 AM	0.75	10:15 PM	0.01
14 60.33	73.34			10:45 PM	0.01
15 44.70	69.97	5:55 PM	0.25	11:15 PM	0.01
16 59.23	88.12	3:40 AM	4.67	11:45 PM	0.01
17 92.00	92.06	12:00 AM	1.75	12:15 AM	0.01
18 84.02	92.00	3:20 AM	0.08	12:45 AM	0.01
19 61.30	71.29			1:15 AM	0.01
20 60.38	68.58			1:45 AM	0.01
21 60.00	65.95			2:15 AM	0.01
22 44.35	61.91			2:45 AM	0.01
23 39.01	49.82	10:50 AM	0.17	3:15 AM	0.01
24 37.98	44.63	9:40 PM	0.08	3:45 PM	0.01
25 41.42	60.60	12:10 AM	0.08	4:15 PM	0.01
26 34.94	39.71			4:45 PM	0.01
27 35.55	40.62			5:15 PM	0.01
28 39.23	61.33			5:45 PM	0.01
29 45.93	87.69	6:05 AM	0.50	6:15 PM	0.01
30 41.39	58.95			6:45 PM	0.01
31 32.89	38.37			7:15 PM	0.01
Totals:	1469.70		12.83	4.80	
Type of Principal Name and Title of Principal Executive Officer or Authorized Agent		Signature		Date (mm/dd/yy)	
Susan Reas		Susan Reas		08/19/21	





National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Brainer WWTP		Page 5 of 12		Permit Number: IN0032191	
Monitoring Period: 7-2021		Public Notification Requirements Met?		Y		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if no CSO discharge occurred for the month:			
WWT Plant Data		Production Data		CSO Detail No.		CSO Detail No.	
Time	Peak	Time	Production	Time	Discharge	Time	Discharge
01	47.50	05.61	5 m	01	0.00	01	0.00
02	46.65	54.52	5 m	02	0.00	02	0.00
03	35.45	50.62	5 m	03	0.00	03	0.00
04	37.99	49.12	5 m	04	0.00	04	0.00
05	32.17	38.69	5 m	05	0.00	05	0.00
06	33.13	39.27	5 m	06	0.00	06	0.00
07	32.50	43.23	5 m	07	0.00	07	0.00
08	40.66	61.61	5 m	08	0.00	08	0.00
09	30.98	35.28	5 m	09	0.00	09	0.00
10	34.27	58.02	5 m	10	0.00	10	0.00
11	57.36	88.03	5 m	11	0.00	11	0.00
12	42.21	86.55	5 m	12	0.00	12	0.00
13	82.18	98.02	5 m	13	0.00	13	0.00
14	60.33	72.34	5 m	14	0.00	14	0.00
15	44.70	69.97	5 m	15	0.00	15	0.00
16	59.23	88.12	5 m	16	0.00	16	0.00
17	92.00	92.06	5 m	17	0.00	17	0.00
18	84.02	92.00	5 m	18	0.00	18	0.00
19	61.30	71.29	5 m	19	0.00	19	0.00
20	60.38	68.58	5 m	20	0.00	20	0.00
21	60.00	65.95	5 m	21	0.00	21	0.00
22	44.35	61.91	5 m	22	0.00	22	0.00
23	39.01	49.82	5 m	23	0.00	23	0.00
24	37.98	44.63	5 m	24	0.00	24	0.00
25	41.42	60.60	5 m	25	0.00	25	0.00
26	34.94	39.71	5 m	26	0.00	26	0.00
27	33.55	40.62	5 m	27	0.00	27	0.00
28	39.23	61.33	5 m	28	0.00	28	0.00
29	45.93	87.69	5 m	29	0.00	29	0.00
30	41.39	58.95	5 m	30	0.00	30	0.00
31	32.89	38.37	5 m	31	0.00	31	0.00
Totals: 1669.70		14.42		5.58		1.302	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager	
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 AND ANSWER ALL REQUESTS 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.		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 AND ANSWER ALL REQUESTS 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.		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 AND ANSWER ALL REQUESTS 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.		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 AND ANSWER ALL REQUESTS 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
06/19/21		06/19/21		06/19/21		06/19/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Brainer WWTP		Page 5 of 12		Permit Number: IN0032191	
Monitoring Period: 7-2021		Public Notification Requirements Met?		Y		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if no CSO discharge occurred for the month:			
WWT Plant Data		Production Data		CSO Detail No.		CSO Detail No.	
Time	Peak	Time	Production	Time	Discharge	Time	Discharge
01	47.50	05.61	5 m	01	0.00	01	0.00
02	46.65	54.52	5 m	02	0.00	02	0.00
03	35.45	50.62	5 m	03	0.00	03	0.00
04	37.99	49.12	5 m	04	0.00	04	0.00
05	32.17	38.69	5 m	05	0.00	05	0.00
06	33.13	39.27	5 m	06	0.00	06	0.00
07	32.50	43.23	5 m	07	0.00	07	0.00
08	40.66	61.61	5 m	08	0.00	08	0.00
09	30.98	35.28	5 m	09	0.00	09	0.00
10	34.27	58.02	5 m	10	0.00	10	0.00
11	57.36	88.03	5 m	11	0.00	11	0.00
12	42.21	86.55	5 m	12	0.00	12	0.00
13	82.18	98.02	5 m	13	0.00	13	0.00
14	60.33	72.34	5 m	14	0.00	14	0.00
15	44.70	69.97	5 m	15	0.00	15	0.00
16	59.23	88.12	5 m	16	0.00	16	0.00
17	92.00	92.06	5 m	17	0.00	17	0.00
18	84.02	92.00	5 m	18	0.00	18	0.00
19	61.30	71.29	5 m	19	0.00	19	0.00
20	60.38	68.58	5 m	20	0.00	20	0.00
21	60.00	65.95	5 m	21	0.00	21	0.00
22	44.35	61.91	5 m	22	0.00	22	0.00
23	39.01	49.82	5 m	23	0.00	23	0.00
24	37.98	44.63	5 m	24	0.00	24	0.00
25	41.42	60.60	5 m	25	0.00	25	0.00
26	34.94	39.71	5 m	26	0.00	26	0.00
27	33.55	40.62	5 m	27	0.00	27	0.00
28	39.23	61.33	5 m	28	0.00	28	0.00
29	45.93	87.69	5 m	29	0.00	29	0.00
30	41.39	58.95	5 m	30	0.00	30	0.00
31	32.89	38.37	5 m	31	0.00	31	0.00
Totals: 1669.70		14.42		5.58		1.302	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager	
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 AND ANSWER ALL REQUESTS 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.		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 AND ANSWER ALL REQUESTS 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.		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 AND ANSWER ALL REQUESTS 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.		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 AND ANSWER ALL REQUESTS 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
06/19/21		06/19/21		06/19/21		06/19/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50246 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50246 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Form Number: IN002191					
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y					
Monitoring Period: MONTHLY 7-2021		Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured (M) or Estimated (E) must be specified					
Day of Month	Peak Hourly Flow (MGD)	Time	Peak Precipitation (inches)	Peak Daily Precipitation (inches)	Peak Daily Precipitation (inches)	Time	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)
01	47.50	6:51							
02	49.65	54.52							
03	35.45	50.62	11:50 PM	0.08	0.02	0.02			
04	37.99	49.12	11:45 PM	0.25	0.03	0.03			
05	32.17	38.69	11:50 PM	0.08	0.02	0.02			
06	33.13	39.27	11:50 PM	0.08	0.01	0.01			
07	32.50	43.23	7:00 AM	0.83	0.19	0.12			
08	40.66	61.61	6:45 AM	0.33	0.04	0.02			
09	30.98	35.28	11:50 PM	0.08	0.03	0.03			
10	34.27	58.02	10:20 PM	0.25	0.03	0.02			
11	57.36	88.03	1:30 AM	3.67	0.71	0.23			
12	42.31	86.55	2:50 PM	1.58	1.68	1.50			
13	82.18	88.02	5:45 AM	0.50	0.39	0.32			
14	60.33	73.34							
15	44.70	69.97	2:35 PM	0.92	0.12	0.06			
16	59.23	88.12	3:35 AM	4.50	1.57	0.37			
17	92.00	92.06	12:00 AM	2.00	0.41	0.26			
18	84.02	92.00	3:25 AM	0.08	0.01	0.01			
19	61.30	71.29							
20	60.38	68.58							
21	60.00	65.95							
22	44.35	61.91							
23	39.01	49.82	10:35 AM	0.42	0.08	0.08			
24	37.98	44.63	9:40 PM	0.08	0.01	0.01			
25	41.42	60.60	12:10 AM	0.17	0.02	0.01			
26	34.94	39.71	6:25 AM	0.33	0.04	0.02			
27	33.55	40.62	3:45 AM	0.33	0.06	0.04			
28	39.23	61.33	11:10 PM	0.17	0.03	0.03			
29	45.93	87.69	6:05 AM	0.42	0.36	0.36			
30	41.39	58.95							
31	32.89	38.37	10:55 PM	0.25	0.03	0.02			
Totals:	3469.70			17.42	5.89		8	34.07	44.508
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rose, Manager		Telephone		250-427-4213		Date (mm/dd/yy)	
Signature of Principal Executive Officer or Authorized Agent		Susan Rose		Date (mm/dd/yy)		06/18/21			

City: Fort Wayne		Page 6 of 12		Form Number: IN002191					
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y					
Monitoring Period: MONTHLY 7-2021		Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured (M) or Estimated (E) must be specified					
Day of Month	Peak Hourly Flow (MGD)	Time	Peak Precipitation (inches)	Peak Daily Precipitation (inches)	Peak Daily Precipitation (inches)	Time	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)
01									
02									
03									
04									
05									
06									
07	5:55 PM	0.50	0.011						
08									
09									
10									
11	4:20 AM	2.58	0.883			4:25 AM	1.83	0.023	
12	9:45 PM	2.25	5.258			9:35 PM	2.33	0.708	
13	12:00 AM	4.67	0.172			12:00 AM	13.08	0.122	
14									
15	5:15 PM	0.58	0.019			4:50 PM	1.58	0.021	
16	5:10 PM	3.00	2.914			9:15 PM	2.75	0.608	
17	12:00 AM	3.17	2.033			12:00 AM	5.17	0.635	
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29	6:35 AM	0.92	0.317			6:50 AM	1.25	0.042	
30									
31									
Totals:	8	17.67	11.337			7	27.99	2.159	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5024b (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 7 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 7-2021		Check box (if CSO discharge occurred for the month):		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Discharge No. 45	
WTP Influent Data		Peak Daily Flow (MGD)		CSO Discharge No. 45	
Day of Month	Flow (MGD)	Time	Peak Daily Flow (MGD)	Time	CSO Discharge No. 45
01	47.50	05:51	5 m	10:15 PM	M 0.25
02	49.65	04:52	5 m	10:30 PM	M 0.17
03	35.45	05:02	5 m	10:30 PM	M 0.004
04	37.99	09:12	5 m	10:30 PM	M 0.004
05	32.17	38:69	5 m	10:30 PM	M 0.004
06	33.13	39:27	5 m	10:30 PM	M 0.004
07	33.50	43:23	5 m	10:30 PM	M 0.004
08	40.66	61:61	5 m	10:30 PM	M 0.004
09	30.98	35:28	5 m	10:30 PM	M 0.004
10	34.27	58:02	5 m	10:30 PM	M 0.004
11	57.36	88:03	5 m	10:30 PM	M 0.004
12	42.21	86:55	5 m	10:30 PM	M 0.004
13	82.18	88:02	5 m	10:30 PM	M 0.004
14	60.33	73:34	5 m	10:30 PM	M 0.004
15	44.70	69:97	5 m	10:30 PM	M 0.004
16	59.23	88:12	5 m	10:30 PM	M 0.004
17	92.00	92:06	5 m	10:30 PM	M 0.004
18	84.02	92:00	5 m	10:30 PM	M 0.004
19	61.30	71:29	5 m	10:30 PM	M 0.004
20	60.38	68:58	5 m	10:30 PM	M 0.004
21	60.00	65:55	5 m	10:30 PM	M 0.004
22	44.35	61:91	5 m	10:30 PM	M 0.004
23	39.01	49:82	5 m	10:30 PM	M 0.004
24	37.98	44:63	5 m	10:30 PM	M 0.004
25	41.42	60:60	5 m	10:30 PM	M 0.004
26	34.94	39:71	5 m	10:30 PM	M 0.004
27	33.55	40:62	5 m	10:30 PM	M 0.004
28	39.23	61:33	5 m	10:30 PM	M 0.004
29	45.93	87:69	5 m	10:30 PM	M 0.004
30	41.39	58:95	5 m	10:30 PM	M 0.004
31	32.89	38:37	5 m	10:30 PM	M 0.004
Totals: 1469.70		14.25		0.007	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Susan Reas, Manager		[Signature]		09/19/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5024b (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 7 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 7-2021		Check box (if CSO discharge occurred for the month):		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Discharge No. 45	
WTP Influent Data		Peak Daily Flow (MGD)		CSO Discharge No. 45	
Day of Month	Flow (MGD)	Time	Peak Daily Flow (MGD)	Time	CSO Discharge No. 45
01	47.50	05:51	5 m	10:15 PM	M 0.25
02	49.65	04:52	5 m	10:30 PM	M 0.17
03	35.45	05:02	5 m	10:30 PM	M 0.004
04	37.99	09:12	5 m	10:30 PM	M 0.004
05	32.17	38:69	5 m	10:30 PM	M 0.004
06	33.13	39:27	5 m	10:30 PM	M 0.004
07	33.50	43:23	5 m	10:30 PM	M 0.004
08	40.66	61:61	5 m	10:30 PM	M 0.004
09	30.98	35:28	5 m	10:30 PM	M 0.004
10	34.27	58:02	5 m	10:30 PM	M 0.004
11	57.36	88:03	5 m	10:30 PM	M 0.004
12	42.21	86:55	5 m	10:30 PM	M 0.004
13	82.18	88:02	5 m	10:30 PM	M 0.004
14	60.33	73:34	5 m	10:30 PM	M 0.004
15	44.70	69:97	5 m	10:30 PM	M 0.004
16	59.23	88:12	5 m	10:30 PM	M 0.004
17	92.00	92:06	5 m	10:30 PM	M 0.004
18	84.02	92:00	5 m	10:30 PM	M 0.004
19	61.30	71:29	5 m	10:30 PM	M 0.004
20	60.38	68:58	5 m	10:30 PM	M 0.004
21	60.00	65:55	5 m	10:30 PM	M 0.004
22	44.35	61:91	5 m	10:30 PM	M 0.004
23	39.01	49:82	5 m	10:30 PM	M 0.004
24	37.98	44:63	5 m	10:30 PM	M 0.004
25	41.42	60:60	5 m	10:30 PM	M 0.004
26	34.94	39:71	5 m	10:30 PM	M 0.004
27	33.55	40:62	5 m	10:30 PM	M 0.004
28	39.23	61:33	5 m	10:30 PM	M 0.004
29	45.93	87:69	5 m	10:30 PM	M 0.004
30	41.39	58:95	5 m	10:30 PM	M 0.004
31	32.89	38:37	5 m	10:30 PM	M 0.004
Totals: 1469.70		14.25		0.007	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Susan Reas, Manager		[Signature]		09/19/21	



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 505-6 (P2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 8 of 12		Parent Number: IN003191											
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y											
Monitoring Period: (MONTH)		7-2021		Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		60		Measured/Entered (M) or Estimated (E) must be specified											
WVPT Influent Data		Precipitation Data - Anthony Blvd S RTZ Gauge		CSO Outfall No. 54											
Date of Month	Peak Hourly Discharge (MGD)	Time (hh:mm)	Precip. (Inches)	Trial Daily Peak (Inches)	Measure (Inches)	Time Discharge Began	M (Hour)	E (Hour)	Event Duration (Mins)	M (Hour)	E (Hour)	Time Discharge Ended	M (Hour)	E (Hour)	Event Duration (Mins)
01	47.50	65.61			5 m										
02	49.65	54.52			5 m										
03	35.45	50.62			5 m										
04	37.99	49.12			5 m										
05	32.17	38.69			5 m										
06	33.13	39.27			5 m										
07	33.50	43.23	11:30 PM	0.08	0.01	5 m									
08	40.66	61.61	12:50 PM	0.25	0.03	5 m									
09	30.98	35.28			5 m										
10	34.27	58.02	10:50 PM	0.08	0.01	5 m									
11	57.36	88.03	1:35 AM	3.00	0.51	0.18	5 m								
12	42.21	86.55	2:40 PM	1.25	0.73	0.40	5 m								
13	82.18	88.03	2:10 PM	0.35	0.05	0.04	5 m								
14	66.33	75.34			5 m										
15	44.70	69.97	2:50 PM	1.00	0.44	0.21	5 m								
16	59.23	88.12	3:35 AM	4.67	2.44	0.73	5 m								
17	92.00	92.06	12:00 AM	2.08	0.66	0.51	5 m								
18	84.02	92.00			5 m										
19	81.30	71.29			5 m										
20	60.38	68.58			5 m										
21	60.00	65.95			5 m										
22	44.33	61.91			5 m										
23	39.01	49.82	10:20 AM	0.67	0.12	0.11	5 m								
24	37.98	44.63	9:45 PM	0.33	0.07	0.05	5 m								
25	41.42	60.60	12:20 AM	0.08	0.03	0.03	5 m								
26	34.94	39.71			5 m										
27	33.55	40.62			5 m										
28	39.23	61.33			5 m										
29	45.93	87.69	6:10 AM	0.42	0.38	0.38	5 m								
30	41.39	58.95			5 m										
31	52.89	38.37			5 m										
Total:	1469.70		14.17	5.48		0	0.00	0.00		0	0.00		0.00		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Shawn Russ, Manager		Telephone		264-427-6213									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE CSO ACT AND THE CSO RULES. I HAVE REVIEWED THE INFORMATION SUBMITTED HEREIN AND I HAVE REVIEWED THE INFORMATION SUBMITTED BY 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		Shawn Russ		Date (mm/dd/yy)											

City: Fort Wayne										Page 8 of 12		Permit Number: NW002494	
Facility: Fort Wayne - P.L. Brainerd WWTP										Public Notification Requirements Met? Y			
Monitoring Period: [MONTH] 7-2021										Check box if no CSO discharges occurred for the month:			
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 40			
CSO Control No.										CSO Control No.			
Time	M	Event Discharge or Overflow	M	Event Discharge or Overflow	M	Event Discharge or Overflow	M	Event Discharge or Overflow	M	Event Discharge or Overflow	M	Event Discharge or Overflow	
Day of Month	Time Discharge began	Discharge Rate	Time Discharge ended	Discharge Rate	Time Discharge began	Discharge Rate	Time Discharge ended	Discharge Rate	Time Discharge began	Discharge Rate	Time Discharge ended	Discharge Rate	
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
Total:	Da	vs			Da	vs			Da	vs			



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

State Form 50546 (02/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (02/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 10 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 7-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60	
CSO Outfall No. 45		CSO Outfall No. 60		CSO Outfall No. 60	
Day of Month	Time Discharge or Event	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:	0	0.00	0.00	0.00	0.00

City: Fort Wayne		Page 10 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 7-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60	
CSO Outfall No. 45		CSO Outfall No. 60		CSO Outfall No. 60	
Day of Month	Time Discharge or Event	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12	9:45 PM	0.83	0.028		
13					
14					
15					
16	10:10 PM	1.83	0.083		
17	12:00 AM	1.08	0.013		
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:	3	3.74	0.124	0	0.00



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 7-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified:			
WWT Influent Data		CSO Outfall No. 27		CSO Outfall No. 33	
Time		Time		Time	
Peak		Peak		Peak	
Daily Flow (MGD)		Daily Flow (MGD)		Daily Flow (MGD)	
01 47.50 65.61		02 49.65 54.52		03 38.45 50.62	
04 37.99 49.12		05 32.17 38.69		06 33.13 39.27	
07 33.50 43.23		08 40.66 61.61		09 30.98 34.28	
10 34.27 58.02		11 57.36 88.03		12 42.21 84.55	
13 82.18 98.02		14 60.33 73.34		15 44.70 69.97	
16 59.23 88.12		17 92.00 92.06		18 84.02 92.00	
19 61.30 71.29		20 60.38 66.58		21 60.00 65.95	
22 44.35 61.91		23 39.01 49.82		24 37.98 44.63	
25 41.42 60.60		26 34.94 39.71		27 35.55 40.62	
28 39.23 61.33		29 45.93 87.69		30 41.39 58.95	
31 32.89 38.37		Totals: 1469.70		Totals: 13.707	
Type of Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature		Date (mm/dd/yy)	
Susan Reas, Manager		Susan Reas		06/18/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: (MONTH) 7-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified:			
WWT Influent Data		CSO Outfall No. 44		CSO Outfall No. 45	
Time		Time		Time	
Peak		Peak		Peak	
Daily Flow (MGD)		Daily Flow (MGD)		Daily Flow (MGD)	
01 47.50 65.61		02 49.65 54.52		03 38.45 50.62	
04 37.99 49.12		05 32.17 38.69		06 33.13 39.27	
07 33.50 43.23		08 40.66 61.61		09 30.98 34.28	
10 34.27 58.02		11 57.36 88.03		12 42.21 84.55	
13 82.18 98.02		14 60.33 73.34		15 44.70 69.97	
16 59.23 88.12		17 92.00 92.06		18 84.02 92.00	
19 61.30 71.29		20 60.38 66.58		21 60.00 65.95	
22 44.35 61.91		23 39.01 49.82		24 37.98 44.63	
25 41.42 60.60		26 34.94 39.71		27 35.55 40.62	
28 39.23 61.33		29 45.93 87.69		30 41.39 58.95	
31 32.89 38.37		Totals: 1469.70		Totals: 13.707	
Type of Printed Name and Title of Principal Executive Officer or Authorized Agent		Signature		Date (mm/dd/yy)	
Susan Reas, Manager		Susan Reas		06/18/21	



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:	[12] of [12]	Permit Number:	IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y		
Monitoring Period:	[MONTH]	7-2021	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					
09					
10					
11	Wet Weather Day				
12	Wet Weather Day				
13	Wet Weather Day				
14					
15	Wet Weather Day				
16	Wet Weather Day				
17	Wet Weather Day				
18					
19					
20					
21					
22					
23	Wet Weather Day				
24					
25	Wet Weather Day				
26					
27					
28					
29	Wet Weather Day				
30					
31					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Telephone	
Susan Reas, 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				08/18/21	

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 CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3850 FT W OF COLISEUM BLVD		
Report Dates & Status		DMR Due Date:	08/28/21	Status:	NetDMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21				
Considerations for Form Completion					
CSO - 002 POND WHEN USED AS CSO ONLY					
Principal Executive Officer		Title:	Manager	Telephone:	260-427-8213
First Name:	Susan				
Last Name:	Reas				
No Data Indicator (NODI)	-				
Form NODI:	-				

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	82 - hrmo		WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	3R - Mgal		AUEV - All Events	ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			4.58	6W - hrmo		AUEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	4K - hrmo		AUEV - All Events	RT - RCOTOT	

Submission Note	Name	Type	Size
IN0032191_LETTER_2021_07.pdf		pdf	179540.0
IN0032191_CSOMRO_2021_07.pdf		pdf	445464.0

Report Last Saved By	User:	Name:	E-Mail:	Date/Time:
FORT WAYNE WWTP	susan.beck@cityoffortwayne.org	Susan Reas	susan.beck@cityoffortwayne.org	2021-08-18 10:43 (Time Zone: -04:00)

Report Last Signed By	User:	Name:	E-Mail:	Date/Time:
	susan.beck@cityoffortwayne.org	Susan Reas	susan.beck@cityoffortwayne.org	2021-08-18 10:43 (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:	003 External Outfall	Discharge:	003-C CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		
Report Dates & Status		DMR Due Date:	08/28/21	Status:	NetDMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21				
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 #	Permit NODI	Sample Permit Rec. Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality of Concentration Value 1 Qualifier 1 Value 2 Qualifier 2 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						WHPS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-						ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						AUEV - All Events AUEV - All Events RT - ROOTOT RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						AUEV - All Events RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:38 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: 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: CSO: J02-90, 201 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated	
Monitoring Period: From 07/01/21 to 07/31/21			
Considerations for Form Completion			
CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
Last Name:	Title:		Telephone:
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of EA	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						82 - H/mo	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						3R - Mgal	AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						5W - h/mo	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						4K - d/mo	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:35 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032131	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes		CITY OF FORT WAYNE		
			200 E BERRY ST		
			FT WAYNE, IN 46802		
Permitted Feature:		Discharge:	Status:		
005 External Outfall		CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD	NetDMR Validated		
Report Dates & Status		DMR Due Date:	Telephone:		
Monitoring Period: From 07/01/21 to 07/31/21		08/28/21			
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	Form NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI								
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. 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@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:35 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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, SE OF ELECTRIC AVE. & BROWN ST.		
Report Dates & Status		DMR Due Date:	08/28/21	Status:	NetDMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21				
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:					

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	92 - Inflow		WHDS - When Discharging	RT - ROOTDT
74083	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	3R - Negl		AUEV - All Events	ES - ESTWA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	3R - Negl		AUEV - All Events	RT - ROOTDT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL	4K - Inflow		AUEV - All Events	RT - ROOTDT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:35 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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 210 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status		DMR Due Date:	08/28/21	Status:	Not DMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21				
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	Units		When Discharging	When Discharging	
50037	Duration	EG - Effluent Gross	0	-				1.29	02 - Hrmo	0	WHDS - When Discharging	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-				1.853	3R - Mgal	0	AUEV - All Events	AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				4.75	SW - Hrmo	0	AUEV - All Events	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				2.0	4K - Hrmo	0	AUEV - All Events	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-08-18 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: 2021-08-18 10:43 (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: 012 External Outfall	Discharge: 012-C CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
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: -	Monitoring Location: Season # Param NODI	

Code	Parameter Name	Monitoring Location	Season #	Param NODI	Quantity or Loading			Quality or Concentration		# of Evt	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3		
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI						WHDS - When Discharging	RT - ROOTOT
74053	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI						ALIEV - All Events	ES - ESTMA
78827	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI						ALIEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI						ALIEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityofwayne.org
Susan Beck
susan.beck@cityofwayne.org
2021-08-18 10:36 (Time Zone: -04:00)

susan.beck@cityofwayne.org
Susan Beck
susan.beck@cityofwayne.org
2021-08-18 10:43 (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: 013 External Outfall	Discharge: 013-C CSO: K06-298 - 80 FT N OF THIEVE DR & BERRY ST	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
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: -		

Code	Parameter Name	Monitoring Location	Season #	Sample Permit Rec. Value NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-			82 - hr/mo	Req Mon MO TOTAL	82 - hr/mo	0	0	WHDS - When Discharging	RT - ROOTOT
74093	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-			3R - Mgal	Req Mon MO TOTAL	3R - Mgal	0	0	AUEV - All Events	ES - ESTMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			5W - in/mo	Req Mon MO TOTAL	5W - in/mo	0	0	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			4K - hr/mo	Req Mon MO TOTAL	4K - hr/mo	0	0	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-08-18 10:33 (Time Zone: -0400)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-08-18 10:43 (Time Zone: -0400)

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: 017 External Outfall	Discharge: CSO: K07-176 - 130 FT SW OF ST. MARYS PKWY & WALDRON CIRCLE	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading		Quality or Concentration		# of EL	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				EG - Inflow	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				3R - Mgal	AUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				5.54	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				6.0	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:34 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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: 018 External Outfall	Discharge: 018-C CSD: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSD: K11-165 MUNICIPAL 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			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3		Units	Value 3	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			34.07	Req Mon MO TOTAL	0	82 - hrmo		WHDS - When Discharging RT - RCOTDT WHDS - When Discharging RT - RCOTDT
74083	Overflow volume [SSO volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			44.508	Req Mon MO TOTAL	0	3R - Mgal		AUEV - All Events ES - ESTMA AUEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			5.38	Req Mon MO TOTAL	0	SW - hrmo		AUEV - All Events RT - RCOTDT AUEV - All Events RT - RCOTDT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			8.0	Req Mon MO TOTAL	0	4K - hrmo		AUEV - All Events RT - RCOTDT AUEV - All Events RT - RCOTDT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityofwayne.org

Susan Beck

susan.beck@cityofwayne.org

2021-08-18 10:34 (Time Zone: -04:00)

susan.beck@cityofwayne.org

Susan Beck

susan.beck@cityofwayne.org

2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0022191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status		DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21		
Considerations for Form Completion	CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer			
First Name:		Title:	Telephone:
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Premier Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Value 1 Qualifier 1	Value 2 Qualifier 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	82 - Inmo			WHDS - When Discharging RT - ROOTOT
								C - No Discharge				
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	3R - Mgal			ES - ESTMA
								C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	5W - Inmo			RT - ROOTOT
								5.89	5W - Inmo			RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	4K - Inmo			RT - ROOTOT
								C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

No comments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-08-18 10:34 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802
Permitted Feature:	020 External Outfall	Discharge:	020-C CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD
Report Dates & Status	From 07/01/21 to 07/31/21	DMR Due Date:	08/28/21
Monitoring Period:	Considerations for Form Completion		
CSO: K15-116	MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			
First Name:		Title:	
Last Name:			
No Data Indicator (NODI)			
Form NODI:			
Facility:	FORT WAYNE WWTP	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Status:	NetDMR Validated	Telephone:	

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading		Quality or Concentration		# of Events	Frequency of Analysis		Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4		Units	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	--						02 - hrmo	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--						3R - Ugal	WHDS - When Discharging	RT - ROOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						SW - hrmo	WHDS - When Discharging	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						4K - hrmo	WHDS - When Discharging	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-08-18 10:34 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-08-18 10:43 (Time Zone: -04:00)

Permit	IND032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Permit #:	Yes	Permittee Address:	CITY OF FORT WAYNE 210 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Major:		Discharge:	021-C CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Permitted Feature:	021 External Outfall			Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	08/28/21		
Monitoring Period:	From 07/01/21 to 07/31/21				
Considerations for Form Completion					
	CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:	-				

Code	Parameter Name	Monitoring Location	Season # Param. NOD	Quantity or Loading			Quality or Consumption			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					27.59	82 - #/mo	WHDS - When Discharging RT - RCOTOT
										Req Mon MO TOTAL	82 - #/mo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (\$80 volume, CEO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					2.169	3R - Mgal	ALVEY - All Events ES - ESTIMA
										Req Mon MO TOTAL	3R - Mgal	ALVEY - All Events ES - ESTIMA
76987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					5.88	5W - #/mo	ALVEY - All Events RT - RCOTOT
										Req Mon MO TOTAL	5W - #/mo	ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					7.0	4K - #/mo	ALVEY - All Events RT - RCOTOT
										Req Mon MO TOTAL	4K - #/mo	ALVEY - All Events RT - RCOTOT

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

No errors.

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STUDYING

EXPORT INVA YNE UNITO

User:

E-Mail:

Report Last Signed By

Name: _____

Date/Time:

[illegible]

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: 023 External Outfall	Discharge: 023-C CSO: L05-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Priority	Name	Monitoring Location	Season	Permit NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 1	Value 1	Qualifier 2	Value 2	
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								
74083	Overflow volume [S&O volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								
78857	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Req. 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

No attachments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:32 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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: 024 External Outfall	Discharge: 024-C CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NotDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: L06-420 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 #	Permit NODI	Quantity or Loading			Quality or Concentration			# of EA	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duranton	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						82 - N/mo	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						3R - Mgal	AUEV - All Events	ES - ESTIMA
78957	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						5W - Inmo	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						4K - #mo	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:32 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	
Report Dates & Status		DMR Due Date: 08/28/21	Status: NotDMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21		
Considerations for Form Completion			
CSO: L06-421 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 of Loading		Quality of Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2		Qualifier 3	Value 3	
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI					Req Mon MO TOTAL	02 - Hr/mo	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI					Req Mon MO TOTAL	3R - Mgal	AUEV - All Events ES - ESTIMA AUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI					Req Mon MO TOTAL	5W - Hr/mo	AUEV - All Events RT - ROOTOT AUEV - All Events RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI					Req Mon MO TOTAL	4K - Hr/mo	AUEV - All Events RT - ROOTOT AUEV - All Events RT - ROOTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:32 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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: 027 External Outfall	Discharge: 027-C CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Exc	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 62 - #/mo	C - No Discharge		WHOS - When Discharging	RT - ROOTOT
74083	Overflow volume (\$60 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 3R - #gal	C - No Discharge		AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		5.18 SW - #/mo	Req Mon MO TOTAL 5W - #/mo	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 4K - #/mo	C - No Discharge		AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:39 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permittee:	Facility:
Permit #: IN0032191	FORT WAYNE WWTP	FORT WAYNE WWTP
Major: Yes	CITY OF FORT WAYNE	P.L. BRUNNER WPC
	200 E BERRY ST	FORT WAYNE, IN 46803
	FT WAYNE, IN 46802	
Permitted Feature:	Discharge:	Status:
D28 External Outfall	D28-C CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE	NetDMR Validated
Report Dates & Status	DMR Due Date:	
Monitoring Period: From 07/01/21 to 07/31/21	08/28/21	
Considerations for Form Completion		
CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY		
Principal/Executive Officer		
Last Name:	Title:	Telephone:
No Data Indicator (NODI)		
Form NODI:	Monitoring Location:	Season:
50337 Duration	EG - Effluent Gross	0

Code	Permittee Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
50337	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				2.34	Req Mon MO TOTAL	22 - Hrmo	WHDS - When Discharging RT - RCO TOT	
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				0.787	Req Mon MO TOTAL	3R - Mgal	AUEV - All Events ES - ESTIMA	
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				4.88	Req Mon MO TOTAL	SW - Hrmo	AUEV - All Events RT - RCO TOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				5.0	Req Mon MO TOTAL	4K - Hrmo	AUEV - All Events RT - RCO TOT	

Submission Note

If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Data/Time:

2021-08-18 10:36 (Time Zone: -04:00)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

2021-08-18 10:43 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org
Susan Reas

susan.beck@cityoffortwayne.org
2021-08-18 10:36 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org
Susan Reas

susan.beck@cityoffortwayne.org
2021-08-18 10:43 (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: 029 External Outfall	Discharge: 029-C CSC: M10-285 - 230 FT E OF DUCK ST & BARR ST	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSC: M10-285 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			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				1.42	Req Mon MO TOTAL	02 - hrmo	0	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74083	Overflow volume [S80 volume, CSC volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				0.988	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events AUEV - All Events ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				4.8	Req Mon MO TOTAL	SW - hrmo	0	AUEV - All Events AUEV - All Events RT - ROOTOT RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				3.0	Req Mon MO TOTAL	4K - hrmo	0	AUEV - All Events AUEV - All Events RT - ROOTOT RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:32 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
002 External Outfall		002-C CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 07/01/21 to 07/31/21		08/28/21			
Considerations for Form Completion					
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Parameter Name		Monitoring Location		Season # Param NODI	
50037 Duration		EG - Effluent Gross		0 --	
74083 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross		0 --	
78987 Precipitation, monthly accumulation		EG - Effluent Gross		0 --	
84185 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0 --	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityofwayne.org			
Name:		Susan Beck			
E-Mail:		susan.beck@cityofwayne.org			
Date/Time:		2021-08-18 10:33 (Time Zone: -04:00)			
Report Last Signed By					
User:		susan.beck@cityofwayne.org			
Name:		Susan Beck			
E-Mail:		susan.beck@cityofwayne.org			
Date/Time:		2021-08-18 10:43 (Time Zone: -04:00)			

Code	Parameter Name	Monitoring Location	Season # Param NODI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 3	Value 1 Qualifier 1	Value 2 Qualifier 2	Value 3			
50037	Duration	EG - Effluent Gross	0 --	Sample Permit Rec. Value NODI			82 - hrmo	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0 --	Sample Permit Rec. Value NODI			3R - Mgal	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	Sample Permit Rec. Value NODI			5W - hrmo	Req Mon MO TOTAL	5W - hrmo	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0 --	Sample Permit Rec. Value NODI			4K - hrmo	Req Mon MO TOTAL	4K - hrmo	0	AUEV - All Events	RT - ROOTOT

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:	003 External Outfall	Discharge:	003-C CSD: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST	Status:	NetDMR Validated
Report Dates & Status	From 07/01/21 to 07/31/21	DMR Due Date:	08/28/21	Telephone:	
Monitoring Period:	Considerations for Form Completion				
CSD: M10-313/MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter	Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL	02 - Hrms	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74083	Overflow volume [S80 volume, CSD volume]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL	3R - Megal	0	AUEV - All Events	ES - ESTIMA
78867	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL	SW - Hrms	0	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL	4K - Hrms	0	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:33 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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: 036 External Outfall	Discharge: CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: M18-032 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 #	Sample Permit Rec. Value NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--									WHDS - When Discharging RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--									ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--									RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--									RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:33 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:43 (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: 039 External Outfall	Discharge: CSO: N08-022 - 120 FT N OF HANNA ST & BERRY ST	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: N08-022 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: --		

Code	Parameter	Monitoring Location	Season	Permit NODI	Quantity or Loading		Quality or Concentration		Units	# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			WHDS - When Discharging	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	--					82 - hrmo	0			RT - ROOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--					3R - Mgal	0			ES - ESTMA
78937	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					5W - hrmo	0			RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					4K - hrmo	0			RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:33 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:43 (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: D44 External Outfall	Discharge: 044-C CSO: N22-93 - 150 FT. E OF DALGREEN AVE & SPY RUN AVE	
Report Dates & Status:	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion:		
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer:	Title:	Telephone:
First Name:		
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI	Req Mon MO TOTAL	3R - Mgal	WHDS - When Discharging RT - RCTOT			
74063	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI	Req Mon MO TOTAL	3R - Mgal	ALRY - All Events		ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI	Req Mon MO TOTAL	3R - Mgal	ALRY - All Events		RT - RCTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit Rec.	Value NODI	Req Mon MO TOTAL	4K - Mgal	ALRY - All Events		RT - RCTOT	

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:39 (Time Zone: -04:00)

Report Last Signed By

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Name: Susan Reas
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Date/Time: 2021-08-18 10:43 (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: D45 External Outfall	Discharge: D45C CSO N22-103 - 100 FT E OF PENN ST & SPY RUN AVE	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -	Monitoring Location: Season # Param. NODI	

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quality or Leading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL	82 - hrmo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		C - No Discharge			ALIEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					ALIEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI					ALIEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

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: 048 External Outfall	Discharge: 048-C CSO: 010-252 - 350 FT W OF EDGEWATER & GARFIELD	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: 010-252 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		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			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 82 - Inflow	C - No Discharge		WHDS - When Discharging	RT - RCDTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 3R - Meq	C - No Discharge		AUEV - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 5W - Inflow	4.88		AUEV - All Events	RT - RCDTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 4K - Inflow			AUEV - All Events	RT - RCDTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-08-18 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: 2021-08-18 10:43 (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: DSO External Outfall	Discharge: CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: 010-277 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			Quality or Concentration	Frequency of Analysis			Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value		Units	WHDS - When Discharging	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	-				2.99	B2 - h/mo	0	0	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-				1.18	3R - Mgal	0	0	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				4.8	SW - h/mo	0	0	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				5.0	4K - h/mo	0	0	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:33 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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:	051 External Outfall	Discharge:	051-C CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE	Status:	NetDMR Validated
Report Dates & Status		DMR Due Date:	08/28/21	Telephone:	
Monitoring Period:	From 07/01/21 to 07/31/21				
Considerations for Form Completion					
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration				EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL B2 - Inflow		WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume (SSD volume, CSO volume)				EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 3R - Mgal		AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation				EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 5W - Inflow		AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]				EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI		Req Mon MO TOTAL 4K - Inflow		AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:36 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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 48002	Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 48003
Permitted Feature: 052 External Outfall	Discharge: 052-C CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
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:		

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	82 - #/mo	0	0	WHDS - When Discharging RT - ROOTOT	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	38 - #/gal	0	0	AUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	SW - #/mo	0	0	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL	4K - #/mo	0	0	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:37 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Susan Beck

Name:

susan.beck@cityofwayne.org

E-Mail:

2021-08-18 10:43 (Time Zone: -04:00)

Date/Time:

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:	053 External Outfall	Discharge:	053-C CSO: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		
Report Dates & Status		DMR Due Date:	08/28/21	Status:	NetDMR Validated
Monitoring Period:	From 07/01/21 to 07/31/21				
Considerations for Form Completion					
CSO: 022-094 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Cosh	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Exc.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Qualifier 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 82 - hrmo				WHDS - When Discharging	RT - ROOTOT
								C - No Discharge					
74083	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 3R - Meal				AUEV - All Events	ES - ESTMA
								C - No Discharge					
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			438				AUEV - All Events	RT - ROOTOT
								Req Mon MO TOTAL 5W - hrmo				AUEV - All Events	RT - ROOTOT
								C - No Discharge					
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 4K - hrmo				AUEV - All Events	RT - ROOTOT
								C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

2021-08-18 10:37 (Time Zone: -0400)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

2021-08-18 10:43 (Time Zone: -0400)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-08-18 10:37 (Time Zone: -0400)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

2021-08-18 10:43 (Time Zone: -0400)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802
Permitted Feature:	054 External Outfall	Discharge:	054-C CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN
Report Dates & Status		DMR Due Date:	08/28/21
Monitoring Period:	From 07/01/21 to 07/31/21	Status:	NetDMR Validated
Considerations for Form Completion		Telephone:	
CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:			
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Quality or Concentration		Units	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Opt Mon MO TOTAL	02 - hrmo		WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			Opt Mon MO TOTAL	3R - Mgal		AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI			5.48	Opt Mon MO TOTAL	SW - hrmo	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI				Opt Mon MO TOTAL	4K - hrmo	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:36 (Time Zone: -0400)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:43 (Time Zone: -0400)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032101	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE IN 46802		FORT WAYNE IN 46803	
Permitted Feature:		Discharge:		Status:	
055 External Outfall		CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 07/01/21 to 07/31/21		08/28/21			
Considerations for Form Completion					
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
Last Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	82 - Hrmo	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [880 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	5W - Hrmo	0	ALJEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - Hrmo	0	ALJEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:33 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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: OSS External Outfall	Discharge: 055-C CSO: J03-313 - BROWN ST PUMP STATION	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephones:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Code	Permit	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	Qualifier 3	Value 3		
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						AUEV - All Events	ES - ESTIMA
78837	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:35 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:43 (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: 057 External Outfall	Discharger: 057C CSO: P/O-21 - STORMWATER LIFT STATION WET WELL	
Report Dates & Status	DMR Due Date: 08/28/21	Status: Not DMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: P/O-121 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -	Monitoring Location: Season #	Permit NODI

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Recd Value NODI				Req Mon MO TOTAL	EP - Inflow	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Recd Value NODI				C - No Discharge			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Recd Value NODI				Req Mon MO TOTAL	SW - Inflow	AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Recd Value NODI				C - No Discharge		AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-08-18 10:31 (Time Zone: -0400)

Report Last Signed By

susan.beck@cityofwayne.org

User:

Susan Reas

Name:

susan.beck@cityofwayne.org

E-Mail:

2021-08-18 10:43 (Time Zone: -0400)

Date/Time:

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: CSO External Outfall	Discharge: 088-C CSO: R06-31 - 870 FT NE OF GREENWALT AVE & MALMEE AVE	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO: R06-31 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			# of Exc.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL	82 - Inflow		WHPOS - When Discharging	RT - ROOTOT
74093	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL	3R - Negl		ALREV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL	5W - Inflow		ALREV - All Events	RT - ROOTOT
84186	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL	4K - Inflow		ALREV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No comments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

2021-08-18 10:31 (Time Zone: -04:00)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

2021-08-18 10:43 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org

Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-08-18 10:31 (Time Zone: -04:00)

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Susan Beck

susan.beck@cityoffortwayne.org

Susan Beck

2021-08-18 10:43 (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:	051 External Outfall	Discharge:	061-C CSO: R14-137 - 200 FT. W OF LAVERN AVE & STATE BLVD	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	08/28/21	Telephone:	
Monitoring Period:	From 07/01/21 to 07/31/21				
Considerations for Form Completion					
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NDDI)					
Form NDDI:					

Cdo	Parameter Name	Monitoring Location	Season	# Param NDDI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-									WHDS - When Discharging RT - ROOTOT
74083	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	-									AUEV - All Events AUEV - All Events
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-									AUEV - All Events AUEV - All Events
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									AUEV - All Events RT - ROOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-08-18 10:37 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityofwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-08-18 10:43 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN002191	FORT WAYNE WTP		FORT WAYNE WTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
002 External Outfall		002-C CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 07/01/21 to 07/31/21		08/28/21			
Considerations for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter	Monitoring Location	Season # Permit NODI	Sample Permit Rec. Value NODI	Qualifier 1 Value 3	Qualifier 2 Value 2	Qualifier 3 Value 1	Quality of Concentration Value 2	Quality of Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						Opt Mon MO TOTAL C - No Discharge	02 - hr/mo	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	-						Opt Mon MO TOTAL C - No Discharge	3R - Mail	AUEV - All Events	ES - ESTMA
78967	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						4.98 Opt Mon MO TOTAL C - No Discharge	5W - hr/mo	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						Opt Mon MO TOTAL C - No Discharge	4K - hr/mo	AUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-08-18 10:37 (Time Zone: -0400)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-08-18 10:43 (Time Zone: -0400)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #: IN0032191	Major: Yes	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
064 External Outfall		064-C CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 07/01/21 to 07/31/21		08/28/21			
Considerations for Form Completion					
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NDDI)					
Form NDDI: -					

Code	Parameter	Monitoring Location	Season & Param. NDDI	Quantity or Loading		Quality or Concentration		# of EL	Frequency of Analysis		Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2		Units	Units	
50337	Duration	EG - Effluent Gross	0						82 - hrmo	82 - hrmo	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0						3R - Mgal	3R - Mgal	AEV - All Events AEV - All Events
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0						SW - hrmo	SW - hrmo	AEV - All Events AEV - All Events
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0						4K - hrmo	4K - hrmo	AEV - All Events AEV - All Events

Submission Note

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

Edit Check Errors

No errors

Comments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-08-18 10:31 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-08-18 10:43 (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: 068 External Outfall	Discharge: CSC: N16-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK	
Report Dates & Status	DMR Due Date: 08/23/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSC: N16-254 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			# of Exc.	Frequency of Analysis	Sample Type
					Qualifier 1	Units	Qualifier 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL 82 - Inflow	Value 3	Units	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [980 volume, CSC volume]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	C - No Discharge			AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL 3R - Meqal			AUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI	Req Mon MO TOTAL 4K - Inflow			AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-08-18 10:43 (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: 080 External Outfall	Discharge: 080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR	
Report Dates & Status	DMR Due Date: 08/28/21	Status: NetDMR Validated
Monitoring Period: From 07/01/21 to 07/31/21		
Considerations for Form Completion		
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		
Principal Executive Officer	Title:	Telephone:
First Name:		
Last Name:		
No Data Indicator (NODI)		
Form NODI:		

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						02 - hr/mo	WHDS - When Discharging	RT - ROOTOT
											Req Mon MO TOTAL	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						3R - Mgal	ALUEV - All Events	ES - ESTIMA
											Req Mon MO TOTAL	ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						SW - in/mo	ALUEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	ALUEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI						4K - #/mo	ALUEV - All Events	RT - ROOTOT
											Req Mon MO TOTAL	ALUEV - All Events	RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityofwayne.org

Susan Beck

susan.beck@cityofwayne.org

2021-08-18 10:38 (Time Zone: -04:00)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityofwayne.org

Susan Beck

susan.beck@cityofwayne.org

2021-08-18 10:43 (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:	081 External Outfall	Discharge:	081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		
Report Dates & Status					
Monitoring Period:	From 07/01/21 to 07/31/21	DMR Due Date:	08/28/21	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:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading	Quality of Concentration	For Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Value 3	Units		
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 82 - Inflow C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 3R - Mgal C - No Discharge		AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 5W - Inflow 4.89	5W - Inflow	AUEV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NODI	Req Mon MO TOTAL 4K - Inflow C - No Discharge		AUEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-08-18 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:

2021-08-18 10:43 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

September 21, 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 August 2021

We are pleased to enclose a completed CSO MRO form for the month of August 2021. 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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

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An Equal Opportunity Employer

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.

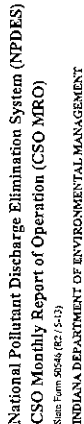
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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)**

Environ Monit Assess (2008) 142:1–12

Journal of Interpersonal Violence 28(1)

[illegible]



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 55546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 55546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 2 of 12										Permit Number: IN003191									
Facility: Fort Wayne - P.L. Brunner WWTW										Public Notification Requirements Met?										Y									
Monitoring Period: 8-2021										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 40										Measured/Metered (M) or Estimated (E) hour by specified:										Y									
WWTW Inflow Data:										Precipitation Data: 8-2021										Design Average Flow (MGD): 40									
Time										Time										Time									
Date of Month										Date of Month										Date of Month									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
31										Total:										Total:									

City: Fort Wayne										Page 2 of 12										Permit Number: IN003191									
Facility: Fort Wayne - P.L. Brunner WWTW										Public Notification Requirements Met?										Y									
Monitoring Period: 8-2021										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 40										Measured/Metered (M) or Estimated (E) hour by specified:										Y									
WWTW Inflow Data:										Precipitation Data: 8-2021										Design Average Flow (MGD): 40									
Time										Time										Time									
Date of Month										Date of Month										Date of Month									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
31										Total:										Total:									

City: Fort Wayne										Page 2 of 12										Permit Number: IN003191									
Facility: Fort Wayne - P.L. Brunner WWTW										Public Notification Requirements Met?										Y									
Monitoring Period: 8-2021										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 40										Measured/Metered (M) or Estimated (E) hour by specified:										Y									
WWTW Inflow Data:										Precipitation Data: 8-2021										Design Average Flow (MGD): 40									
Time										Time										Time									
Date of Month										Date of Month										Date of Month									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
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16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
31										Total:										Total:									



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

State Form 30245 (12/15-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 8-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		60	
CSO Outfall No. 59		CSO Outfall No. 55		55	
Day of Month	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	3:40 AM	0.17	0.099	0.50	0.085
02					
03					
04					
05					
06					
07	3:40 AM	0.17	0.099	0.50	0.085
08					
09					
10	5:45 AM	1.00	0.248	1.92	0.730
11	1:00 AM	1.00	0.171	12:55 AM	0.249
12	7:40 AM	0.25	0.049	7:35 AM	0.180
13				6:30 PM	0.036
14					
15					
16					
17	8:45 AM	0.50	0.243	8:45 AM	0.231
18					
19					
20					
21					
22					
23					
24					
25	12:00 AM	0.25	0.019	12:00 AM	0.237
26				8:00 PM	0.013
27	10:05 AM	0.17	0.099	10:05 AM	0.053
28					
29				7:35 PM	0.058
30					
31					
Totals:	7	3.34	0.748	10	2.372



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50046 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50046 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12		Event Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTW		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 8-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 80		Check box if no CSO discharge occurred for the month:	
WWTW Effluent Data		CSO Outfall No.		CSO Outfall No.	
Average Daily Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01 31.21	37.30	37.30	37.30	37.30	37.30
02 36.27	54.48	54.48	54.48	54.48	54.48
03 30.75	34.73	34.73	34.73	34.73	34.73
04 30.24	40.40	40.40	40.40	40.40	40.40
05 36.34	51.56	51.56	51.56	51.56	51.56
06 29.58	33.56	33.56	33.56	33.56	33.56
07 47.22	62.49	62.49	62.49	62.49	62.49
08 33.30	40.61	40.61	40.61	40.61	40.61
09 39.51	51.99	51.99	51.99	51.99	51.99
10 64.56	88.05	88.05	88.05	88.05	88.05
11 86.50	98.05	98.05	98.05	98.05	98.05
12 76.31	88.01	88.01	88.01	88.01	88.01
13 57.10	73.50	73.50	73.50	73.50	73.50
14 48.79	56.48	56.48	56.48	56.48	56.48
15 42.00	53.71	53.71	53.71	53.71	53.71
16 41.37	58.85	58.85	58.85	58.85	58.85
17 42.46	72.38	72.38	72.38	72.38	72.38
18 39.74	53.66	53.66	53.66	53.66	53.66
19 34.99	50.63	50.63	50.63	50.63	50.63
20 37.80	52.57	52.57	52.57	52.57	52.57
21 33.41	47.28	47.28	47.28	47.28	47.28
22 33.92	48.82	48.82	48.82	48.82	48.82
23 41.10	46.99	46.99	46.99	46.99	46.99
24 36.25	46.29	46.29	46.29	46.29	46.29
25 37.58	79.99	79.99	79.99	79.99	79.99
26 34.56	71.50	71.50	71.50	71.50	71.50
27 53.84	85.01	85.01	85.01	85.01	85.01
28 36.83	46.04	46.04	46.04	46.04	46.04
29 36.22	65.25	65.25	65.25	65.25	65.25
30 35.05	49.67	49.67	49.67	49.67	49.67
31 31.57	36.70	36.70	36.70	36.70	36.70
Totals:	1295.46	8.42	3.22	8.42	3.22
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Sharon Rose, Manager		Sharon Rose, Manager		Sharon Rose, Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE REGULATIONS. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE REGULATIONS. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE REGULATIONS. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF.	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Sharon Rose		Sharon Rose		Sharon Rose	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
09/1/21		09/1/21		09/1/21	

City: Fort Wayne		Page 6 of 12		Event Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTW		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 8-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 80		Check box if no CSO discharge occurred for the month:	
WWTW Effluent Data		CSO Outfall No.		CSO Outfall No.	
Average Daily Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01 31.21	37.30	37.30	37.30	37.30	37.30
02 36.27	54.48	54.48	54.48	54.48	54.48
03 30.75	34.73	34.73	34.73	34.73	34.73
04 30.24	40.40	40.40	40.40	40.40	40.40
05 36.34	51.56	51.56	51.56	51.56	51.56
06 29.58	33.56	33.56	33.56	33.56	33.56
07 47.22	62.49	62.49	62.49	62.49	62.49
08 33.30	40.61	40.61	40.61	40.61	40.61
09 39.51	51.99	51.99	51.99	51.99	51.99
10 64.56	88.05	88.05	88.05	88.05	88.05
11 86.50	98.05	98.05	98.05	98.05	98.05
12 76.31	88.01	88.01	88.01	88.01	88.01
13 57.10	73.50	73.50	73.50	73.50	73.50
14 48.79	56.48	56.48	56.48	56.48	56.48
15 42.00	53.71	53.71	53.71	53.71	53.71
16 41.37	58.85	58.85	58.85	58.85	58.85
17 42.46	72.38	72.38	72.38	72.38	72.38
18 39.74	53.66	53.66	53.66	53.66	53.66
19 34.99	50.63	50.63	50.63	50.63	50.63
20 37.80	52.57	52.57	52.57	52.57	52.57
21 33.41	47.28	47.28	47.28	47.28	47.28
22 33.92	48.82	48.82	48.82	48.82	48.82
23 41.10	46.99	46.99	46.99	46.99	46.99
24 36.25	46.29	46.29	46.29	46.29	46.29
25 37.58	79.99	79.99	79.99	79.99	79.99
26 34.56	71.50	71.50	71.50	71.50	71.50
27 53.84	85.01	85.01	85.01	85.01	85.01
28 36.83	46.04	46.04	46.04	46.04	46.04
29 36.22	65.25	65.25	65.25	65.25	65.25
30 35.05	49.67	49.67	49.67	49.67	49.67
31 31.57	36.70	36.70	36.70	36.70	36.70
Totals:	1295.46	8.42	3.22	8.42	3.22
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Sharon Rose, Manager		Sharon Rose, Manager		Sharon Rose, Manager	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE REGULATIONS. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE REGULATIONS. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF.		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT REQUIREMENTS AND ALL APPLICABLE REGULATIONS. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT IS NOT BASED ON MY OWN KNOWLEDGE AND BELIEF.	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Sharon Rose		Sharon Rose		Sharon Rose	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
09/1/21		09/1/21		09/1/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 5054a (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



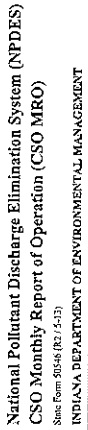
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 5054a (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN003191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: [MONTH] 8-2021
Design Peak Hourly Flow (MGD): 60
Design Average Flow (MGD): 60
Precipitation Data - Old NRI 24 Hr Gauge
WWT Plant Data
CSO Outfall No. 14
CSO Outfall No. 19
Totals: 1295.46 9.16 3.40 7 36.09 25.862 0 0.000

City: Fort Wayne Permit Number: IN003191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: [MONTH] 8-2021
Design Peak Hourly Flow (MGD): 60
Design Average Flow (MGD): 60
CSO Outfall No. 28
CSO Outfall No. 31
Totals: 5 9.91 2.857 3 11.42 0.712

I, [Signature], [Title], certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the information submitted herein is 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.

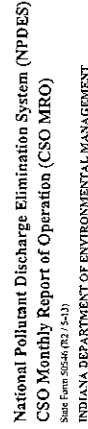
I, [Signature], [Title], certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the information submitted herein is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



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

Sonic Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

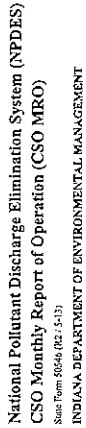


National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Farm 50546 MC 7 (5-11)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

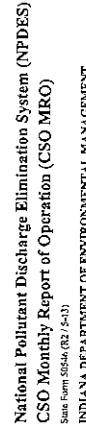
City: Fort Wayne		Page 7 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH		4-2021			
Design Peak Hourly Flow (MGD):		85		Check box if an CSO discharge occurred for the month:	
Design Average Flow (MGD):		60		Measured/Measured (M) or Estimated (E) must be specified	
CSO Outfall No.		07		CSO Outfall No.	
CSO Outfall No.		11		CSO Outfall No.	
CSO Outfall No.		12		CSO Outfall No.	
CSO Outfall No.		13		CSO Outfall No.	
CSO Outfall No.		14		CSO Outfall No.	
CSO Outfall No.		15		CSO Outfall No.	
CSO Outfall No.		16		CSO Outfall No.	
CSO Outfall No.		17		CSO Outfall No.	
CSO Outfall No.		18		CSO Outfall No.	
CSO Outfall No.		19		CSO Outfall No.	
CSO Outfall No.		20		CSO Outfall No.	
CSO Outfall No.		21		CSO Outfall No.	
CSO Outfall No.		22		CSO Outfall No.	
CSO Outfall No.		23		CSO Outfall No.	
CSO Outfall No.		24		CSO Outfall No.	
CSO Outfall No.		25		CSO Outfall No.	
CSO Outfall No.		26		CSO Outfall No.	
CSO Outfall No.		27		CSO Outfall No.	
CSO Outfall No.		28		CSO Outfall No.	
CSO Outfall No.		29		CSO Outfall No.	
CSO Outfall No.		30		CSO Outfall No.	
CSO Outfall No.		31		CSO Outfall No.	
CSO Outfall No.		32		CSO Outfall No.	
CSO Outfall No.		33		CSO Outfall No.	
CSO Outfall No.		34		CSO Outfall No.	
CSO Outfall No.		35		CSO Outfall No.	
CSO Outfall No.		36		CSO Outfall No.	
CSO Outfall No.		37		CSO Outfall No.	
CSO Outfall No.		38		CSO Outfall No.	
CSO Outfall No.		39		CSO Outfall No.	
CSO Outfall No.		40		CSO Outfall No.	
CSO Outfall No.		41		CSO Outfall No.	
CSO Outfall No.		42		CSO Outfall No.	
CSO Outfall No.		43		CSO Outfall No.	
CSO Outfall No.		44		CSO Outfall No.	
CSO Outfall No.		45		CSO Outfall No.	
CSO Outfall No.		46		CSO Outfall No.	
CSO Outfall No.		47		CSO Outfall No.	
CSO Outfall No.		48		CSO Outfall No.	
CSO Outfall No.		49		CSO Outfall No.	
CSO Outfall No.		50		CSO Outfall No.	
CSO Outfall No.		51		CSO Outfall No.	
CSO Outfall No.		52		CSO Outfall No.	
CSO Outfall No.		53		CSO Outfall No.	
CSO Outfall No.		54		CSO Outfall No.	
CSO Outfall No.		55		CSO Outfall No.	
CSO Outfall No.		56		CSO Outfall No.	
CSO Outfall No.		57		CSO Outfall No.	
CSO Outfall No.		58		CSO Outfall No.	
CSO Outfall No.		59		CSO Outfall No.	
CSO Outfall No.		60		CSO Outfall No.	
CSO Outfall No.		61		CSO Outfall No.	
CSO Outfall No.		62		CSO Outfall No.	
CSO Outfall No.		63		CSO Outfall No.	
CSO Outfall No.		64		CSO Outfall No.	
CSO Outfall No.		65		CSO Outfall No.	
CSO Outfall No.		66		CSO Outfall No.	
CSO Outfall No.		67		CSO Outfall No.	
CSO Outfall No.		68		CSO Outfall No.	
CSO Outfall No.		69		CSO Outfall No.	
CSO Outfall No.		70		CSO Outfall No.	
CSO Outfall No.		71		CSO Outfall No.	
CSO Outfall No.		72		CSO Outfall No.	
CSO Outfall No.		73		CSO Outfall No.	
CSO Outfall No.		74		CSO Outfall No.	
CSO Outfall No.		75		CSO Outfall No.	
CSO Outfall No.		76		CSO Outfall No.	
CSO Outfall No.		77		CSO Outfall No.	
CSO Outfall No.		78		CSO Outfall No.	
CSO Outfall No.		79		CSO Outfall No.	
CSO Outfall No.		80		CSO Outfall No.	
CSO Outfall No.		81		CSO Outfall No.	
CSO Outfall No.		82		CSO Outfall No.	
CSO Outfall No.		83		CSO Outfall No.	
CSO Outfall No.		84		CSO Outfall No.	
CSO Outfall No.		85		CSO Outfall No.	
CSO Outfall No.		86		CSO Outfall No.	
CSO Outfall No.		87		CSO Outfall No.	
CSO Outfall No.		88		CSO Outfall No.	
CSO Outfall No.		89		CSO Outfall No.	
CSO Outfall No.		90		CSO Outfall No.	
CSO Outfall No.		91		CSO Outfall No.	
CSO Outfall No.		92		CSO Outfall No.	



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

Scale Form 5054b (R2: 5-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 504-16 (87 / 5-11)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 605 WEST WASHINGTON STREET, INDIANAPOLIS, IN 46204-1307

City: Fort Wayne		Page 9 of 12		Permit Number: IN003191										
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y										
Monitoring Period: MONTH 8-2021		Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):		BS		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Inflow Data:		BS		CSO Outfall No.										
Day of Month	Peak Hourly Average Flow (MGD)	Time Period (mm/dd/yyyy)	Precip. Depth (inches)	Total Daily Flow (MGD)	Time Period (mm/dd/yyyy)	CSO Outfall No.	Event Occurred (Y/N)	Event Occurred (Y/N)	Event Occurred (Y/N)	Event Occurred (Y/N)				
01	31.21	37:30												
02	36.27	54:48												
03	30.75	34:73												
04	30.24	40:40												
05	36.34	51:56												
06	29.58	33:56												
07	47.22	62:49	3:20 AM	2.08	0.52	0.23								
08	33.30	40:61												
09	39.51	51:99	12:50 PM	0.08	0.01	0.01								
10	64.56	88:05	5:30 AM	1.83	1.16	0.67								
11	86.50	88:05	12:50 AM	1.75	0.97	0.44								
12	76.31	88:01	7:30 AM	0.25	0.10	0.10								
13	57.10	73:50	5:15 PM	0.08	0.01	0.01								
14	48.79	56:48												
15	42.00	53:71												
16	41.37	58:85	7:15 AM	0.17	0.02	0.01								
17	42.46	72:38	8:40 AM	1.00	0.32	0.24								
18	39.74	53:66												
19	34.09	50:63												
20	37.80	52:57												
21	33.41	47:28												
22	33.92	48:82												
23	41.10	46:99												
24	36.25	46:29	11:55 PM	0.08	0.03	0.03								
25	37.58	79:99	12:00 AM	0.25	0.10	0.10								
26	34.56	71:50	6:40 PM	1.00	0.21	0.11								
27	53.84	83:01	8:00 AM	1.83	0.73	0.38								
28	36.83	46:04												
29	36.22	63:25												
30	35.05	49:67												
31	31.57	36:70												
Totals:	1255.46		10.42	4.18			4	Yes	1.43	0.373	0	Yes	0.00	0.000
Type or Principal Name and Title of Principal Executive Officer or Authorized Agent		Susan Rams Manager		Telephone		260-427-4213								
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 Rams		Date (mm/dd/yy)		08/21/21								



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

State Form 505-4b (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Renewer: WWTP		Page 10 of 12		Formal Number: IN002191		
Monitoring Period: [MONTH]		8-2021		Public Notification Required? <input type="checkbox"/>				
Design Peak Hourly Flow (MGD):		85		Check box if an CSO discharge occurred for the month: <input type="checkbox"/>				
Design Average Flow (MGD):		60		Measured/Estimated (M) or Estimated (E) must be specified				
Day of Month	CSO Outfall No.		86		CSO Outfall No.		87	
	M	Event Discharge or Duration (Hours)	M	Event Discharge or Duration (Hours)	M	Event Discharge or Duration (Hours)	M	Event Discharge or Duration (Hours)
	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)	Time Discharge or Duration (MGD)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals:	0	0.00	0	0.00	0	0.00	0	0.00



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]		8-2021		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					
09					
10	Wet Weather Day				
11	Wet Weather Day				
12	Wet Weather Day				
13	Wet Weather Day				
14					
15					
16					
17	Wet Weather Day				
18					
19					
20					
21					
22					
23					
24					
25	Wet Weather Day				
26	Wet Weather Day				
27	Wet Weather Day				
28					
29	Wet Weather Day				
30					
31					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Telephone	
Susan Reas, 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				09/21/21	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes		200 E BERRY ST		P.L. BRUNNER WPC
			FT WAYNE, IN 46802		FORT WAYNE, IN 46803
Permitted Feature:		Discharge:		Status:	
002 External Outfall		002-C CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 08/01/21 to 09/31/21		09/28/21		260-427-5213	
Considerations for Form Completion					
CSO - 002 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:	Susan	Title:		Manager	
Last Name:	Reas				
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value (NODI)					Req Mon MO TOTAL 82 - Inflow 0 - No Discharge
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value (NODI)					Req Mon MD TOTAL 3R - Mgal 0 - No Discharge
78827	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value (NODI)					4.18 SW - Inflow Req Mon MO TOTAL 5W - Inflow 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value (NODI)					Req Mon MO TOTAL 4K - Inflow 0 - No Discharge

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following 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_2021_08.pdf	pdf	158566.0
IN0032191_CSONRO_2021_08.pdf	pdf	479158.0
Report Last Saved By		
FORT WAYNE WWTP		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2021-09-21 13:16 (Time Zone: -04:00)	
Report Last Signed By		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2021-09-21 13:16 (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:	003 External Outfall	Discharge:	003-C CSD P10-025, 001 POND - 900 FT E OF PEMBERTON DR	Status:	NeDMR Validated
Report Dates & Status		DMR Due Date:	09/28/21	Telephone:	
Monitoring Period:	From 08/01/21 to 08/31/21				
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI					

Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0								
74083	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0								

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org
Susan
Reas
susan.beck@cityoffortwayne.org
2021-09-21 13:12 (Time Zone: -04:00)

susan.beck@cityoffortwayne.org
Susan
Reas
susan.beck@cityoffortwayne.org
2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0022191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
004 External Outfall		004-C CSC: J02-90, 201 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSC: J02-90 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Csc	Duration	Permittee Name	Monitoring Location	Season #	Param. NOD	Quantity of Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2			
50037	Duration	EG - Effluent Gross	0	--		Sample Permit Req. Value NOD			Req Mon MO TOTAL	82 - hrmo		WHDS - When Discharging	RT - RCOTOT
									C - No Discharge				
74063	Overflow volume [SSC volume, CSC volume]	EG - Effluent Gross	0	--		Sample Permit Req. Value NOD			Req Mon MO TOTAL	3R - Mail		AUEV - All Events	ES - ESTMA
									C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		Sample Permit Req. Value NOD			4.23	5W - hrmo		AUEV - All Events	RT - RCOTOT
									Req Mon MO TOTAL	5W - hrmo	0	AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		Sample Permit Req. Value NOD						AUEV - All Events	RT - RCOTOT
									Req Mon MO TOTAL	4K - hrmo			
									C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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:	
Report Dates & Status	Monitoring Period: From 08/01/21 to 08/31/21	DMR Due Date: 09/28/21	Status: NotDMR Validated
Considerations for Form Completion			
CSC: J11-164 MUNICIPAL MAJOR ALLEN COUNTY			
Principal/Executive Officer			
First Name:	Title:		
Last Name:	Telephone:		
No Data Indicator (NOD)			
Form NOD:			

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading		Quality or Concentration		Units	% of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2			Qualifier 3	Value 3	
50037	Duration	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								
74063	Overflow volume [SSC volume, CSD volume]	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NOD								

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-09-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:16 (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, SE OF ELECTRIC AVE. & BROWN ST.	
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated
Monitoring Period: From 08/01/21 to 08/31/21		
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:		

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration		# of Bl.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
50037	Duration	EG - Effluent Gross	0	--								
74063	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	--								
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--								

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

2021-09-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit:	IND032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status		DMR Due Date:	09/28/21	Status:	NetDMR Validated
Monitoring Period:	From 08/01/21 to 08/31/21				
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:					

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	Value 3	Units		
50037	Duration	EG - Effluent Gross	0	-					
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-					
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					
94165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					

Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI
0.76	1.046	4.23	1.0
Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL
0	0	0	0

WHDS - When Discharging RT - ROOTOT	WHDS - When Discharging RT - ROOTOT	WHDS - When Discharging RT - ROOTOT	WHDS - When Discharging RT - ROOTOT
ES - ESTIMA	ES - ESTIMA	RT - ROOTOT	RT - ROOTOT
ES - ESTIMA	ES - ESTIMA	RT - ROOTOT	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 012 External Outfall
 Discharge: CSO: K05-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.
 D12-C

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 DMR Due Date: 08/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K05-234 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--					Req Mon MO TOTAL C - No Discharge	82 - hrmo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [S90 volume, CSO volume]	EG - Effluent Gross	0	--					Req Mon MO TOTAL C - No Discharge	3R - Mgal		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					Req Mon MO TOTAL C - No Discharge	5W - hrmo		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					Req Mon MO TOTAL C - No Discharge	4K - hrmo		ALUEV - All Events	RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 013-C
 External Outfall
 Discharge: CSO: K08-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 Status: NetDWR Validated

Considerations for Form Completion
 CSO: K08-298 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NDI)
 Form NDI:

Code	Parameter	Monitoring Location	Season # Param. NDI	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	—	Sample Permit Rec. Value NDI	8.84	Req Mon MO TOTAL	82 - Inflow	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	—	Sample Permit Rec. Value NDI	2.013	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	—	Sample Permit Rec. Value NDI	3.22	Req Mon MO TOTAL	5W - Inflow	0	AUEV - All Events	RT - ROOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	—	Sample Permit Rec. Value NDI	5.0	Req Mon MO TOTAL	4K - Inflow	0	AUEV - All Events	RT - ROOTOT

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

Edit Check Errors
 No errors
 Comments

Attachments
 No attachments.
 Report Last Saved By

FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-09-21 13:08 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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: CSO: K07-176 - 130 FT SW OF ST. MARYS PKWY & WALDRON CIRCLE		
Report Dates & Status	DMR Due Date: 09/28/21	Status:	NatDMR Validated
Monitoring Period: From 08/01/21 to 08/31/21			
Considerations for Form Completion			
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			

No Data Indicator (NOD)														
Form NOD:														
Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					0.8	Reg Mon MO TOTAL	82 - ltrmo	WHDS - When Discharging RT - RCO TOT	RT - RCO TOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					0.314	Reg Mon MO TOTAL	3R - Mgal	AJLV - All Events	ES - ESTIMA
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					3.22	Reg Mon MO TOTAL	SW - ltrmo	AJLV - All Events	RT - RCO TOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					3.0	Reg Mon MO TOTAL	4K - ltrmo	AJLV - All Events	RT - RCO TOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name: Susan

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (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: 018 External Outfall	Discharge: 018-C CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated
Monitoring Period: From 08/01/21 to 09/31/21		
Considerations for Form Completion		
CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY		
Principal/Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

Code	Parameter	Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration		EG - Effluent Gross	0	0	Sample Permit Rec. Value NODI							WHDS - When Discharging RT - ROOTOT	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	0	Sample Permit Rec. Value NODI							AUEV - All Events ES - ESTMA	AUEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	0	Sample Permit Rec. Value NODI							AUEV - All Events RT - ROOTOT	AUEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	0	Sample Permit Rec. Value NODI							AUEV - All Events RT - ROOTOT	AUEV - All Events RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:16 (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 Features: 019 External Outfall	Discharge: 019-C CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated
Monitoring Period: From 08/01/21 to 08/31/21		
Considerations for Form Completion		
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Code	Permittee Name	Monitoring Location	Season & Perm. NODI	Quantity or Loading	Quality or Concentration	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-			WHIDS - When Discharging RT - RCOTOT
74063	Overflow volume [980 volume, CSO volume]	EG - Effluent Gross	0	-			ES - ESTMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			RT - RCOTOT

Sample	Permit Req.	Value NODI
Req Mon MO TOTAL 3R - Majl		
C - No Discharge		
Sample	Permit Req.	Value NODI
Req Mon MO TOTAL 3R - Majl		
C - No Discharge		
Sample	Permit Req.	Value NODI
Req Mon MO TOTAL 3R - Majl		
C - No Discharge		
Sample	Permit Req.	Value NODI
Req Mon MO TOTAL 3R - Majl		
C - No Discharge		

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:16 (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: 020 External Outfall	Discharge: CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD	
Report Dates & Status	DMR Due Date: 08/25/21	Status: NetDMR Validated
Monitoring Period: From 08/01/21 to 08/31/21		
Considerations for Form Completion		
CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		

Scob	Parameter Name	Monitoring Location	Season & Permit NODI	Quantity as Loading			Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 1					
50037	Duration	EG - Effluent Gross	0 -				9.31	82 - hrmo	0	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0 -				2.857	3R - Megal	0	AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0 -				3.4	5W - hrmo	0	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 -				5.0	4K - hrmo	0	AUEV - All Events	RT - ROOTOT

Submission Note

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

2021-08-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: 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 - 880 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated	
Monitoring Period: From 08/01/21 to 08/31/21			
Considerations for Form Completion			
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		Telephone:
Last Name:			
No Data Indicator (NOD)			
Form NOD:			

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						11.42	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74083	Overflow volume (\$S0 volume, CS0 volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						0.712	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						3.4	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						3.0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 023 External Outfall
 Discharge: CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST
 Status: Not DMR Validated

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 Considerations for Form Completion: CSO: L06-103 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer:

First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

No Data Indicator (NODI): _____
 Form NODI: _____

Code	Permit	Name	Monitoring Location	Season	# Permits	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - ROOTOT	
74063	Overflow volume (\$80 volume, CSO volume)		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL	3R - Meal	0	AUEV - All Events	ES - ESTIMA	
78837	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL	5W - hr/mo	0	AUEV - All Events	RT - ROOTOT	
84165	Discharge event observation (Visual Monitoring)		EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL	4K - hr/mo	0	AUEV - All Events	RT - ROOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 024 External Outfall
 Discharge: CSO: L08-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 DMR Due Date: 09/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: L08-420 MUNICIPAL MAJORALLEN COUNTY

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

No Data Indicator (NOD)
 Form NOD:

Code	Parameter	Name	Monitoring Location	Season	Permit NOD	Qualifier 1	Value 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 Rec.	Value NOD								
						Permit Rec.	Value NOD								
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Rec.	Value NOD								
						Permit Rec.	Value NOD								
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Rec.	Value NOD								
						Permit Rec.	Value NOD								
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Rec.	Value NOD								
						Permit Rec.	Value NOD								

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 025 External Outfall
 Discharge: CSD: L08-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 Considerations for Form Completion:

CSD: L08-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

No Data Indicator (NODI)

Code	Parameter	Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Reg Mon MO TOTAL	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT

74063	Overflow volume [SS0 volume, CSD volume]		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				3R - Mgall	0	ALIEV - All Events	ES - ESTMA
-------	--	--	---------------------	---	----	-------------------------------	--	--	--	------------	---	--------------------	------------

78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				SW - Inflow	0	ALIEV - All Events	RT - ROOTOT
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84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				4K - Inflow	0	ALIEV - All Events	RT - ROOTOT
-------	---	--	---------------------	---	----	-------------------------------	--	--	--	-------------	---	--------------------	-------------

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
027 External Outfall		CSC: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		Not DMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSC: M10-202 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSC volume, CSC volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan : Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-09-21 13:13 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan : Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-09-21 13:18 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 028 External Outfall
 Discharge: 028-C
 CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 Considerations for Form Completion: 09/28/21
 CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: NetDMR Validated

First Name:
 Last Name:
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Session #	Param. NOI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier:1	Value 1	Qualifier:2	Value 2	Qualifier:3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOOI				1.43	Req Mon MO TOTAL	02 - Inflow	0	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOOI				0.373	Req Mon MO TOTAL	3R - Meqal	0	AEUV - All Events ES - ESTMA AEUV - All Events ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOOI				4.18	Req Mon MO TOTAL	5W - Inflow	0	AEUV - All Events RT - ROOTOT AEUV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOOI				4.0	Req Mon MO TOTAL	4K - Inflow	0	AEUV - All Events RT - ROOTOT AEUV - All Events RT - ROOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.back@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.back@cityoffortwayne.org

Date/Time:

2021-09-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User:

susan.back@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.back@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
029 External Outfall		029-C CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSO: M10-265 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			1.52 Req Mon MO TOTAL	82 - l/mo	WHDS - When Discharging	RT - ROOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			0.261 Req Mon MO TOTAL	3R - Mgal	ALIEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			4.17 Req Mon MO TOTAL	5W - l/mo	ALIEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			5.0 Req Mon MO TOTAL	4K - #/mo	ALIEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (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: CS2 External Outfall	Discharge: 032-C CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST	
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated
Monitoring Period: From 08/01/21 to 08/31/21		
Considerations for Form Completion		
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

Ceco	Parameter	Name	Monitoring Location	Season #	Param. NO#	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration		EG - Effluent Gross	0	-	Sample		Permit Req.		Value NO#				
74063	Overflow volume [S90 volume, CSO volume]		EG - Effluent Gross	0	-	Sample		Permit Req.		Value NO#				
78857	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample		Permit Req.		Value NO#				
84155	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample		Permit Req.		Value NO#				

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-09-21 13:07 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 033
 External Outfall
 Discharge: 033-C
 CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 DMR Due Date: 09/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M10-313/MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer

First Name:
 Last Name:
 Title:

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
	Name				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 2 Qualifier 2 Value 3	Units			
50037	Duration	EG - Effluent Gross	0	-	3.2	82 - #/mo	0	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	5.482	3R - #/mo	0	AEV - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	5.6	5W - #/mo	0	AEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	4.0	4K - #/mo	0	AEV - All Events	RT - RCOTOT

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

Edit Check Errors
 No errors

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:13 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 038 External Outfall
 Discharge: CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 DMR Due Date: 09/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NOD)
 Form NOD:

Code	Parameter	Name	Monitoring Location	Season #	Param. NOD	Qualifier 1	Value 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. Value NOD				Req Mon MO TOTAL	62 - hrmo			WHDS - When Discharging	RT - RCOTOT
											C - No Discharge				
74063	Overflow volume [SS0 volume, CS0 volume]		EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				Req Mon MO TOTAL	3R - Mgal			AEV - All Events	ES - ESTMA
											C - No Discharge				
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				Req Mon MO TOTAL	5W - hrmo			AEV - All Events	RT - RCOTOT
											6.5			AEV - All Events	RT - RCOTOT
											Req Mon MO TOTAL	5W - hrmo	0		
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				Req Mon MO TOTAL	4K - hrmo			AEV - All Events	RT - RCOTOT
											C - No Discharge				

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:13 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (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 Features:	030 External Outfall	Discharge:	030-C CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status		DNR Due Date:	09/28/21	Status:	NetDMR Validated
Monitoring Period:	From 08/01/21 to 08/31/21				
Considerations for Form Completion					
CSO: N06-022 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			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0									WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74053	Overflow volume [S0 volume, CSD volume]	EG - Effluent Gross	0									AUEV - All Events ES - ESTIMA AUEV - All Events ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0									AUEV - All Events RT - ROOTOT AUEV - All Events RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0									AUEV - All Events RT - ROOTOT AUEV - All Events RT - ROOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2021-09-21 13:07 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE IN 46803

Permitted Feature: 044 External Outfall
 Discharge: CSO: N22-93 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status
 Reporting Period: From 08/01/21 to 08/31/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter	Name	Monitoring Location	Season #	Param. NODI	Sample Permit Rec. Value NODI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality of Concentration Value 1 Value 2 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	--				Req Mon MO TOTAL 62 - hr/mo C - No Discharge		WHOS - When Discharging RT - RCOTOT	
74083	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	--				Req Mon MO TOTAL 3R - Mgal C - No Discharge		AUEV - All Events ES - ESTMA	
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--				Req Mon MO TOTAL 5W - hr/mo C - No Discharge		AUEV - All Events RT - RCOTOT	
94165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--				Req Mon MO TOTAL 4K - #/mo C - No Discharge		AUEV - All Events RT - RCOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:13 (Time Zone: -04:00)

Report Last Signed By

susan.beck@cityoffortwayne.org

User:

Susan Reas

Name:

susan.beck@cityoffortwayne.org

E-Mail:

2021-09-21 13:16 (Time Zone: -04:00)

Date/Time:

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
045 External Outfall		D45-C		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSO: N22-103, JOSEPH RIVER 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		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-						WHDS - When Discharging RT - RCO TOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-						ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						RT - RCO TOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						RT - RCO TOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:13 (Time Zone: -0400)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -0400)

DMR Copy of Record

Perrit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 048
 External Outfall
 Discharge: 048-C
 CSD: 010-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSD: 010-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI: -

Telephone:

Code	Parameter	Monitoring Location	Season # Param. NODI	Quantity or Leading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 82 - l/mo	WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (\$50 volume, CSD volume)	EG - Effluent Gross	0	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 3R - Mgal	ALIEV - All Events ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 5W - l/mo	ALIEV - All Events RT - RCOTOT	
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Rec. Value NODI			Req Mon MO TOTAL 4K - l/mo	ALIEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-09-21 13:11 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 050 External Outfall
 Discharge: 050-C
 CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status
 Monitoring Period: From 08/01/21 to 09/31/21
 DMR Due Date: 09/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter	Name	Monitoring Location	Season	Param. NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2	Quality of Concentration Qualifier: 1 Value 1 Qualifier: 2 Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50337	Duration		EG - Effluent Gross	0	-				3.34	Reg Mon MO TOTAL	0	WHOS - When Discharging	RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-				0.748	Reg Mon MO TOTAL	0	ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-				4.17	Reg Mon MO TOTAL	0	ALUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-				7.0	Reg Mon MO TOTAL	0	ALUEV - All Events	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:07 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032181	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes		Permittee Address: 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: CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated	
Monitoring Period: From 08/01/21 to 08/31/21			
Considerations for Form Completion			
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer	Title:		Telephone:
First Name:			
Last Name:			
No Data Indicator (NOD)			
Form NOD: -			

Code	Parameter	Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
50037	Duration		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL 22 - #mo	WHDS - When Discharging	RT - RCDTOT
										C - No Discharge		
74083	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL 3R - #mo	ALVEV - All Events	ES - ESTIMA
										C - No Discharge		
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL 5W - #mo	ALVEV - All Events	RT - RCDTOT
										C - No Discharge		
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample Permit Req. Value NOD				Req Mon MO TOTAL 4K - #mo	ALVEV - All Events	RT - RCDTOT
										C - No Discharge		

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0002191	Permittee Address:		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
052 External Outfall		052-C CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		NCDMR Validated	
Report Dates & Status		DMR Due Date:		Notes:	
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Last Name:		Telephone:	
No Data Indicator (NOD)		No Data Indicator (NOD)		No Data Indicator (NOD)	
Form NOD:					
Ced:					
Monitoring Location Season # Permit NOD					
50037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3

Submission Note
If a parameter row does not contain any values for the Sample no Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	200 E BERRY ST	P.L. BRUNNER WPC		
		FT WAYNE, IN 46802	FORT WAYNE, IN 46803		
Permitted Feature:		Discharge:		Status:	
OS3	External Outfall	OS3-C	CSC-022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		NCDMR Validated
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period:	From 08/01/21 to 08/31/21	09/28/21			
Considerations for Form Completion					
CSC-022-094 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:		Telephone:			
No Data Indicator (NOD)					
Form NOD:					
Code	Parameter Name	Monitoring Location	Season	Form NOD	Quantity or Loading
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD
					Req Mon MO TOTAL 42 - Min
					C - No Discharge
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD
					Req Mon MO TOTAL 36 - Mgal
					C - No Discharge
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD
					Req Mon MO TOTAL 5W - Inflow
					Req Mon MO TOTAL 5W - Inflow 0
					C - No Discharge
64165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD
					Req Mon MO TOTAL 4K - Min
					C - No Discharge

Submission Note	# of Ex.	Frequency of Analysis	Sample Type
If a parameter row does not contain any values for the Sample row, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
Edit Check Errors			
No errors.			
Comments			
Attachments			
No attachments.			
Report Last Saved By			
FORT WAYNE WWTP			
User:	susan.beck@cityofcchwayne.org		
Name:	Susan Beck		
E-Mail:	susan.beck@cityofcchwayne.org		
Date/Time:	2021-09-21 13:11 (Time Zone: -04:00)		
Report Last Signed By			
User:	susan.beck@cityofcchwayne.org		
Name:	Susan Beck		
E-Mail:	susan.beck@cityofcchwayne.org		
Date/Time:	2021-09-21 13:15 (Time Zone: -04:00)		

DMR Copy of Record

Permit #: IN0032491
Major: Yes
Permitted Feature: 054 External Outfall
Report Dates & Status: From 08/01/21 to 08/31/21
Monitoring Period: From 08/01/21 to 08/31/21
Considerations for Form Completion: CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802
Discharge: 054-C
 CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN
DMR Due Date: 09/28/21
Status: NetDMR Validated
Telephone:

Monitoring Location: EG - Effluent Gross
Season: 0
Param: 0
NODI: 0
Quantity or Loading: Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
Quality or Concentration: Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
Frequency of Analysis: WHDS - When Discharging RT - RCTOT
Sample Type: ES - ESTIMA
Units:

Sample Permit Rec. Value NODI:
Sample Permit Rec. Value NODI:
Sample Permit Rec. Value NODI:
Sample Permit Rec. Value NODI:

Sample Permit Rec. Value NODI:
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Sample Permit Rec. Value NODI:
Sample Permit Rec. Value NODI:

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes				Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location: P.L. BRUNNER WPC FORT WAYNE IN 46803	
Permitted Feature: OSS External Outfall		Discharge: CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST					
Report Dates & Status		DMR Due Date: 09/28/21				Status: NetDMR Validated	
Monitoring Period: From 08/01/21 to 08/31/21							
Considerations for Form Completion							
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:						Telephone:	
No Data Indicator (NODI)							
Form NODI: --							

Code	Parameter	Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50337	Duration		EG - Effluent Gross	0	--	Sample Permit Rec.	Value NODI					0	WHDS - When Discharging	RT - ROOTOT
						Value NODI								
74063	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	--	Sample Permit Rec.	Value NODI					0	ALUEV - All Events	ES - ESTMA
						Value NODI								
78857	Precipitation, monthly accumulation		EG - Effluent Gross	0	--	Sample Permit Rec.	Value NODI					0	ALUEV - All Events	RT - ROOTOT
						Value NODI								
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--	Sample Permit Rec.	Value NODI					0	ALUEV - All Events	RT - ROOTOT
						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: 2021-09-21 13:07 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes

Permitted Feature:
 055
 External Outfall

Facility:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802

Discharge:
 056-C
 CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 Considerations for Form Completion

Facility Location:
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

DMR Due Date:
 09/28/21

Status:
 NetDMR Validated

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NDI)
 Form NDI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NDI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			WH/DS - When Discharging	RT - ROOTOT	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI				1.21		B2 - hr/mo	0	WH/DS - When Discharging	RT - ROOTOT	
74083	Overflow volume (\$80 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI				1.452		3R - Mgal	0	AL/EV - All Events	ES - ESTIMA	
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI				4.23		SW - hr/mo	0	AL/EV - All Events	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NDI				2.0		4K - #/mo	0	AL/EV - All Events	RT - ROOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-09-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityofwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE IN 46802		FORT WAYNE IN 46803	
Permitted Feature:		Discharge:		Status:	
057 External Outfall		057-C CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Consolidator		Monitoring Location		Quantity or Loading	
Name		Season # Param. NODI		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	
50037 Duration		EG - Effluent Gross 0 -		Req Mon MO TOTAL 82 - ltrmo C - No Discharge	
74083 Overflow volume [S80 volume, CSO volume]		EG - Effluent Gross 0 -		Req Mon MO TOTAL 3R - Mail C - No Discharge	
78837 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		4.33 Req Mon MO TOTAL 5W - ltrmo 0 C - No Discharge	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		Req Mon MO TOTAL 4K - ltrmo C - No Discharge	

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-09-21 13:05 (Time Zone: -04:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032181	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803
Major:	Yes	Discharge:	B60-C CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		
Permitted Feature:		DMR Due Date:		Status:	
060 External Outfall		09/28/21		NetDMR Validated	
Report Dates & Status		Title:		Telephone:	
Monitoring Period: From 08/01/21 to 09/31/21					
Considerations for Form Completion					
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Leaching			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI								WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI								ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI								RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI								RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:05 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
061 External Outfall		061-C CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		Not DMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season # Permit (NOD)	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-					Dpt Mon MO TOTAL C - No Discharge	82	Info	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-					Dpt Mon MO TOTAL C - No Discharge	3R - Mail	AEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					Opt Mon MO TOTAL C - No Discharge	SW - Info	AEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					Opt Mon MO TOTAL C - No Discharge	4K - Info	AEV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE IN 46803

Permitted Feature: 062 External Outfall
 Discharge: 062-C
 CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status
 Monitoring Period: From 08/01/21 to 09/31/21
 Status: NotDMR Validated

Considerations for Form Completion
 CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter	Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration		EG - Effluent Gross	0	-	Simple Permit Req. Value NODI			Opt Mon MO TOTAL	82 - l/mo	WHDS - When Discharging RT - RCOTOT			
74003	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-	Simple Permit Req. Value NODI			Opt Mon MO TOTAL	3R - Mgal	AJEV - All Events		ES - ESTMA	
78957	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Simple Permit Req. Value NODI			4.18	SW - l/mo	AJEV - All Events		RT - RCOTOT	
84185	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Simple Permit Req. Value NODI			Opt Mon MO TOTAL	4K - l/mo	AJEV - All Events		RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-09-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-09-21 13:16 (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: 064 External Outfall	Discharge: 064-C CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE	
Report Dates & Status	DMR Due Date: 09/28/21	Status: NetDMR Validated
Monitoring Period: From 08/01/21 to 08/31/21		
Considerations for Form Completion		
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			0.5	Req Mon MO TOTAL 82 - hr/mo	WHQS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			0.023	Req Mon MO TOTAL 3R - Mgal	ALIEV - All Events ES - ESTIMA
76867	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			4.33	Req Mon MO TOTAL 5W - hr/mo	ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			2.0	Req Mon MO TOTAL 4K - hr/mo	ALIEV - All Events RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:05 (Time Zone: -04:00)

Report Last Signed By

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
068 External Outfall		CSO: N18-254 - 54 FT N OF NORTH-SIDE DR & GLAZIER AVE ON EAST BANK		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
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: -					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading
					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	-	Req Mon MO TOTAL 82 - 11mo C - No Discharge
74003	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 38 - 1meal C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.18 Req Mon MO TOTAL 5W - 11mo C - No Discharge
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - 11mo C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-09-21 13:12 (Time Zone: -04:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802			
Permitted Feature:		Discharge:	Status:		
080 External Outfall		CSC: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR	NetDMR Validated		
Report Dates & Status		DMR Due Date:	Telephone:		
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSC - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season #	Param. YODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 82 - l/mo	WHDS - When Discharging RT - ROOTOT	
74063	Overflow volume [SSD volume, CSC volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 38 - Mgal	AL/EV - All Events	ES - ESTMA
76397	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			4.18 SW - l/mo	AL/EV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 48 - l/mo	AL/EV - All Events	RT - ROOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No Attachments

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
081 External Outfall		CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		NotDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 08/01/21 to 08/31/21		09/28/21			
Considerations for Form Completion					
CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: _____					

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI				Units		
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI				Req Mon MO TOTAL 3R - Mgal	AL/EV - All Events	ES - ESTIMA
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI				4.18 SW - Inflow	AL/EV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI				Req Mon MO TOTAL 5W - Inflow 0	AL/EV - All Events	RT - RCOTOT
									Req Mon MO TOTAL 4K - Inflow	AL/EV - All Events	RT - RCOTOT
									C - No Discharge		

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-09-21 13:16 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

October 20, 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 September 2021

We are pleased to enclose a completed CSO MRO form for the month of September 2021. 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's rain gauge located at Old Mill Rd_K11 malfunctioned during the month of September. Therefore, the City is using the Packard Ave_W_L07 rain gauge for reporting for CSO 018, 019, 020 and 021.

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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

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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.

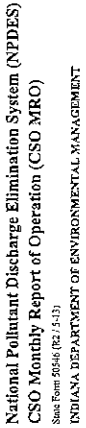
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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

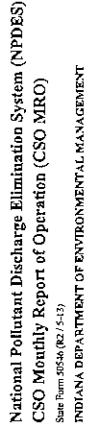
UD – Unable to determine



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

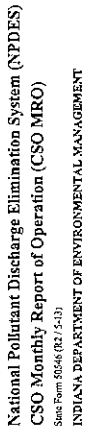
City: Fort Wayne						Page 3 of 12		Permit Number: IN0033191											
Facility: Fort Wayne - P.L. Brunner WWTP						Public Notification Requirements Met?													
Monitoring Period: MONTEH 9-2021						Check box if no CSD Exchange occurred for the month:													
Design Peak Hourly Flow (MCD): AS						Measured/Estimated (M) or Estimated (E) must be specified.													
WVPT Inflow Data:						CSD Detail No.				CSD Detail No.									
Average Daily Flow (MGD)		Peak Flow (MGD)		Time Between Events (min)		Precipitation Date & Onset Time (mm/hr)		Total Daily Precip. (inches)		Peak Intensity (inches/hr)		Maximum Rainfall (in)		Type Discharge Basin		Type Discharge Basin		Type Discharge Basin	
Day of Month	Average Daily Flow (MGD)	Peak Flow (MGD)	Time Between Events (min)	Precipitation Date & Onset Time (mm/hr)	Total Daily Precip. (inches)	Peak Intensity (inches/hr)	Maximum Rainfall (in)	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin	Type Discharge Basin
01	30.42	35.09					5 m												
02	30.07	34.18					5 m												
03	29.56	35.32					5 m												
04	29.72	39.99	6:35 PM	1.17	0.26	0.15	5 m												
05	34.53	40.02					5 m												
06	29.49	36.11					5 m												
07	30.09	34.69	7:45 PM	0.42	0.05	0.02	5 m												
08	36.27	50.60	2:40 AM	0.68	0.01	0.01	5 m												
09	37.72	43.85					5 m												
10	35.61	39.84					5 m												
11	35.52	43.47					5 m												
12	36.66	44.20					5 m												
13	35.94	42.73					5 m												
14	34.31	38.99					5 m												
15	31.50	38.75					5 m												
16	28.05	32.04					5 m												
17	27.90	32.14					5 m												
18	26.89	32.90					5 m												
19	27.84	34.84					5 m												
20	30.47	37.72	5:50 AM	0.50	0.06	0.02	5 m												
21	33.32	48.21	5:30 PM	1.00	0.20	0.17	5 m												
22	83.82	88.10	12:25 AM	13.58	2.16	0.23	5 m												
23	85.99	86.03	12:00 AM	3.58	0.60	0.19	5 m												
24	58.34	85.97					5 m												
25	63.71	86.09	5:05 AM	2.25	0.45	0.23	5 m												
26	45.36	53.02					5 m												
27	42.50	53.06					5 m												
28	46.00	52.27					5 m												
29	41.84	48.97					5 m												
30	41.44	51.00					5 m												
Totals:	1180.98			22.58	3.79														

Signed: _____
Signature of Principal Executive Officer or Authorized Agent

Date: (mm/dd/yyyy)
10/02/21

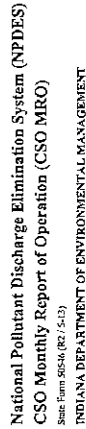
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
Susan Ream, Manager</

City: Fort Wayne		Page 3 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?			
Monitoring Period: MONTH 9-2021		Check box if an CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):		60			
Design Average Flow (MGD):		60			
Time		CSO Outfall No.		CSO Outfall No.	
Time Discharge Began		Time Discharge Began		Time Discharge Began	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T		T		T	
W		W		W	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)	
M		M		M	
T					

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form SOS-6 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

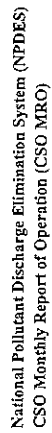
CIS: Fort Wayne		Page 2 of 12		Permit Number: D0032191													
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?															
Monitoring Period: MONTH: 9-2021		Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): SS		Design Average Flow (MGD): 60		Measured/Miscered (M) or Estimated (E) must be specified													
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.													
Time	Time of Day	M	Even	M	Even	M	Even	M	Even	M	Even	M	Even	M	Even	M	Even
		Day	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge
		Begin	End	Begin	End	Begin	End	Begin	End	Begin	End	Begin	End	Begin	End	Begin	End
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
Totals:		Da	ys			Da	ys			Da	ys			Da	ys		



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]

[illegible]



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



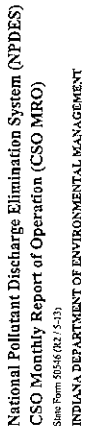
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?			
Monitoring Period: 1/2021		Check box if no CSO discharges occurred for this month:			
Design Peak Hourly Flow (MGD): 86		Design Average Flow (MGD): 60		Check box if no CSO discharges occurred for the month:	
WWTW Inflow Data		Precipitation Data - Peak Hourly Flow (MGD)		Measurements/Estimated (M) or Estimated (E) must be specified	
Time		Time		Time	
Peak		Peak		Peak	
Flow		Flow		Flow	
MGD		MGD		MGD	
Date/Time		Date/Time		Date/Time	
01 30:42 35:09		01 30:42 35:09		01 30:42 35:09	
02 30:07 34:18		02 30:07 34:18		02 30:07 34:18	
03 29:56 35:52		03 29:56 35:52		03 29:56 35:52	
04 29:72 39:99		04 29:72 39:99		04 29:72 39:99	
05 34:53 40:02		05 34:53 40:02		05 34:53 40:02	
06 29:49 36:11		06 29:49 36:11		06 29:49 36:11	
07 30:09 34:69		07 30:09 34:69		07 30:09 34:69	
08 36:27 50:90		08 36:27 50:90		08 36:27 50:90	
09 37:72 43:85		09 37:72 43:85		09 37:72 43:85	
10 35:61 39:84		10 35:61 39:84		10 35:61 39:84	
11 35:52 43:47		11 35:52 43:47		11 35:52 43:47	
12 36:66 44:20		12 36:66 44:20		12 36:66 44:20	
13 35:94 42:73		13 35:94 42:73		13 35:94 42:73	
14 34:31 38:99		14 34:31 38:99		14 34:31 38:99	
15 31:50 38:75		15 31:50 38:75		15 31:50 38:75	
16 28:05 32:04		16 28:05 32:04		16 28:05 32:04	
17 27:90 32:14		17 27:90 32:14		17 27:90 32:14	
18 26:89 32:90		18 26:89 32:90		18 26:89 32:90	
19 27:84 34:84		19 27:84 34:84		19 27:84 34:84	
20 30:47 37:72		20 30:47 37:72		20 30:47 37:72	
21 33:32 48:21		21 33:32 48:21		21 33:32 48:21	
22 83:82 88:10		22 83:82 88:10		22 83:82 88:10	
23 85:99 86:03		23 85:99 86:03		23 85:99 86:03	
24 58:34 85:97		24 58:34 85:97		24 58:34 85:97	
25 63:71 86:09		25 63:71 86:09		25 63:71 86:09	
26 45:56 53:02		26 45:56 53:02		26 45:56 53:02	
27 42:50 53:06		27 42:50 53:06		27 42:50 53:06	
28 46:00 52:27		28 46:00 52:27		28 46:00 52:27	
29 41:84 48:97		29 41:84 48:97		29 41:84 48:97	
30 41:44 51:00		30 41:44 51:00		30 41:44 51:00	
Totals: 1160.00		Totals: 1160.00		Totals: 1160.00	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Rose, Manager		Susan Rose, Manager		Susan Rose, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
10/29/21		10/29/21		10/29/21	

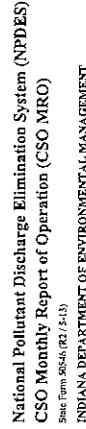
City: Fort Wayne		Page 5 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?			
Monitoring Period: 1/2021		Check box if no CSO discharges occurred for this month:			
Design Peak Hourly Flow (MGD): 86		Design Average Flow (MGD): 60		Check box if no CSO discharges occurred for the month:	
WWTW Inflow Data		Precipitation Data - Peak Hourly Flow (MGD)		Measurements/Estimated (M) or Estimated (E) must be specified	
Time		Time		Time	
Peak		Peak		Peak	
Flow		Flow		Flow	
MGD		MGD		MGD	
Date/Time		Date/Time		Date/Time	
01 30:42 35:09		01 30:42 35:09		01 30:42 35:09	
02 30:07 34:18		02 30:07 34:18		02 30:07 34:18	
03 29:56 35:52		03 29:56 35:52		03 29:56 35:52	
04 29:72 39:99		04 29:72 39:99		04 29:72 39:99	
05 34:53 40:02		05 34:53 40:02		05 34:53 40:02	
06 29:49 36:11		06 29:49 36:11		06 29:49 36:11	
07 30:09 34:69		07 30:09 34:69		07 30:09 34:69	
08 36:27 50:90		08 36:27 50:90		08 36:27 50:90	
09 37:72 43:85		09 37:72 43:85		09 37:72 43:85	
10 35:61 39:84		10 35:61 39:84		10 35:61 39:84	
11 35:52 43:47		11 35:52 43:47		11 35:52 43:47	
12 36:66 44:20		12 36:66 44:20		12 36:66 44:20	
13 35:94 42:73		13 35:94 42:73		13 35:94 42:73	
14 34:31 38:99		14 34:31 38:99		14 34:31 38:99	
15 31:50 38:75		15 31:50 38:75		15 31:50 38:75	
16 28:05 32:04		16 28:05 32:04		16 28:05 32:04	
17 27:90 32:14		17 27:90 32:14		17 27:90 32:14	
18 26:89 32:90		18 26:89 32:90		18 26:89 32:90	
19 27:84 34:84		19 27:84 34:84		19 27:84 34:84	
20 30:47 37:72		20 30:47 37:72		20 30:47 37:72	
21 33:32 48:21		21 33:32 48:21		21 33:32 48:21	
22 83:82 88:10		22 83:82 88:10		22 83:82 88:10	
23 85:99 86:03		23 85:99 86:03		23 85:99 86:03	
24 58:34 85:97		24 58:34 85:97		24 58:34 85:97	
25 63:71 86:09		25 63:71 86:09		25 63:71 86:09	
26 45:56 53:02		26 45:56 53:02		26 45:56 53:02	
27 42:50 53:06		27 42:50 53:06		27 42:50 53:06	
28 46:00 52:27		28 46:00 52:27		28 46:00 52:27	
29 41:84 48:97		29 41:84 48:97		29 41:84 48:97	
30 41:44 51:00		30 41:44 51:00		30 41:44 51:00	
Totals: 1160.00		Totals: 1160.00		Totals: 1160.00	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Rose, Manager		Susan Rose, Manager		Susan Rose, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
10/29/21		10/29/21		10/29/21	



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Seate Pump 50546 (R2 / S-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Permit Number: IN0023191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?				
Monitoring Period: 9-2021		MONTH: 9		Check box if an CSO discharge occurred for the month:		
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified		
Day of Month	CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
	M	Event	M	Event	M	Event
	Time Discharge Began	Discharge E. (Hours)	Time Discharge Began	Discharge E. (Hours)	Time Discharge Began	Discharge E. (Hours)
01						
02						
03						
04	9:30 P.M.	0.58 M	0.063 M			
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	7:35 A.M.	0.17 M	0.001 M			
21						
22	2:15 A.M.	11.33 M	2.343 M	4:35 A.M.	12.13 M	0.347 M
23	12:00 A.M.	8.60 M	1.458 M	12:00 A.M.	9.92 M	0.334 M
24						
25	6:50 A.M.	2.25 M	0.427 M	6:55 A.M.	4.17 M	0.100 M
26						
27						
28						
29						
30						
Totals:	5	22.83	4.272	3	26.42	0.781



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
See Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
See Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: [MONTH] 9-2021
Design Peak Hourly Flow (MGD): 85
Design Average Flow (MGD): 60
Check box if no CSO discharge occurred for the month: ☐ 60
Check box if no CSO discharge occurred for the month: ☐ 60

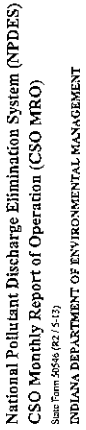
Date of Month	WWT Plant Data			Pre-treatment Data - Storm Dr. Discharge			Design Average Flow (MGD)			CSO Outfall No. 60			CSO Outfall No. 64			CSO Outfall No. 65		
	Average Daily Flow (MGD)	Hourly Flow (MGD)	Peak Flow (MGD)	Pre-treatment Duration (Hours)	Pre-treatment Peak Flow (MGD)	Pre-treatment Intensity (Inches)	Design Average Flow (MGD)	Design Average Flow (MGD)	Design Average Flow (MGD)	Time Discharge Begins	Time Discharge Ends	Event Duration (Hours)	Time Discharge Begins	Time Discharge Ends	Event Duration (Hours)	Time Discharge Begins	Time Discharge Ends	Event Duration (Hours)
01	30.42	35.09																
02	30.07	34.18																
03	29.56	35.52																
04	29.72	39.99	7:20 PM	1.08	0.17	0.11												
05	34.53	40.02																
06	29.49	36.11																
07	30.09	34.69	7:40 PM	0.33	0.04	0.02												
08	36.27	50.00																
09	37.72	43.85																
10	35.61	39.84																
11	35.52	43.47																
12	36.66	44.20																
13	35.94	42.73																
14	34.31	38.99																
15	31.50	38.75																
16	28.05	32.04																
17	27.00	32.14																
18	26.59	32.90																
19	27.84	34.84																
20	30.47	37.72	5:55 AM	0.50	0.06	0.02												
21	33.32	48.21	5:55 PM	1.00	0.17	0.11												
22	83.82	88.10	12:35 AM	12.33	1.91	0.23												
23	85.99	86.03	12:09 AM	4.00	0.70	0.21												
24	58.34	85.97																
25	63.71	86.09	4:25 AM	2.42	0.39	0.20												
26	45.36	53.02																
27	42.50	53.06																
28	46.00	52.27																
29	41.84	48.97																
30	41.44	51.00																
Totals:	1180.90			21.67	3.44													

Signature of Principal Executive Officer or Authorized Agent: Susan Reas
Date (mm/dd/yyyy): 09/20/21

City: Fort Wayne Permit Number: IN002191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: [MONTH] 9-2021
Design Peak Hourly Flow (MGD): 85
Design Average Flow (MGD): 60
Check box if no CSO discharge occurred for the month: ☐ 60
Check box if no CSO discharge occurred for the month: ☐ 60

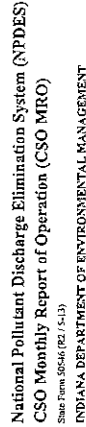
Date of Month	WWT Plant Data			Pre-treatment Data - Storm Dr. Discharge			Design Average Flow (MGD)			CSO Outfall No. 60			CSO Outfall No. 64			CSO Outfall No. 65		
	Average Daily Flow (MGD)	Hourly Flow (MGD)	Peak Flow (MGD)	Pre-treatment Duration (Hours)	Pre-treatment Peak Flow (MGD)	Pre-treatment Intensity (Inches)	Design Average Flow (MGD)	Design Average Flow (MGD)	Design Average Flow (MGD)	Time Discharge Begins	Time Discharge Ends	Event Duration (Hours)	Time Discharge Begins	Time Discharge Ends	Event Duration (Hours)	Time Discharge Begins	Time Discharge Ends	Event Duration (Hours)
01	30.42	35.09																
02	30.07	34.18																
03	29.56	35.52																
04	29.72	39.99	7:20 PM	1.08	0.17	0.11												
05	34.53	40.02																
06	29.49	36.11																
07	30.09	34.69	7:40 PM	0.33	0.04	0.02												
08	36.27	50.00																
09	37.72	43.85																
10	35.61	39.84																
11	35.52	43.47																
12	36.66	44.20																
13	35.94	42.73																
14	34.31	38.99																
15	31.50	38.75																
16	28.05	32.04																
17	27.00	32.14																
18	26.59	32.90																
19	27.84	34.84																
20	30.47	37.72	5:55 AM	0.50	0.06	0.02												
21	33.32	48.21	5:55 PM	1.00	0.17	0.11												
22	83.82	88.10	12:35 AM	12.33	1.91	0.23												
23	85.99	86.03	12:09 AM	4.00	0.70	0.21												
24	58.34	85.97																
25	63.71	86.09	4:25 AM	2.42	0.39	0.20												
26	45.36	53.02																
27	42.50	53.06																
28	46.00	52.27																
29	41.84	48.97																
30	41.44	51.00																
Totals:	1180.90			21.67	3.44													

Signature of Principal Executive Officer or Authorized Agent: Susan Reas
Date (mm/dd/yyyy): 09/20/21

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

Slate Form 50546 (R2 / S-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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: IN032191											
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?													
Monitoring Period: [MONTH] 9-2021		Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified											
WVTP Inflow Data		Precipitation Data - Antecedent Dry & P27 Gauge		CSO Output No.											
Date of Month	Peak Average Daily Flow (MGD)	Time Peak Flow Began (am/pm)	Peak Duration (hours)	Total Daily Precip. (inches)	Flow Intensity (inches/hr)	Measurements (for 24 hr. 15 min)	Discharge Begins	Discharge Ends	Event Duration (MGD)	Event Peak (MGD)	Time Discharge Begins	Time Discharge Ends	Event Duration (MGD)	Event Peak (MGD)	
01	30.42	35.09				5 m									
02	30.07	34.18				5 m									
03	29.56	35.32				5 m									
04	29.72	39.99	7:10 PM	1.42	0.33	0.18	5 m								
05	34.53	40.02				5 m									
06	29.49	36.11				5 m									
07	30.09	34.69	8:55 PM	0.50	0.10	0.07	5 m								
08	36.27	50.00	2:15 AM	0.25	0.09	0.09	5 m								
09	37.72	43.85				5 m									
10	35.61	39.84				5 m									
11	35.52	43.47				5 m									
12	36.66	44.20				5 m									
13	35.94	42.73				5 m									
14	34.31	38.99				5 m									
15	31.50	38.75				5 m									
16	28.05	32.04				5 m									
17	27.90	32.14				5 m									
18	26.89	32.90				5 m									
19	27.84	34.84				5 m									
20	30.47	37.72	5:45 AM	0.67	0.10	0.06	5 m								
21	33.32	48.21	5:25 PM	1.00	0.16	0.13	5 m								
22	83.92	88.10	12:15 AM	12.92	2.05	0.21	5 m								
23	85.99	86.03	12:05 AM	3.58	0.58	0.18	5 m								
24	58.34	85.97				5 m									
25	63.71	86.09	5:20 AM	2.08	0.49	0.30	5 m								
26	45.36	53.02				5 m									
27	42.50	53.06				5 m									
28	46.00	52.27				5 m									
29	41.84	48.97				5 m									
30	41.44	51.00				5 m									
Totals:	1180.90		22.42	3.90			0	0.00	0.000		Dn	ys			

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

Susan Reas, Manager

Telephone

350-47-6211

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE ILLINOIS WATER POLLUTION CONTROL ACT AND THE ILLINOIS WATER POLLUTION CONTROL BOARD. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent

Date (mm/dd/yyyy)

[illegible]



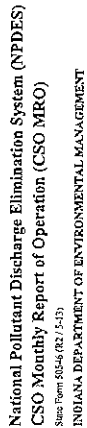
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 5046-8 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 5046-8 (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?		Permit Number: IN0032191	
Monitoring Period: [MONTH] 9-2021		Check box if no CSO discharges occurred for the month:		Permit Number: IN0032191	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Permit Number: IN0032191	
WVTP Inflow Data		CSO Outfall No. 46		Permit Number: IN0032191	
Time		Time		Permit Number: IN0032191	
Peak Flow (MGD)		Peak Flow (MGD)		Permit Number: IN0032191	
Daily Flow (MGD)		Daily Flow (MGD)		Permit Number: IN0032191	
Date of Month		Date of Month		Permit Number: IN0032191	
01 30.42		01 30.42		Permit Number: IN0032191	
02 30.07		02 30.07		Permit Number: IN0032191	
03 29.56		03 29.56		Permit Number: IN0032191	
04 29.72		04 29.72		Permit Number: IN0032191	
05 34.53		05 34.53		Permit Number: IN0032191	
06 29.49		06 29.49		Permit Number: IN0032191	
07 30.09		07 30.09		Permit Number: IN0032191	
08 36.27		08 36.27		Permit Number: IN0032191	
09 37.72		09 37.72		Permit Number: IN0032191	
10 35.61		10 35.61		Permit Number: IN0032191	
11 35.52		11 35.52		Permit Number: IN0032191	
12 36.66		12 36.66		Permit Number: IN0032191	
13 35.94		13 35.94		Permit Number: IN0032191	
14 34.31		14 34.31		Permit Number: IN0032191	
15 31.50		15 31.50		Permit Number: IN0032191	
16 28.05		16 28.05		Permit Number: IN0032191	
17 27.90		17 27.90		Permit Number: IN0032191	
18 26.89		18 26.89		Permit Number: IN0032191	
19 27.84		19 27.84		Permit Number: IN0032191	
20 30.47		20 30.47		Permit Number: IN0032191	
21 33.32		21 33.32		Permit Number: IN0032191	
22 83.82		22 83.82		Permit Number: IN0032191	
23 85.09		23 85.09		Permit Number: IN0032191	
24 58.34		24 58.34		Permit Number: IN0032191	
25 63.71		25 63.71		Permit Number: IN0032191	
26 45.36		26 45.36		Permit Number: IN0032191	
27 42.50		27 42.50		Permit Number: IN0032191	
28 46.00		28 46.00		Permit Number: IN0032191	
29 41.84		29 41.84		Permit Number: IN0032191	
30 41.44		30 41.44		Permit Number: IN0032191	
Total: 1180.96		Total: 1180.96		Permit Number: IN0032191	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Permit Number: IN0032191	
Susan Rose, Manager		Susan Rose, Manager		Permit Number: IN0032191	
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.		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.		Permit Number: IN0032191	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Permit Number: IN0032191	
Susan Rose		Susan Rose		Permit Number: IN0032191	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Permit Number: IN0032191	
10/26/21		10/26/21		Permit Number: IN0032191	

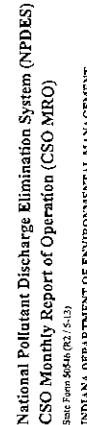
City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Permit Number: IN0032191	
Monitoring Period: [MONTH] 9-2021		Check box if no CSO discharges occurred for the month:		Permit Number: IN0032191	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Permit Number: IN0032191	
WVTP Inflow Data		CSO Outfall No. 46		Permit Number: IN0032191	
Time		Time		Permit Number: IN0032191	
Peak Flow (MGD)		Peak Flow (MGD)		Permit Number: IN0032191	
Daily Flow (MGD)		Daily Flow (MGD)		Permit Number: IN0032191	
Date of Month		Date of Month		Permit Number: IN0032191	
01 30.42		01 30.42		Permit Number: IN0032191	
02 30.07		02 30.07		Permit Number: IN0032191	
03 29.56		03 29.56		Permit Number: IN0032191	
04 29.72		04 29.72		Permit Number: IN0032191	
05 34.53		05 34.53		Permit Number: IN0032191	
06 29.49		06 29.49		Permit Number: IN0032191	
07 30.09		07 30.09		Permit Number: IN0032191	
08 36.27		08 36.27		Permit Number: IN0032191	
09 37.72		09 37.72		Permit Number: IN0032191	
10 35.61		10 35.61		Permit Number: IN0032191	
11 35.52		11 35.52		Permit Number: IN0032191	
12 36.66		12 36.66		Permit Number: IN0032191	
13 35.94		13 35.94		Permit Number: IN0032191	
14 34.31		14 34.31		Permit Number: IN0032191	
15 31.50		15 31.50		Permit Number: IN0032191	
16 28.05		16 28.05		Permit Number: IN0032191	
17 27.90		17 27.90		Permit Number: IN0032191	
18 26.89		18 26.89		Permit Number: IN0032191	
19 27.84		19 27.84		Permit Number: IN0032191	
20 30.47		20 30.47		Permit Number: IN0032191	
21 33.32		21 33.32		Permit Number: IN0032191	
22 83.82		22 83.82		Permit Number: IN0032191	
23 85.09		23 85.09		Permit Number: IN0032191	
24 58.34		24 58.34		Permit Number: IN0032191	
25 63.71		25 63.71		Permit Number: IN0032191	
26 45.36		26 45.36		Permit Number: IN0032191	
27 42.50		27 42.50		Permit Number: IN0032191	
28 46.00		28 46.00		Permit Number: IN0032191	
29 41.84		29 41.84		Permit Number: IN0032191	
30 41.44		30 41.44		Permit Number: IN0032191	
Total: 1180.96		Total: 1180.96		Permit Number: IN0032191	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Permit Number: IN0032191	
Susan Rose, Manager		Susan Rose, Manager		Permit Number: IN0032191	
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.		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.		Permit Number: IN0032191	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Permit Number: IN0032191	
Susan Rose		Susan Rose		Permit Number: IN0032191	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Permit Number: IN0032191	
10/26/21		10/26/21		Permit Number: IN0032191	



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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

CO THOMAS J. ROSS

INDIANA DEPARTMENT OF ENVIRONMENTAL INDUSTRY
STATE FORM 30546 (R2 / 5-13)

City: Fort Wayne		Page 10 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?			
Monitoring Period: MONTH 9-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified	
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Time Discharge Began		Time Discharge Began		Time Discharge Began	
Event Duration or (Hours)		Event Duration or (Hours)		Event Duration or (Hours)	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
Th		Th		Th	
F		F		F	
Sa		Sa		Sa	
Su		Su		Su	
M		M		M</	



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

Site Form 50546 (02/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: MONTH: 9-2011		Measured/Noted (M) or Estimated (E) must be specified		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if no CSO discharge occurred for the month:	
WWTP Influent Data		CSO Outfall No. 27		CSO Outfall No. 28	
Average Hourly Flow (MGD)		Time Discharge or Duration (Hours)		Time Discharge or Duration (Hours)	
Date of Month		Time Discharge or Duration (Hours)		Time Discharge or Duration (Hours)	
01 30.42 35.09		02 30.07 34.18		03 29.56 35.32	
04 29.72 39.99		05 34.53 40.02		06 39.49 36.11	
07 30.09 34.69		08 36.27 50.00		09 37.72 43.85	
10 35.61 39.84		11 35.52 43.47		12 36.66 44.20	
13 35.84 42.73		14 34.31 38.99		15 31.50 38.75	
16 28.05 32.04		17 27.90 32.14		18 26.89 32.90	
19 27.84 34.84		20 30.47 37.73		21 33.32 48.21	
22 83.82 88.10		23 85.99 86.03		24 58.84 85.97	
25 63.71 86.09		26 45.36 53.02		27 42.50 53.06	
28 46.00 52.27		29 41.84 48.97		30 41.44 51.00	
Totals: 1180.90		24.58 6.03		0 0.00	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Rest, Manager		Susan Rest, Manager		Susan Rest, Manager	
300-427-6213		300-427-6213		300-427-6213	
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 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.		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 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.		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 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Rest		Susan Rest		Susan Rest	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
10/20/11		10/20/11		10/20/11	



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

Site Form 50546 (02/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:	
Monitoring Period: MONTH: 9-2011		Measured/Noted (M) or Estimated (E) must be specified		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Check box if no CSO discharge occurred for the month:	
WWTP Influent Data		CSO Outfall No. 27		CSO Outfall No. 28	
Average Hourly Flow (MGD)		Time Discharge or Duration (Hours)		Time Discharge or Duration (Hours)	
Date of Month		Time Discharge or Duration (Hours)		Time Discharge or Duration (Hours)	
01 30.42 35.09		02 30.07 34.18		03 29.56 35.32	
04 29.72 39.99		05 34.53 40.02		06 39.49 36.11	
07 30.09 34.69		08 36.27 50.00		09 37.72 43.85	
10 35.61 39.84		11 35.52 43.47		12 36.66 44.20	
13 35.84 42.73		14 34.31 38.99		15 31.50 38.75	
16 28.05 32.04		17 27.90 32.14		18 26.89 32.90	
19 27.84 34.84		20 30.47 37.73		21 33.32 48.21	
22 83.82 88.10		23 85.99 86.03		24 58.84 85.97	
25 63.71 86.09		26 45.36 53.02		27 42.50 53.06	
28 46.00 52.27		29 41.84 48.97		30 41.44 51.00	
Totals: 1180.90		24.58 6.03		0 0.00	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Rest, Manager		Susan Rest, Manager		Susan Rest, Manager	
300-427-6213		300-427-6213		300-427-6213	
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 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.		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 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.		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 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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Rest		Susan Rest		Susan Rest	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
10/20/11		10/20/11		10/20/11	



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 WWTTP	Public Notification Requirements Met?	
Monitoring Period: 9-2021	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		
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	Wet Weather Day	
26		
27		
28		
29		
30		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		
Susan Reas, 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		Date (mm/dd/yy)
Susan Reas		10/20/21

DMR Copy of Record

Permit		Permittee:		Facility:		
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP		
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC		
		200 E BERRY ST		FORT WAYNE, IN 46803		
		FT WAYNE, IN 46802				
Permitted Feature:		Discharge:				
002		002-C				
External Outfall		CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD				
Report Dates & Status						
Monitoring Period:		DMR Due Date:		Status:		
From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated		
Considerations for Form Completion						
CSO - 002 POND WHEN USED AS CSO ONLY						
Principal Executive Officer						
First Name:		Title:		Telephone:		
Susan		Manager		260-427-6213		
Last Name:						
Reas						
No Data Indicator (NODI)						
Form NODI: -						
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration	
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units	# of Ex. Frequency of Analysis Sample Type	
50037	Duration	EG - Effluent Gross	0			WHDS - When Discharging RT - RCOTOT
				Req Mon MO TOTAL 82 - hr/mo		
				C - No Discharge		
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0			AL/EV - All Events ES - ESTIMA
				Req Mon MO TOTAL 3R - Mgal		
				C - No Discharge		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0			AL/EV - All Events RT - RCOTOT
				3.43 SW - in/mo		
				Req Mon MO TOTAL SW - in/mo 0		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			AL/EV - All Events RT - RCOTOT
				Req Mon MO TOTAL 4K - #/mo		
				C - No Discharge		
Submission Note						
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_2021_09.pdf				pdf	180281.0	
IN0032191_CSOMRO_2021_09.pdf				pdf	475041.0	
Report Last Saved By						
FORT WAYNE WWTP						
User:	susan.beck@cityoffortwayne.org					
Name:	Susan Reas					
E-Mail:	susan.beck@cityoffortwayne.org					
Date/Time:	2021-10-20 13:37 (Time Zone: -04:00)					
Report Last Signed By						
User:	susan.beck@cityoffortwayne.org					
Name:	Susan Reas					
E-Mail:	susan.beck@cityoffortwayne.org					
Date/Time:	2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit		Permittee:		Facility:		Facility Location:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46802		FORT WAYNE, IN 46802	
Permitted Feature:		Discharge:					
003		CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR					
External Outfall							
Report Dates & Status		DMR Due Date:		Status:			
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated			
Considerations for Form Completion							
CSO - 001 POND WHEN USED AS CSO ONLY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Monitoring Location		Season # Param. NODI			
Parameter Name		Monitoring Location		Season # Param. NODI			
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units			Sample Type
50037	Duration	EG - Effluent Gross	0				WHI08 - When Discharging RT - RCOTOT
							C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0				ALIEV - All Events ES - ESTMA
							C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0				ALIEV - All Events RT - RCOTOT
							C - No Discharge
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0				ALIEV - All Events RT - RCOTOT
							C - No Discharge

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
004 External Outfall		004-C CSO: JO2-30, 201 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		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 #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Value 3 Units
50037	Duration	EG - Effluent Gross	0		82 - hr/mo Req Mon MO TOTAL 82 - hr/mo 0
74063	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0		0.022 Req Mon MO TOTAL 3R - Magal 0
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0		3.44 Req Mon MO TOTAL 5W - In/mo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		1.0 Req Mon MO TOTAL 4K - #/mo 0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-10-20 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:					
2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Discharge:	Facility Location:		
005 External Outfall		005-C CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803		
Report Dates & Status					
Monitoring Period:		DMR Due Date:	Status:		
From 09/01/21 to 09/30/21		10/28/21	NetDMR Validated		
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
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 Qualifier 3 Value 3 Units
50037	Duration	EG - Effluent Gross	0	--	24.75 Req Mon MO TOTAL 82 - hrmo 0
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	1.146 Req Mon MO TOTAL 3R - Mgall 0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.44 Req Mon MO TOTAL 5W - hrmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	4.0 Req Mon MO TOTAL 4K - hrmo 0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
007 External Outfall		007-C CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		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:		Season #		Param. NODI	
Code		Parameter		Name	
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - Inmo C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Magal C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	3.44 SW - Inmo Req Mon MO TOTAL 5W - Inmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - Inmo C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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 - SE OF MAIN ST. & CAMP ALLEN DR.					
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --		Monitoring Location		Season # Param. NODI			
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis
50037	Duration	EG - Effluent Gross	0	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units	=	82 - Inflow Req Mon MO TOTAL 82 - Inflow 0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	=	3R - Magal Req Mon MO TOTAL 3R - Magal 0	AEV - All Events AEV - All Events ES - ESTIMA ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	=	5W - Inflow Req Mon MO TOTAL 5W - Inflow 0	AEV - All Events AEV - All Events RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	=	4K - Inflow Req Mon MO TOTAL 4K - Inflow 0	AEV - All Events AEV - All Events RT - RCOTOT RT - RCOTOT
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments No attachments.							
Report Last Saved By FORT WAYNE WWTP							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2021-10-20 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:		2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	From 09/01/21 to 09/30/21	DMR Due Date:	10/28/21	Status:	NetDMR Validated
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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	Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
Code							Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
50037	Duration			EG - Effluent Gross	0	--									
							Sample Permit Req.								
							Value NODI								
74063	Overflow volume [SSD volume, CSO volume]			EG - Effluent Gross	0	--									
							Sample Permit Req.								
							Value NODI								
78897	Precipitation, monthly accumulation			EG - Effluent Gross	0	--									
							Sample Permit Req.								
							Value NODI								
84165	Discharge event observation [Visual Monitoring]			EG - Effluent Gross	0	--									
							Sample Permit Req.								
							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: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - 80 FT N OF THIEVE DR & BERRY ST		

Report Dates & Status

Monitoring Period:	From 09/01/21 to 09/30/21	DMR Due Date:	10/28/21	Status:	NetDMR Validated
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Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		Title:	
Last Name:		Telephone:	

No Data Indicator (NODI)

Form NODI:	Parameter	Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3				
50037	Duration		EG - Effluent Gross	0	--						
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	--						
78987	Precipitation, monthly accumulation		EG - Effluent Gross	0	--						
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--						

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP			
Major: Yes		Permittee Address: 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 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE							
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated			
Considerations for Form Completion		CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer									
First Name:		Title:							
Last Name:									
No Data Indicator (NODI)									
Form NODI:									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	7.83 Req Mon MO TOTAL 82 - ltr/mo	0	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.22 Req Mon MO TOTAL 3R - Mgal	0	ALJEV - All Events ALJEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3.65 Req Mon MO TOTAL 5W - ltr/mo	0	ALJEV - All Events ALJEV - All Events	RT - ROOTOT RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.0 Req Mon MO TOTAL 4K - ltr/mo	0	ALJEV - All Events ALJEV - All Events	RT - ROOTOT RT - ROOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)									

DMR Copy of Record

Permit		Permittee:		Facility:					
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP					
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803					
Permitted Feature:		Discharge:							
018 External Outfall		CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD							
Report Dates & Status		DMR Due Date:		Status:					
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated					
Considerations for Form Completion									
CSO: K11-165 MUNICIPAL 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	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	45.25 Req Mon MO TOTAL 82 - hrmo 0	0	WH/DS - When Discharging WH/DS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	50.453 Req Mon MO TOTAL 3R - Mgal 0	0	AL/VEV - All Events AL/VEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3.65 Req Mon MO TOTAL 5W - hrmo 0	0	AL/VEV - All Events AL/VEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	5.0 Req Mon MO TOTAL 4K - hrmo 0	0	AL/VEV - All Events AL/VEV - All Events	RT - RCOTOT RT - RCOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)									

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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: CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD					
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Monitoring Location		Season # Param. NODI			
Code	Parameter Name	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	# of Ex.
50037	Duration	EG - Effluent Gross	0	--		Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	--		Req Mon MO TOTAL 3R - Magal C - No Discharge	ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		3.65 Req Mon MO TOTAL 5W - hr/mo C - No Discharge	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		Req Mon MO TOTAL 4K - hr/mo C - No Discharge	ALIEV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN002191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
020 External Outfall		CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season #	
Parameter Name		Season #		Param. NODI	
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	
50037	Duration	EG - Effluent Gross	0	--	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	

Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User:									
susan.beck@cityoffortwayne.org									
Name:									
Susan Reas									
E-Mail:									
susan.beck@cityoffortwayne.org									
Date/Time:									
2021-10-20 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:									
2021-10-20 13:37 (Time Zone: -04:00)									

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 021 External Outfall		Discharge: 021-C CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE					
Report Dates & Status							
Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated			
Considerations for Form Completion							
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:		Telephone:			
Last Name:							

No Data Indicator (NODI)									
Form NODI:	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2	
					Sample Permit Req. Value NODI				
50037	Duration	EG - Effluent Gross	0	--			26.42	Req Mon MO TOTAL 82 - hrmo	WHIDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			0.781	Req Mon MO TOTAL 3R - Mgal	WHIDS - When Discharging RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			3.65	Req Mon MO TOTAL 5W - hrmo	WHIDS - When Discharging RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			3.0	Req Mon MO TOTAL 4K - hrmo	WHIDS - When Discharging RT - RCOTOT

Submission Note		If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors			
No errors.			
Comments			
Attachments			
No attachments.			
Report Last Saved By			
FORT WAYNE WWTP			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)		

DMR Copy of Record

Permit

Permit #:	IN002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46603
Permitted Feature:	023 External Outfall	Discharge:	023-C CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		

Report Dates & Status

Monitoring Period:	From 09/01/21 to 09/30/21	DMR Due Date:	10/28/21	Status:	NetDMR Validated
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Considerations for Form Completion

CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		Title:	
Last Name:			
No Data Indicator (NODI)		Telephone:	

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Sample					
					Permit Req.					
					Value NODI					
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample					
					Permit Req.					
					Value NODI					
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample					
					Permit Req.					
					Value NODI					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample					
					Permit Req.					
					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:	2021-10-20 13:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:			
024 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: L06-420 MUNICIPAL 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	Quality or Concentration
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	# of Ex. Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0 --	7.16 Req Mon MO TOTAL 82 - Inmo 0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0 --	0.334 Req Mon MO TOTAL 3R - Nagal 0	ALIEV - All Events ES - ESTIMA ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	3.42 Req Mon MO TOTAL 5W - Inmo 0	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0 --	3.0 Req Mon MO TOTAL 4K - #Inmo 0	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 025 External Outfall		Discharge: 025-C CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE					
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							

Form NODI:		Parameter		Monitoring Location		Season # Param. NODI		Quantity or Loading		Quality of Concentration		# of Ex.		Frequency of Analysis		Sample Type	
Code		Name						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2	Value 3	Units				
50037	Duration			EG - Effluent Gross	0	-						7.24	82 - hr/mo		WHDS - When Discharging	RT - RCOTOT	
															WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]			EG - Effluent Gross	0	-						0.097	3R - Mg/al		ALVEV - All Events	ES - ESTIMA	
															ALVEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation			EG - Effluent Gross	0	-						3.42	5W - hr/mo		ALVEV - All Events	RT - RCOTOT	
															ALVEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]			EG - Effluent Gross	0	-						3.0	4K - #/mo		ALVEV - All Events	RT - RCOTOT	
															ALVEV - All Events	RT - RCOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
Major:	Yes	200 E BERRY ST		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
027 External Outfall		027-C CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST			
Report Dates & Status		DWR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: M10-202 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	Quality or Concentration
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hrmo C - No Discharge
74063	Overflow volume (\$S0 volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Mgal C - No Discharge
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	6.03 5W - hrmo Req Mon MO TOTAL 5W - hrmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - hrmo C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
No attachments.					
Attachments					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name: susan.beck@cityoffortwayne.org					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-10-20 13:31 (Time Zone: -04:00)					
Report Last Signed By					
User:					
Name: susan.beck@cityoffortwayne.org					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	From 09/01/21 to 09/30/21	DMR Due Date:	10/28/21	Status:	NetDMR Validated
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Considerations for Form Completion

CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		Title:	
-------------	--	--------	--

Last Name:

No Data Indicator (NODI)

Form NODI:		Monitoring Location		Season # Param. NODI		Quantity or Loading		Quality or Concentration		# of Ex.		Frequency of Analysis		Sample Type	
Code	Parameter Name					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	WHDS - When Discharging	WHDS - When Discharging	RT - RCO TOT	Sample Type
50037	Duration			0	-	Sample Permit Req. Value NODI					82 - #/mo	WHDS - When Discharging	WHDS - When Discharging	RT - RCO TOT	Sample Type
74063	Overflow volume [SS0 volume, CSO volume]			0	-	Sample Permit Req. Value NODI					3R - #gal	WHDS - When Discharging	WHDS - When Discharging	RT - RCO TOT	Sample Type
78887	Precipitation, monthly accumulation			0	-	Sample Permit Req. Value NODI					5W - #/mo	WHDS - When Discharging	WHDS - When Discharging	RT - RCO TOT	Sample Type
84165	Discharge event observation [Visual Monitoring]			0	-	Sample Permit Req. Value NODI					4K - #/mo	WHDS - When Discharging	WHDS - When Discharging	RT - RCO TOT	Sample Type

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 029 External Outfall		Discharge:		029-C			
Report Dates & Status		Monitoring Location: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated	
Monitoring Period:		Considerations for Form Completion		CSO: M10-265		CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST	
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	Quality or Concentration
						Qualifier 1 Value 1	Qualifier 2 Value 2
						Qualifier 3 Value 3	Qualifier 4 Value 4
						Qualifier 5 Value 5	Qualifier 6 Value 6
						Qualifier 7 Value 7	Qualifier 8 Value 8
						Qualifier 9 Value 9	Qualifier 10 Value 10
						Qualifier 11 Value 11	Qualifier 12 Value 12
						Qualifier 13 Value 13	Qualifier 14 Value 14
						Qualifier 15 Value 15	Qualifier 16 Value 16
						Qualifier 17 Value 17	Qualifier 18 Value 18
						Qualifier 19 Value 19	Qualifier 20 Value 20
						Qualifier 21 Value 21	Qualifier 22 Value 22
						Qualifier 23 Value 23	Qualifier 24 Value 24
						Qualifier 25 Value 25	Qualifier 26 Value 26
						Qualifier 27 Value 27	Qualifier 28 Value 28
						Qualifier 29 Value 29	Qualifier 30 Value 30
						Qualifier 31 Value 31	Qualifier 32 Value 32
						Qualifier 33 Value 33	Qualifier 34 Value 34
						Qualifier 35 Value 35	Qualifier 36 Value 36
						Qualifier 37 Value 37	Qualifier 38 Value 38
						Qualifier 39 Value 39	Qualifier 40 Value 40
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						Qualifier 303 Value 303	Qualifier 304 Value 304
						Qualifier 305 Value 305	Qualifier 306 Value 306

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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 - 120 FT N OF CLAIR ST & HARRISON ST					
Report Dates & Status		DMR Due Date: 10/28/21		Status: NetDMR Validated			
Monitoring Period: From 09/01/21 to 09/30/21							
Considerations for Form Completion							
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Value 3	Units
50037	Duration	EG - Effluent Gross	0	--			82 - hr/mo
					Req Mon MO TOTAL	82 - hr/mo	0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			3R - Mgal
					Req Mon MO TOTAL	3R - Mgal	0
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			SW - in/mo
					Req Mon MO TOTAL	SW - in/mo	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			4K - #mo
					Req Mon MO TOTAL	4K - #mo	0
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)							

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
033 External Outfall		033-C CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: M10-313 MUNICIPAL 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	Quality or Concentration
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Units
50037	Duration	EG - Effluent Gross	0		7.23
				Req Mon MO TOTAL 82 - hrmo	82 - hrmo
					WHDS - When Discharging RT - RCOTOT
					WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0		14.864
				Req Mon MO TOTAL 3R - Magal	3R - Magal
					ALVEY - All Events
					ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0		6.03
				Req Mon MO TOTAL 5W - Inrmo	5W - Inrmo
					ALVEY - All Events
					RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		2.0
				Req Mon MO TOTAL 4K - #lmo	4K - #lmo
					ALVEY - All Events
					RT - RCOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
036 External Outfall		036-C CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Code	Parameter Name	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Quality or Concentration Value 1 Value 2 Qualifier 3	# of Ex. Units
50037	Duration		EG - Effluent Gross 0 -	Req Mon MO TOTAL 82 - ltr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74083	Overflow volume [SSO volume, CSO volume]		EG - Effluent Gross 0 -	Req Mon MO TOTAL 3R - Mgal C - No Discharge	ALUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross 0 -	6.03 Req Mon MO TOTAL 5W - in/mo C - No Discharge	ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -	Req Mon MO TOTAL 4K - #/mo C - No Discharge	ALUEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-10-20 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:		2021-10-20 13:37 (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:	039 External Outfall	Discharge:	039-C CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		

Report Dates & Status	
Monitoring Period:	From 09/01/21 to 09/30/21
DMR Due Date:	10/28/21
Status:	NetDMR Validated

Considerations for Form Completion	
CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY	
Principal Executive Officer	
First Name:	
Last Name:	
Title:	
Telephone:	

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				Sample Permit Req. Value NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units				
50037	Duration		EG - Effluent Gross	0	-									
							Req Mon MO TOTAL	82	hr/mo				WHDS - When Discharging	RT - RCOTOT
							C - No Discharge							
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-									
							Req Mon MO TOTAL	3R	Mgal				ALVEY - All Events	ES - ESTIMA
							C - No Discharge							
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-									
							Sample Permit Req. Value NODI							
							Req Mon MO TOTAL	5W	In/mo				ALVEY - All Events	RT - RCOTOT
							3.42						ALVEY - All Events	RT - RCOTOT
							Req Mon MO TOTAL	5W	In/mo	0				
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-									
							Sample Permit Req. Value NODI							
							Req Mon MO TOTAL	4K	#/mo				ALVEY - All Events	RT - RCOTOT
							C - No Discharge							

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Reas

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2021-10-20 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:

2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 044 External Outfall		Discharge: 044-C CSO: N22-93 - 150 FT E OF DALGREEN AVE & SPY RUN AVE					
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated	
Considerations for Form Completion		CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hrmo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Magal C - No Discharge	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	6.03 Req Mon MO TOTAL 5W - hrmo C - No Discharge	ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hrmo C - No Discharge	ALIEV - All Events RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)							

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 045 External Outfall		Discharge: 045-C CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE					
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: ---		Monitoring Location		Season # Param. NODI			
Code	Parameter Name	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis
50037	Duration	EG - Effluent Gross 0	0	Req Mon MO TOTAL 82 - #/mo C - No Discharge		WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross 0	0	Req Mon MO TOTAL 3R - #gal C - No Discharge		ALVEY - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0	0	Sample Permit Req. Value NODI = 6.03 Req Mon MO TOTAL 5W - #/mo C - No Discharge		ALVEY - All Events RT - RCOTOT ALVEY - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0	0	Sample Permit Req. Value NODI Req Mon MO TOTAL 4K - #/mo C - No Discharge		ALVEY - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
048					
External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 010-252 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season #	
Parameter Name		Season #		NODI	
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
50037	Duration	EG - Effluent Gross	0	Sample Permit Req.	Req Mon MO TOTAL 82 - hrmo
				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
				Value NODI	C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req.	3.43
				Value NODI	Req Mon MO TOTAL 5W - hrmo
					Req Mon MO TOTAL 5W - hrmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req.	Req Mon MO TOTAL 4K - hrmo
				Value NODI	C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-10-20 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:		2021-10-20 13:37 (Time Zone: -04:00)			

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
050 External Outfall		CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 010-277 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	Sample
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. 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:					
2021-10-20 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:					
2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
051 External Outfall		051-C CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Code	Parameter Name	Quantity or Loading	Quality or Concentration	# of Ex.	Sample Type
50037	Duration	EG - Effluent Gross 0	Req Mon MO TOTAL 82 - ltr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross 0	Req Mon MO TOTAL 3R - Mgal C - No Discharge	ALVEY - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0	3.43 Req Mon MO TOTAL 5W - in/mo C - No Discharge	ALVEY - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0	Req Mon MO TOTAL 4K - #/mo C - No Discharge	ALVEY - All Events RT - RCOTOT	

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit
Permit #: IN0032191
Major: Yes
Permitted Feature: 052 External Outfall
Report Dates & Status
Monitoring Period: From 09/01/21 to 09/30/21
Considerations for Form Completion
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
First Name:
Last Name:
No Data Indicator (NODI)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 200 E BERRY ST
 FT WAYNE, IN 46802
Discharge: 052-C
 CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR
DMR Due Date: 10/28/21
Status: NetDMR Validated

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Quantity or Loading
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Units
 Req Mon MO TOTAL 82 - ltr/mo
 C - No Discharge

Sample
 Permit Req. Value NODI
 Sample Permit Req. Value NODI
 Sample Permit Req. Value NODI
 Sample Permit Req. Value NODI

Monitoring Location
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0

Season # Param. NODI
 0
 0
 0
 0

Frequency of Analysis
 WHDS - When Discharging RT - RCOTOT
 ALVEY - All Events
 ALVEY - All Events
 ALVEY - All Events
 ALVEY - All Events

Sample Type
 RT - RCOTOT
 ES - ESTIMA
 RT - RCOTOT
 RT - RCOTOT
 RT - RCOTOT

Code
 50037 Duration
 74063 Overflow volume [SS0 volume, CSO volume]
 78887 Precipitation, monthly accumulation
 84165 Discharge event observation [Visual Monitoring]

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

Edit Check Errors
 No errors.
Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:			
053		053-C			
External Outfall		CSO: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 022-094 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	Sample
					Permit Req.
					Value NODI
50037	Duration	EG - Effluent Gross	0	--	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	

Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Reas								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)								

DMR Copy of Record

Permit

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	From 09/01/21 to 09/30/21	DMR Due Date:	10/28/21	Status:	Not DMR Validated
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Considerations for Form Completion

CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		Title:	
Last Name:			
		Telephone:	

No Data Indicator (NODI)

Form NODI:	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-						
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permit #: IN002191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 055 External Outfall		Discharge: 055-C CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST					
Report Dates & Status				Status: NetDMR Validated			
Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21					
Considerations for Form Completion							
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Units	19.09 Req Mon MO TOTAL 82 - hrmo 0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	1.935 Req Mon MO TOTAL 3R - Mgall 0	3R - Mgall Req Mon MO TOTAL 3R - Mgall 0	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.42 Req Mon MO TOTAL 5W - inmo 0	5W - inmo Req Mon MO TOTAL 5W - inmo 0	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	3.0 Req Mon MO TOTAL 4K - #mo 0	4K - #mo Req Mon MO TOTAL 4K - #mo 0	RT - RCOTOT RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2021-10-20 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:		2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP				
Major: Yes				Permittee Address: 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: 056-C CSO: J03-313 - BROWN ST PUMP STATION								
Report Dates & Status		Monitoring Period: From 09/01/21 to 09/30/21		DMR Due Date: 10/28/21		Status: NetDMR Validated				
Considerations for Form Completion										
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY										
Principal/Executive Officer										
First Name:		Last Name:		Title:		Telephone:				
No Data Indicator (NODI)										
Form NODI: --										
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Quality or Concentration Value 1 Value 2 Qualifier 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			4.12 Req Mon MO TOTAL 82 - hrmo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--			4.944 Req Mon MO TOTAL 3R - Mgal	0	ALUEV - All Events ALUEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			3.44 Req Mon MO TOTAL 5W - hrmo	0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			2.0 Req Mon MO TOTAL 4K - hrmo	0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
Submission Note										
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.										
Edit Check Errors										
No errors.										
Comments										
Attachments										
No attachments.										
Report Last Saved By										
FORT WAYNE WWTP										
User: susan.beck@cityoffortwayne.org										
Name: Susan Reas										
E-Mail: susan.beck@cityoffortwayne.org										
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)										

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
057 External Outfall		057-C CSO: P10-121 - STORMWATER LIFTSTATION WET WELL			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		Not DMR Validated	
Considerations for Form Completion					
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	RT - RCOTOT

Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 13:23 (Time Zone: -04:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
060 External Outfall		CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: R06-31 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 #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex. Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	Req Mon MO TOTAL 3R - Magal C - No Discharge	ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	3.79 SW - hr/mo Req Mon MO TOTAL SW - hr/mo 0	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Req Mon MO TOTAL 4K - hr/mo C - No Discharge	ALIEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 13:23 (Time Zone: -04:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:	061 External Outfall	DMR Due Date:	10/28/21		
Report Dates & Status	CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD				
Monitoring Period:	From 09/01/21 to 09/30/21				
Considerations for Form Completion	CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY				
Principal/Executive Officer	Title:				
First Name:	Telephone:				
Last Name:	Status: NetDMR Validated				
No Data Indicator (NODI)					
Form NODI:	-				
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI
50037	Duration	EG - Effluent Gross	0	-	Value NODI
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Value NODI
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Value NODI
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	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:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
062 External Outfall		062-C CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NotDMR Validated	
Considerations for Form Completion					
CSO: R14-138 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	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WH/DS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP			
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Permitted Feature: 064 External Outfall		Discharge: CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE							
Report Dates & Status		DMR Due Date: 10/28/21		Status: NetDMR Validated					
Monitoring Period: From 09/01/21 to 09/30/21									
Considerations for Form Completion									
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:		Title:							
Last Name:									
No Data Indicator (NODI)									
Form NODI: --									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3				
50037	Duration	EG - Effluent Gross	0	--					
					Req Mon MO TOTAL 82 - ltrmo				WHDS - When Discharging RT - RCOTOT
					C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--					
					Req Mon MO TOTAL 3R - Mgal				ES - ESTIMA
					C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					
					Req Mon MO TOTAL 5W - inmo				RT - RCOTOT
					3.87				RT - RCOTOT
					Req Mon MO TOTAL 5W - inmo				RT - RCOTOT
					0				
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					
					Req Mon MO TOTAL 4K - ltrmo				RT - RCOTOT
					C - No Discharge				
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-10-20 13:23 (Time Zone: -04:00)									
Report Last Signed By									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-10-20 13:37 (Time Zone: -04:00)									

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
068 External Outfall		068-C CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/26/21		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: --					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	AL/EV - All Events ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	AL/EV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	AL/EV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-10-20 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:	2021-10-20 13:37 (Time Zone: -04:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
080-C					
External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 09/01/21 to 09/30/21		10/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	Req Mon MO TOTAL 3R - Magal C - No Discharge	AL/EV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	3.43 Req Mon MO TOTAL 5W - hr/mo C - No Discharge	AL/EV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Req Mon MO TOTAL 4K - hr/mo C - No Discharge	AL/EV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-10-20 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:					
2021-10-20 13:37 (Time Zone: -04:00)					

DMR Copy of Record

Permit

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 09/01/21 to 09/30/21	DMR Due Date:	10/28/21	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:

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 82 - Inflow				WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3R - Mail				AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3.43				AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 4K - Inflow				AUEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-10-20 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: 2021-10-20 13:37 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

November 17, 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 October 2021

We are pleased to enclose a completed CSO MRO form for the month of October 2021. 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 major server, that includes the rain gauge database, was down for an extensive amount of time. Therefore, the automated 4-hour CSO public notification email did not successfully send on October 28, 29 and 30.

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

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CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

An Equal Opportunity Employer

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.

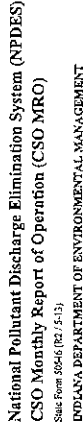
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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)

City: Fort Wayne		Page 1 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Banner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: [MONTH] 10-2021		Check box if no CSO discharge occurred for this month:			
Design Peak Hourly Flow (MGD): 85		Measure/Method (M) or Estimated (E) must be specified:			
Design Average Flow (MGD): 60		CSO Outfall No.			
Time		Time Discharge or Begin		Time Discharge or Begin	
Day of Month		Time Discharge or Begin		Time Discharge or Begin	
01		Time Discharge or Begin		Time Discharge or Begin	
02		Time Discharge or Begin		Time Discharge or Begin	
03		Time Discharge or Begin		Time Discharge or Begin	
04		Time Discharge or Begin		Time Discharge or Begin	
05		Time Discharge or Begin		Time Discharge or Begin	
06		Time Discharge or Begin		Time Discharge or Begin	
07		Time Discharge or Begin		Time Discharge or Begin	
08		Time Discharge or Begin		Time Discharge or Begin	
09		Time Discharge or Begin		Time Discharge or Begin	
10		Time Discharge or Begin		Time Discharge or Begin	
11		Time Discharge or Begin		Time Discharge or Begin	
12		Time Discharge or Begin		Time Discharge or Begin	
13		Time Discharge or Begin		Time Discharge or Begin	
14		Time Discharge or Begin		Time Discharge or Begin	
15		Time Discharge or Begin		Time Discharge or Begin	
16		Time Discharge or Begin		Time Discharge or Begin	
17		Time Discharge or Begin		Time Discharge or Begin	
18		Time Discharge or Begin		Time Discharge or Begin	
19		Time Discharge or Begin		Time Discharge or Begin	
20		Time Discharge or Begin		Time Discharge or Begin	
21		Time Discharge or Begin		Time Discharge or Begin	
22		Time Discharge or Begin		Time Discharge or Begin	
23		Time Discharge or Begin		Time Discharge or Begin	
24		Time Discharge or Begin		Time Discharge or Begin	
25		Time Discharge or Begin		Time Discharge or Begin	
26		Time Discharge or Begin		Time Discharge or Begin	
27		Time Discharge or Begin		Time Discharge or Begin	
28		Time Discharge or Begin		Time Discharge or Begin	
29		Time Discharge or Begin		Time Discharge or Begin	
30		Time Discharge or Begin		Time Discharge or Begin	
31		Time Discharge or Begin		Time Discharge or Begin	
Totals:		Da		Da	
		ys		ys	



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

State Form 50466 (02/15-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50466 (02/15-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191
Facility: Fort Wayne - P.L. Bruner WWTP
Monitoring Period: [MONTH] 10-2021
Design Peak Hourly Flow (MGD): 85
Design Average Flow (MGD): 60
Check box if no CSO discharge occurred for the month: ☐ N

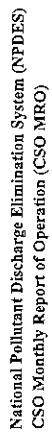
Date of Month	Average Daily Flow (MGD)		Precipitation (inches)	Peak Precipitation (inches)	Peak Flow (MGD)	Reservoir Storage (MG)	Time of Discharge		CSO Outfall No.		Time of Discharge		CSO Outfall No.	
	MGD	MGD					MGD	MGD	MGD	MGD	MGD	MGD	MGD	MGD
01	45.17	55.05	2.00 PM	0.08	0.05	0.05	5 m							
02	49.38	56.71	2:35 PM	0.17	0.02	0.02	5 m							
03	61.31	87.99	2:20 AM	2.67	1.64	1.05	5 m							
04	89.57	101.08	3:35 PM	1.42	0.79	0.50	5 m							
05	80.75	101.02	12:00 AM	0.67	0.09	0.05	5 m							
06	58.26	68.41					5 m							
07	57.52	61.19	4:55 AM	0.42	0.05	0.03	5 m							
08	55.73	70.85	6:10 AM	0.42	0.05	0.03	5 m							
09	44.53	55.05					5 m							
10	40.64	48.67	5:50 AM	0.08	0.01	0.01	5 m							
11	37.00	46.35	8:35 PM	0.17	0.02	0.02	5 m							
12	34.19	65.91					5 m							
13	33.30	38.22	10:00 AM	0.08	0.01	0.01	5 m							
14	44.18	92.02	5:30 PM	1.50	0.50	0.27	5 m							
15	96.18	101.03	1:05 AM	7.33	1.85	0.34	5 m							
16	99.95	101.04	12:00 AM	1.67	0.21	0.10	5 m							
17	64.30	83.28					5 m							
18	59.65	68.56					5 m							
19	57.36	64.23					5 m							
20	55.20	59.27					5 m							
21	56.17	60.74	4:35 AM	0.50	0.07	0.05	5 m							
22	52.01	57.55					5 m							
23	50.15	57.25	12:45 AM	0.08	0.01	0.01	5 m							
24	62.16	87.03	11:10 AM	5.33	1.18	0.27	5 m							
25	94.81	100.02	12:20 AM	6.42	1.26	0.41	5 m							
26	100.00	100.00					5 m							
27	85.34	100.01					5 m							
28	62.07	70.75	4:55 PM	1.25	0.15	0.04	5 m							
29	96.35	100.09	12:10 AM	4.50	0.55	0.08	5 m							
30	99.90	100.10	12:00 AM	0.92	0.11	0.05	5 m							
31	69.70	97.39					5 m							
Totals:	199.28			35.67	8.62			0	0.00	0.00	3	2.25	0.090	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Ross, Manager
Signature of Principal Executive Officer or Authorized Agent: Susan Ross
Date (mm/dd/yyyy): 11/17/21

City: Fort Wayne Permit Number: IN002191
Facility: Fort Wayne - P.L. Bruner WWTP
Monitoring Period: [MONTH] 10-2021
Design Peak Hourly Flow (MGD): 85
Design Average Flow (MGD): 60
Check box if no CSO discharge occurred for the month: ☐ N

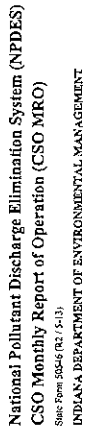
Date of Month	Average Daily Flow (MGD)		Precipitation (inches)	Peak Precipitation (inches)	Peak Flow (MGD)	Reservoir Storage (MG)	Time of Discharge		CSO Outfall No.		Time of Discharge		CSO Outfall No.	
	MGD	MGD					MGD	MGD	MGD	MGD	MGD	MGD	MGD	MGD
01	45.17	55.05	2.00 PM	0.08	0.05	0.05	5 m							
02	49.38	56.71	2:35 PM	0.17	0.02	0.02	5 m							
03	61.31	87.99	2:20 AM	2.67	1.64	1.05	5 m							
04	89.57	101.08	3:35 PM	1.42	0.79	0.50	5 m							
05	80.75	101.02	12:00 AM	0.67	0.09	0.05	5 m							
06	58.26	68.41					5 m							
07	57.52	61.19	4:55 AM	0.42	0.05	0.03	5 m							
08	55.73	70.85	6:10 AM	0.42	0.05	0.03	5 m							
09	44.53	55.05					5 m							
10	40.64	48.67	5:50 AM	0.08	0.01	0.01	5 m							
11	37.00	46.35	8:35 PM	0.17	0.02	0.02	5 m							
12	34.19	65.91					5 m							
13	33.30	38.22	10:00 AM	0.08	0.01	0.01	5 m							
14	44.18	92.02	5:30 PM	1.50	0.50	0.27	5 m							
15	96.18	101.03	1:05 AM	7.33	1.85	0.34	5 m							
16	99.95	101.04	12:00 AM	1.67	0.21	0.10	5 m							
17	64.30	83.28					5 m							
18	59.65	68.56					5 m							
19	57.36	64.23					5 m							
20	55.20	59.27					5 m							
21	56.17	60.74	4:35 AM	0.50	0.07	0.05	5 m							
22	52.01	57.55					5 m							
23	50.15	57.25	12:45 AM	0.08	0.01	0.01	5 m							
24	62.16	87.03	11:10 AM	5.33	1.18	0.27	5 m							
25	94.81	100.02	12:20 AM	6.42	1.26	0.41	5 m							
26	100.00	100.00					5 m							
27	85.34	100.01					5 m							
28	62.07	70.75	4:55 PM	1.25	0.15	0.04	5 m							
29	96.35	100.09	12:10 AM	4.50	0.55	0.08	5 m							
30	99.90	100.10	12:00 AM	0.92	0.11	0.05	5 m							
31	69.70	97.39					5 m							
Totals:	199.28			35.67	8.62			0	0.00	0.00	3	2.25	0.090	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Ross, Manager
Signature of Principal Executive Officer or Authorized Agent: Susan Ross
Date (mm/dd/yyyy): 11/17/21



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

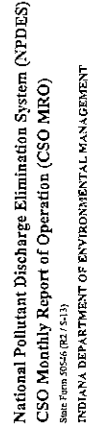
CDS#	Facility Name	Page # of 12	Patient Number													
CS06 - Fort Wayne Fort Wayne - P.L. Brunner WWTP		Table Verification Requirements Met?	N													
Monitoring Period:		Check box if an CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD)		Measured/Metered (M) or Estimated (E) must be specified														
		CSO Outfall No.														
Date	Time Discharge Begins	M	E	Event Duration (Hours)	M	E	Event Duration (Hours)	M	E	Event Duration (Hours)	M	E	Event Duration (Hours)	M	E	Event Duration (Hours)
01																
02																
03	5:30 PM	M	0.75	M	0.542	M	3:25 AM	M	4.25	M	1.860	M				
04	6:43 PM	M	0.58	M	0.205	M	5:10 PM	M	2.42	M	0.500	M				
05																
06																
07																
08																
09																
10																
11																
12																
13	7:05 PM	M	0.88	M	0.043	M	6:55 PM	M	1.42	M	0.215	M				
14	2:45 AM	M	3.25	M	0.678	M	2:20 AM	M	13.50	M	2.231	M				
15																
16																
17																
18																
19																
20																
21																
22																
23																
24	8:05 PM	M	1.42	M	0.211	M	11:50 AM	M	5.33	M	0.755	M				
25	3:40 AM	M	2.58	M	0.638	M	12:00 AM	M	17.58	M	2.148	M				
26																
27																
28																
29																
30																
31																
Totals:	6	Dt	9.16		2.317		8	Dt	48.83		7.762		Dt			



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

State Form 505-16 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

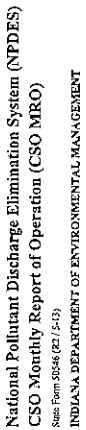


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

Sanja K. Kaur, MD, PhD, is an Assistant Professor of Pediatrics and the Director of the Pediatric Endocrinology and Metabolic Diseases Division at the University of Michigan Medical Center. She is also the Medical Director of the Michigan Diabetes Center and the Michigan Diabetes Endocrinology Research Center. Dr. Kaur is a member of the American Diabetes Association, the American Society of Human Genetics, the Endocrine Society, and the Society for Pediatric Endocrinology. She has received several awards for her research, including the National Institutes of Health Career Development Award and the American Diabetes Association Research Career Development Award. Dr. Kaur is also a member of the Michigan Diabetes Endocrinology Research Center and the Michigan Diabetes Center. She has published numerous articles in the field of pediatric endocrinology and metabolism, including studies on the pathogenesis of type 1 diabetes, the management of type 2 diabetes, and the use of genetic testing in the diagnosis of endocrine disorders. Dr. Kaur is also a member of the Michigan Diabetes Endocrinology Research Center and the Michigan Diabetes Center. She has published numerous articles in the field of pediatric endocrinology and metabolism, including studies on the pathogenesis of type 1 diabetes, the management of type 2 diabetes, and the use of genetic testing in the diagnosis of endocrine disorders.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
STATE OF INDIANA (REV. 7-2012)

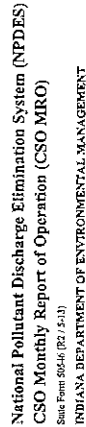
City: Fort Wayne		Page 5 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Meeting Period: MONTH 10-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 45		Design Average Flow (MGD): 60		Measure/Method (M) or Estimated (E) must be specified	
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Time Discharge Begins	Time Discharge Ends	Event Duration (M)	Event Discharge (E)	Event Discharge (E)	Event Discharge (E)
Time Discharge Begins	Time Discharge Ends	Event Duration (M)	Event Discharge (E)	Event Discharge (E)	Event Discharge (E)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:	Discharge Volume (MG)	Discharge Volume (MG)	Discharge Volume (MG)	Discharge Volume (MG)	Discharge Volume (MG)



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

State Form 50546 (22 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Sample Form 505-46 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne						Page 6 of 12		Permit Number: IN032191						
Facility: Fort Wayne - P.L. Brunner WWPPT						Public Notification Requirements Met?								
Monitoring Period: MONTH: 10-JUL-21						Check box if no CSO discharge occurred for the month:								
Design Peak Hourly Flow (MGD):						Measured (MG) or Estimated (E) must be specified.								
85						61								
WWTP Influent Data:			Precipitation Data - DU MM RJ AT1 Gauge			CSO Control No. 18			CSO Control No. 19					
Volume Daily Flow (MGD)	Peak Daily Flow (MGD)	Time Exceeds Design Capacity (hours)	Time Exceeds Design Capacity (hours)	Time Exceeds Design Capacity (hours)	Time Exceeds Design Capacity (hours)	M Measured (MG)	E Estimated (E)	M Measured (MG)	E Estimated (E)	M Measured (MG)	E Estimated (E)			
	Days of Month													
01	45.17	55.05												
02	49.38	56.71												
03	61.31	87.99	5:25 PM	0.08	0.08	5 m	5:20 PM	M	4.83	M	9.126			
04	89.57	101.08				5 m	12:00 AM	M	10.50	M	3.407			
05	80.75	101.02				5 m								
06	58.26	68.41				5 m								
07	57.52	61.19				5 m								
08	55.73	70.85	6:00 AM	0.58	0.07	0.04								
09	44.53	53.05				5 m								
10	40.64	48.67	3:30 AM	0.17	0.02	0.01	5 m							
11	37.00	46.35	8:55 PM	0.08	0.02	0.02	5 m							
12	34.19	65.91				5 m								
13	33.30	38.23	5:05 PM	0.08	0.01	0.01	5 m							
14	44.18	92.02	5:15 PM	1.58	0.54	0.34	5 m	6:45 PM	M	3.83	M	3.331		
15	96.18	101.05	12:35 AM	7.25	2.09	0.43	5 m	12:00 AM	M	20.67	M	69.773		
16	99.95	101.04	12:00 AM	1.67	0.20	0.08	5 m	12:00 AM	M	5.83	M	12.432		
17	64.30	83.28				5 m								
18	59.65	68.56				5 m								
19	57.36	64.21				5 m								
20	55.30	59.27	10:55 PM	0.08	0.01	0.01	5 m							
21	56.17	60.74	4:10 AM	0.42	0.09	0.05	5 m	6:15 AM	M	0.25	M	0.014		
22	52.01	57.55				5 m								
23	50.15	57.25	12:20 AM	0.17	0.02	0.01	5 m							
24	62.16	87.03	11:25 AM	5.17	1.11	0.23	5 m	1:10 PM	M	10.75	M	17.183		
25	94.81	100.02	12:00 AM	7.00	1.35	0.39	5 m	12:00 AM	M	7.92	M	33.688		
26	100.00	100.08				5 m								
27	85.34	100.01				5 m								
28	62.07	70.75	4:50 PM	1.17	0.15	0.04	5 m							
29	96.33	100.09	12:00 AM	4.42	0.54	0.08	5 m	5:30 AM	M	2.75	M	3.892		
30	99.90	100.10	12:00 AM	1.00	0.13	0.05	5 m							
31	69.70	97.39				5 m								
Totals:	1992.89		30.92	6.43			9	D%	Y%	67.33	152.846	0	0.00	0.000

Signed _____
Superior Region Manager

Signed _____
Principal Executive Officer or Authorized Agent

Signed _____
Superior Region Manager

Signed _____
Principal Executive Officer or Authorized Agent

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

Telephone 560-472-6213

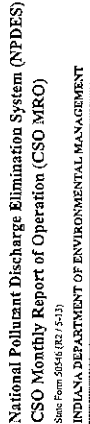
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE CLEAN WATER ACT AND THE SEWERAGE AND SANITATION DISTRICT ACT. I HAVE REVIEWED THE INFORMATION SUBMITTED BY THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TRUE 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.

Date (mm/dd/yyyy) 11/1/21

City: Fort Wayne		Page 6 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: MONTH 18-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Measured/Measured (M) or Estimated (E) must be specified:			
Design Average Flow (MGD): 60		CSO Outfall No.		CSO Outfall No.	
Time Discharge Begins	Event Discharge or Flow (MGD)	M	Event Duration or Flow (MGD)	M	Event Discharge or Flow (MGD)
01					
02					
03	5:30 PM	M	5:30 PM	M	6.50 M
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15	11:00 AM	M	10:25	M	2.483 M
16	12:25 AM	M	5:83	M	0.409 M
17					
18					
19					
20					
21					
22					
23	12:00 PM	M	5:33	M	1.299 M
24	12:00 PM	M	24:00	M	7.480 M
25	12:00 AM	M	1:83	M	0.505 M
26	12:00 AM	M			
27					
28	4:05 AM	M	6:83	M	0.241 M
29	12:00 AM	M	3:83	M	0.121 M
30					
31					
Discharge	8	63.65	15.770	11	130.50
Discharge					4.990

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)	11-17-21
--	-----------------	----------

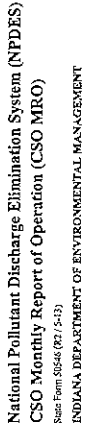
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Exam 50416 (M2 / S.13)

[The following text is rotated 90 degrees clockwise in the original document]

[illegible]

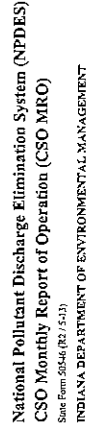
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Susan Reas, Manager	Telephone	360-477-6213
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE PROVISIONS OF THE SECURITIES ACT OF 1933 AND THE SECURITIES ACT OF 1934, AND I AM NOT PROVIDING ANY INFORMATION HEREIN TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHOSE NAMES ARE LISTED ABOVE, THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR MISLEADING INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			
Signature of Principal Executive Officer or Authorized Agent	Susan Reas	Date (mm/dd/yyyy)	11-7-21



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

State Form 50546 (82 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (R3/5-13)

INDIA VA DEPARTMENT OF ENVIRONMENT & MANAGEMENT

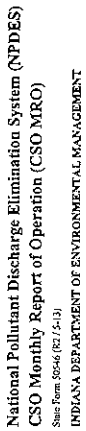
City: Fort Wayne						Page 6 of 12		Permit Number: IN062191							
Facility: Fort Wayne - L.L. Brunner WWTP						Public Notification Requirements Met? N									
Monitoring Period: [MONTH] 10-2021						Check box if no CSO discharge occurred for this month:									
Design Peak Hourly Flow (MGD):						Measured/Metered (M) or Estimated (E) must be specified.									
WWTP Influent Data:						CSO Outfall No. 54									
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Precipitation Depth (Inches)	Tidal Daily Flow (MGD)	Measurement Interval (Hours)	N Flow (MG)	M Flow (MG)	Event Duration (MG)	N Flow (MG)	M Flow (MG)	Event Duration (MG)	N Flow (MG)	M Flow (MG)	Event Duration (MG)
Day of Month	01	45.17	55.05			5 m									
02	49.38	56.71	11:45 PM	0.08	0.01	0.01	5 m								
03	61.31	87.99	2:15 AM	2.50	0.86	0.37	5 m								
04	89.57	101.03	8:40 AM	0.42	0.05	0.02	5 m								
05	80.75	101.02	12:45 PM	0.08	0.01	0.01	5 m								
06	58.26	68.41				5 m									
07	57.52	61.19	4:45 AM	0.50	0.06	0.04	5 m								
08	55.73	70.83	7:45 AM	0.42	0.05	0.03	5 m								
09	44.53	53.05	2:35 AM	0.08	0.01	0.01	5 m								
10	40.64	48.67	3:35 AM	0.33	0.06	0.05	5 m								
11	37.00	46.55	8:30 PM	0.33	0.05	0.05	5 m								
12	34.19	65.91				5 m									
13	33.30	38.22	7:35 AM	0.17	0.02	0.01	5 m								
14	44.18	92.02	5:20 PM	1.92	0.72	0.29	5 m								
15	96.18	101.05	1:00 AM	7.25	1.73	0.34	5 m								
16	99.95	101.04	12:00 AM	1.42	0.17	0.09	5 m								
17	64.30	83.28				5 m									
18	59.65	68.56				5 m									
19	57.36	64.21				5 m									
20	55.30	59.27				5 m									
21	56.17	60.74	3:50 AM	0.33	0.05	0.03	5 m								
22	52.01	57.55				5 m									
23	50.15	57.25	1:15 AM	0.08	0.01	0.01	5 m								
24	62.16	87.03	1:25 AM	3.92	0.76	0.15	5 m								
25	94.81	100.02	12:35 AM	5.50	1.00	0.33	5 m								
26	100.00	100.08				5 m									
27	85.34	100.01				5 m									
28	62.07	70.75	4:35 PM	1.17	0.14	0.04	5 m								
29	96.33	100.09	12:35 AM	3.67	0.45	0.08	5 m								
30	99.90	100.10	12:30 AM	0.25	0.03	0.01	5 m								
31	69.70	97.39	11:25 AM	0.08	0.01	0.01	5 m								
Totals:	1992.89			30.50	6.25		0	37	0.00	0.000			Dt	39	

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

Signature of Principal Executive Officer or Authorized Agent: _____ Date: (mm/dd/yyyy) 11-12-21

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

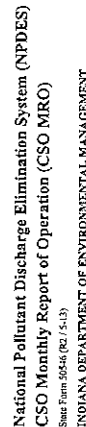
City: Fort Wayne		Page 8 of 12		Permit Number: D0002191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N		
Monitoring Period: [MONTH] 10-2021		Design Average Flow (MGD): 40		Check box if no CSO discharge occurred for the month:		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD):		Measured/Estimated (M) or Estimated (E) must be specified		
Time	CSO Outfall No.			CSO Outfall No.		
	Time Discharge or Pumped to River	Event Duration or Frequency	M	Time Discharge or Pumped to River	Event Duration or Frequency	M
Month	Time Discharge or Pumped to River	Event Duration or Frequency	M	Time Discharge or Pumped to River	Event Duration or Frequency	M
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
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13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Totals:	On vs			On vs		



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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 503-6 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible][illegible]

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH SYSTEMS DESIGN, POLICY, PROCEDURE, OR OTHER AUTHORITY. I AM DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED WITH THIS SYSTEM, AND THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

260-427-6213

Susan Reas, Manager

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Journal compilation © 2006 Blackwell Publishing Ltd

Susan Reas

11-17-21



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5046 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 10 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: (MONTH) 10-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration or Discharge (Hours)	Event Discharge (MG)	Event Discharge (MG)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	5:45 AM	0.83	M	0.006	M
26					
27					
28					
29					
30					
31					
Totals:		0	0.00	0.000	0.000

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration or Discharge (Hours)	Event Discharge (MG)	Event Discharge (MG)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16	12:42 PM	5.93	M	69.615	M
17					
18					
19					
20					
21					
22					
23					
24					
25	10:09 PM	1.83	M	33.767	M
26	12:00 AM	14.45	M	74.974	M
27					
28					
29					
30					
31					
Totals:		3	22.21	178.356	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? N	
Monitoring Period: [MONTH] 10-2021		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	Wet Weather Day		
04	Wet Weather Day		
05			
06			
07			
08	Wet Weather Day		
09			
10			
11			
12			
13			
14	Wet Weather Day		
15	Wet Weather Day		
16	Wet Weather Day		
17	Wet Weather Day		
18			
19			
20			
21			
22			
23			
24	Wet Weather Day		
25	Wet Weather Day		
26	Wet Weather Day		
27			
28			
29	Wet Weather Day		
30	Wet Weather Day		
31			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Susan Reas, 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		11-17-21	

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 CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3950 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	From 10/01/21 to 10/31/21	DMR Due Date:	11/26/21	Status:	NetDMR Validated
--------------------	---------------------------	---------------	----------	---------	------------------

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	Susan	Title:	Manager
Last Name:	Reas		

Telephone: 260-427-6213

No Data Indicator (NODI)

Form NODI:	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units		
50037	Duration	EG - Effluent Gross	0			82 - hr/mo	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0			3R - Magal Req Mon MO TOTAL 3R - Magal 0	ALUEV - All Events ALUEV - All Events	ES - ESTIMA ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0			5W - hr/mo Req Mon MO TOTAL 5W - hr/mo 0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			4K - #/mo Req Mon MO TOTAL 4K - #/mo 0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_2021_10.pdf	pdf	456076.0
IN0032191_002C_LETTER_2021_10.pdf	pdf	181343.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:40 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:		
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP		
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC		
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803		
Permitted Feature:		Discharge:		Status:		
003 External Outfall		CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		NetDMR Validated		
Report Dates & Status		DMR Due Date:				
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21				
Considerations for Form Completion						
CSO - 001 POND WHEN USED AS CSO ONLY						
Principal/Executive Officer						
First Name:		Title:		Telephone:		
No Data Indicator (NODI)						
Form NODI:						
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration	
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	# of Ex. Frequency of Analysis Sample Type	
50037	Duration	EG - Effluent Gross	0		Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0		Req Mon MO TOTAL 3R - Mgal C - No Discharge	AL/EV - All Events ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0		6.79 SW - in/mo Req Mon MO TOTAL 5W - in/mo 0	AL/EV - All Events RT - RCOTOT AL/EV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		Req Mon MO TOTAL 4K - #/mo C - No Discharge	AL/EV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:32 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:41 (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, 201 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER					
Report Dates & Status		Monitoring Location		Season # Param. NODI		Status: NetDMR Validated	
Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21					
Considerations for Form Completion							
CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Value 1 Value 2 Value 3	Units	Sample Type
50037	Duration	EG - Effluent Gross	0		1.0	82 - hr/mo	WHDS - When Discharging RT - RCOTOT
					Req Mon MO TOTAL	82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0		0.208	3R - Mgal	ALIEV - All Events
					Req Mon MO TOTAL	3R - Mgal	ALIEV - All Events
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0		7.9	5W - hr/mo	RT - RCOTOT
					Req Mon MO TOTAL	5W - hr/mo	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		3.0	4K - #/mo	RT - RCOTOT
					Req Mon MO TOTAL	4K - #/mo	RT - RCOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:29 (Time Zone: -05:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
005 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
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 Qualifier 3
50037	Duration	EG - Effluent Gross	0	-	73.41 Req Mon MO TOTAL 82 - hrmo 0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	4.934 Req Mon MO TOTAL 3R - Magal 0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	7.9 Req Mon MO TOTAL 5W - hrmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	8.0 Req Mon MO TOTAL 4K - #mo 0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:30 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:41 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:		Facility Location:	
Permit #: IN0032191		Permittee Address:		FORT WAYNE WWTP		FORT WAYNE WWTP	
Major: Yes				CITY OF FORT WAYNE		P.L. BRUNNER WPC	
				200 E BERRY ST		FORT WAYNE, IN 46803	
				FT WAYNE, IN 46802			
Permitted Feature:		Discharge:					
007 External Outfall				007-C			
				CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.			
Report Dates & Status		DMR Due Date:		Status:		NetDMR Validated	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21					
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 Name		Monitoring Location		Season # Param. NODI		Quantity or Loading	
Code		Qualifier 1 Value 1		Qualifier 2 Value 2		Qualifier 3 Value 3	
50037 Duration		EG - Effluent Gross		0		Req Mon MO TOTAL 82 - hr/mo	
						C - No Discharge	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross		0		Req Mon MO TOTAL 3R - Mgal	
						C - No Discharge	
78887 Precipitation, monthly accumulation		EG - Effluent Gross		0		7.9 5W - hr/mo	
						Req Mon MO TOTAL 5W - hr/mo 0	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0		Req Mon MO TOTAL 4K - #/mo	
						C - No Discharge	
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2021-11-17 13:30 (Time Zone: -05:00)					
Report Last Signed By							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2021-11-17 13:41 (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 - SE OF MAIN ST. & CAMP ALLEN DR.					
Report Dates & Status		Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Last Name:		Title:		Telephone:	
No Data Indicator (NODI)							
Form NODI:		Parameter Name		Monitoring Location		Season # Param. NODI	
Code	Duration	EG - Effluent Gross	0	Sample Permit Req.	Value NODI	Quantity or Loading	Quality or Concentration
50037						Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Value 1 Value 2 Value 3
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req.	Value NODI	3R - Mgal Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req.	Value NODI	5W - Inflow Req Mon MO TOTAL 5W - Inflow	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req.	Value NODI	4K - #mo Req Mon MO TOTAL 4K - #mo	RT - RCOTOT RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User:		susan.beck@cityofwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityofwayne.org					
Date/Time:		2021-11-17 13:30 (Time Zone: -05:00)					
Report Last Signed By							
User:		susan.beck@cityofwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityofwayne.org					
Date/Time:		2021-11-17 13:41 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
012 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		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: -					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Type
90037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALUEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:30 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
User:					
Susan Reas					
Name:					
susan.beck@cityoffortwayne.org					
E-Mail:					
2021-11-17 13:41 (Time Zone: -05:00)					
Date/Time:					

DMR Copy of Record

Permit	IN0032191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803
Major:	Yes	Discharge:	013-C CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST	Facility Location:	
Permitted Feature:	013 External Outfall	DMR Due Date:	11/28/21	Status:	NetDMR Validated
Report Dates & Status					
Monitoring Period:	From 10/01/21 to 10/31/21				
Considerations for Form Completion	CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer					
First Name:	Title:				
Last Name:	Telephone:				

No Data Indicator (NODI)																			
Form NODI:																			

Parameter Name		Monitoring Location		Season # Param. NODI		Quantity or Loading		Quality or Concentration				# of Ex.		Frequency of Analysis		Sample Type			
Code							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.												
							Value NODI												
=																			
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	-		Sample												
							Permit Req.												
							Value NODI												
=																			
78837	Precipitation, monthly accumulation		EG - Effluent Gross	0	-		Sample												
							Permit Req.												
							Value NODI												
=																			
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-		Sample												
							Permit Req.												
							Value NODI												
=																			
Req Mon MO TOTAL 3R - Mgal																			
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Req Mon MO TOTAL 3R - Mgal																			

Submission Note	If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors		
No errors.		
Comments		
Attachments		
No attachments.		
Report Last Saved By	FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2021-11-17 13:28 (Time Zone: -05:00)	
Report Last Signed By		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2021-11-17 13:41 (Time Zone: -05:00)	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
017 External Outfall		CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21			
Considerations for Form Completion					
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WH/DS - When Discharging RT - RCOTOT WH/DS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	AL/VEY - All Events ES - ESTIMA AL/VEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	AL/VEY - All Events RT - RCOTOT AL/VEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	AL/VEY - All Events RT - RCOTOT AL/VEY - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:28 (Time Zone: -0500)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:41 (Time Zone: -0500)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
018-C					
External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		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	
Code	Name	Location		Season	
50037	Duration	EG - Effluent Gross		0	
		EG - Effluent Gross		0	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross		0	
		EG - Effluent Gross		0	
78887	Precipitation, monthly accumulation	EG - Effluent Gross		0	
		EG - Effluent Gross		0	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross		0	
		EG - Effluent Gross		0	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:28 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:41 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
019 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: --					
Code		Parameter Name	Monitoring Location	Season #	Permit NODI
50037	Duration	EG - Effluent Gross	0	--	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityofwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityofwayne.org			
Date/Time:		2021-11-17 13:28 (Time Zone: -0500)			
Report Last Signed By					
User:		susan.beck@cityofwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityofwayne.org			
Date/Time:		2021-11-17 13:41 (Time Zone: -0500)			

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

DMR Copy of Record

Permit		Permittee:		Facility Location:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
020 External Outfall		020-C CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter	Monitoring Location	Season #	Permit NODI	Sample
50037	Duration	EG - Effluent Gross	0	-	Permit Req.
					Value NODI
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req.
					Value NODI
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req.
					Value NODI
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req.
					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:	2021-11-17 13:29 (Time Zone: -0500)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-11-17 13:41 (Time Zone: -0500)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
021 External Outfall		CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Parameter Name		Season # Param. NODI		Season # Param. NODI	
Code		Sample Permit Req. Value NODI		Sample Permit Req. Value NODI	
50037 Duration		EG - Effluent Gross 0		EG - Effluent Gross 0	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0		EG - Effluent Gross 0	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0		EG - Effluent Gross 0	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		EG - Effluent Gross 0	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:29 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:41 (Time Zone: -05:00)					

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: 023 External Outfall	Discharge: 023-C CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST	
Report Dates & Status		Status: NetDMR Validated
Monitoring Period: From 10/01/21 to 10/31/21	DMR Due Date: 11/28/21	
Considerations for Form Completion		
CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:		
Code	Parameter Name	Monitoring Location
50037	Duration	EG - Effluent Gross
		0
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross
		0
78887	Precipitation, monthly accumulation	EG - Effluent Gross
		0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross
		0
Submission Note		
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
Edit Check Errors		
No errors.		
Comments		
No attachments.		
Report Last Saved By		
FORT WAYNE WWTP		
User:	susan.beck@cityofwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityofwayne.org	
Date/Time:	2021-11-17 13:26 (Time Zone: -05:00)	
Report Last Signed By		
User:	susan.beck@cityofwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityofwayne.org	
Date/Time:	2021-11-17 13:41 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 024 External Outfall		Discharge:		Discharge:		Discharge:	
Report Dates & Status		Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:		Telephone:			
Last Name:							
No Data Indicator (NODI)							
Form NODI: --		Monitoring Location:		Season # Param. NODI			
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	82 - hr/mo
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	3R - Mgal
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	5W - in/mo
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	4K - #mo
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-11-17 13:26 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)							

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
025 External Outfall		CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Code	Parameter Name	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis
50037	Duration	Sample Permit Req. Value NODI	12.25 Req Mon MO TOTAL 82 - hr/mo Value 3	82 - hr/mo 82 - hr/mo 0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	Sample Permit Req. Value NODI	0.985 Req Mon MO TOTAL 3R - Mgal Value 3	3R - Mgal 3R - Mgal 0	ALUEV - All Events ALUEV - All Events ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	Sample Permit Req. Value NODI	8.12 Req Mon MO TOTAL 5W - in/mo Value 3	5W - in/mo 5W - in/mo 0	ALUEV - All Events ALUEV - All Events RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	Sample Permit Req. Value NODI	7.0 Req Mon MO TOTAL 4K - #/mo Value 3	4K - #/mo 4K - #/mo 0	ALUEV - All Events ALUEV - All Events RT - RCOTOT RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-11-17 13:26 (Time Zone: -0500)			
Report Last Signed By					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-11-17 13:41 (Time Zone: -0500)			

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 027 External Outfall		Discharge: 027-C CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST					
Report Dates & Status		DMR Due Date: 11/28/21		Status: NetDMR Validated			
Monitoring Period: From 10/01/21 to 10/31/21							
Considerations for Form Completion							
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
					Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI
50037	Duration	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL 82 - hrmo		WHDS - When Discharging RT - RCOTOT
					C - No Discharge		
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL 3R - Mgal		ES - ESTIMA
					C - No Discharge		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			
					12.72		ALVEY - All Events
					Req Mon MO TOTAL 5W - hrmo		RT - RCOTOT
					C - No Discharge		ALVEY - All Events
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL 4K - hrmo		RT - RCOTOT
					C - No Discharge		

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 10:10 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 13:41 (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 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE					
Report Dates & Status		Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21		Status: NetDMR Validated	
Considerations for Form Completion		CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:					
First Name:							
Last Name:							
No Data Indicator (NODI)							
Form NODI:							

Code	Parameter Name	Monitoring Location	Season # Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-		6.18	82 - hr/mo	0	WHDS - When Discharging RT - RCOTOT	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-		1.614	3R - Mgal	0	ALVEY - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		6.79	5W - in/mo	0	ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-		5.0	4K - #/mo	0	ALVEY - All Events	RT - RCOTOT

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

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 13:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit	Permit #: IN002191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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:	
Report Dates & Status			
Monitoring Period:	From 10/01/21 to 10/31/21	DMR Due Date:	11/28/21
Considerations for Form Completion			
Principal/Executive Officer			
First Name:		Title:	
Last Name:			
No Data Indicator (NODI)			
Form NODI:			

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		9.35	Req Mon MO TOTAL 82 - hrmo	0	WHDS - When Discharging RT - RCOTOT	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		1.888	Req Mon MO TOTAL 3R - Mgal	0	ALUEV - All Events ES - ESTIMA	ALUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		8.12	Req Mon MO TOTAL 5W - hrmo	0	ALUEV - All Events RT - RCOTOT	ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		7.0	Req Mon MO TOTAL 4K - #mo	0	ALUEV - All Events RT - RCOTOT	ALUEV - All Events RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-11-17 13:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2021-11-17 13:41 (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 - 120 FT N OF CLAIR ST & HARRISON ST							
Report Dates & Status		DMR Due Date: 11/28/21		Status: NetDMR Validated					
Monitoring Period: From 10/01/21 to 10/31/21									
Considerations for Form Completion									
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY									
Principal/Executive Officer									
First Name:		Title:							
Last Name:									
No Data Indicator (NODI)									
Form NODI: --									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3				
50037	Duration	EG - Effluent Gross	0	--		14.83 Req Mon MO TOTAL 82 - hrmo 0		WHDS - When Discharging RT - RCOOTOT WHDS - When Discharging RT - RCOOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--		5.921 Req Mon MO TOTAL 3R - Mgal 0		ALIEV - All Events ES - ESTIMA ALIEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		8.12 Req Mon MO TOTAL SW - ltrmo 0		ALIEV - All Events RT - RCOOTOT ALIEV - All Events RT - RCOOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		7.0 Req Mon MO TOTAL 4K - #lmo 0		ALIEV - All Events RT - RCOOTOT ALIEV - All Events RT - RCOOTOT	
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-11-17 13:27 (Time Zone: -0500)									
Report Last Signed By									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-11-17 13:41 (Time Zone: -0500)									

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee:		Facility:		Fort Wayne WWTP					
Major:		Yes		Permittee Address:		Facility Location:		P.L. BRUNNER WPC FORT WAYNE, IN 46803					
Permitted Feature:		033 External Outfall		Discharge:									
Report Dates & Status				DMR Due Date:				Status:					
Monitoring Period:		From 10/01/21 to 10/31/21						NetDMR Validated					
Considerations for Form Completion													
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY													
Principal Executive Officer													
First Name:				Title:									
Last Name:													
No Data Indicator (NODI)													
Form NODI:													
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-									
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-									
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-									

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityofwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-11-17 13:33 (Time Zone: -0500)
Report Last Signed By	
User:	susan.beck@cityofwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityofwayne.org
Date/Time:	2021-11-17 13:41 (Time Zone: -0500)

DMR Copy of Record

Permit		Permittee:		Facility:		Frequency of Analysis:	
Permit #:	IN0032191	CITY OF FORT WAYNE		P.L. BRUNNER WPC		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		FORT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Sample Type			
036 External Outfall		CSO: M18-032 - S20 FT N OF STATE BLVD & WESTBROOK DR		RT - RCOTOT			
Report Dates & Status		DMR Due Date:		Status:			
Monitoring Period: From 10/01/21 to 10/31/21		1/1/28/21		NetDMR Validated			
Considerations for Form Completion							
CSO: M18-032 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 #	Permit NODI	Quantity or Loading	Quality or Concentration	# of Ex.
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - ltr/mo C - No Discharge	WHOS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal C - No Discharge	ALUEV - All Events ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	12.72 Req Mon MO TOTAL 5W - in/mo C - No Discharge	ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - #/mo C - No Discharge	ALUEV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:33 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:41 (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:		CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST			
Report Dates & Status		Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:		Telephone:			
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Parameter Name		Monitoring Location		Season & Param. NODI	
Code	Parameter Name	Monitoring Location	Season & Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Sample Type
50037	Duration	EG - Effluent Gross	0	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	2.84 Req Mon MO TOTAL 82 - hrmo	0	WHIOS - When Discharging RT - RCOTOT WHIOS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	0.282 Req Mon MO TOTAL 3R - Mgal	0	ALUEV - All Events ES - ESTMA ALUEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	8.12 Req Mon MO TOTAL 5W - hrmo	0	ALUEV - All Events RT - RCOTOT ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	4.0 Req Mon MO TOTAL 4K - #mo	0	ALUEV - All Events RT - RCOTOT ALUEV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-11-17 13:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-11-17 13:41 (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 - 150 FT E OF DALGREEN AVE & SPY RUN AVE
---	---

Report Dates & Status	Status: NetDMR Validated
----------------------------------	---------------------------------

Monitoring Period: From 10/01/21 to 10/31/21	DMR Due Date: 11/28/21
---	-------------------------------

Considerations for Form Completion
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY

Principal/Executive Officer

First Name:	Title:
--------------------	---------------

Last Name:	Telephone:
-------------------	-------------------

No Data Indicator (NODI)

Form NODI:	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration 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. Value NODI	Req Mon MO TOTAL 42 - hr/mo C - No Discharge					WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal C - No Discharge					AL/EV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - in/mo C - No Discharge	12.72				AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - #/mo C - No Discharge					AL/EV - All Events	RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-11-17 13:33 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-11-17 13:41 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 045 External Outfall		Discharge: 045-C CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE					
Report Dates & Status		Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --		Monitoring Location		Season # Param. NODI			
Code	Parameter Name	Quantity or Loading	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Units	Sample Type
50037	Duration	EG - Effluent Gross	0	--			WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			AL/EV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			AL/EV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			AL/EV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:34 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:41 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 048 External Outfall		Discharge:		048-C			
Report Dates & Status		DMR Due Date: 11/28/21		Status: Not DMR Validated			
Monitoring Period: From 10/01/21 to 10/31/21							
Considerations for Form Completion							
CSO: 010-252 MUNICIPAL MAJOR ALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
					Sample Permit Req.	Sample Permit Req.	Sample Permit Req.
					Value NODI	Value NODI	Value NODI
50037	Duration	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL 82 - hr/mo		
					C - No Discharge		
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL 3R - Mgal		
					C - No Discharge		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			
					679		
					Req Mon MO TOTAL 5W - hr/mo		
					C - No Discharge		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL 4K - #/mo		
					C - No Discharge		
							RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-11-17 13:31 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-11-17 13:41 (Time Zone: -0500)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
050 External Outfall		CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21			
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Season # Param. NODI			
Code	Parameter Name	Monitoring Location	Quantity or Loading	Quality or Concentration	Sample Type
			Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		
50037	Duration	EG - Effluent Gross	0	9.16 Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCO TOT WHDS - When Discharging RT - RCO TOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	2.317 Req Mon MO TOTAL 3R - Mgal	ALUEV - All Events ES - ESTIMA ALUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	8.12 Req Mon MO TOTAL 5W - in/mo	ALUEV - All Events RT - RCO TOT ALUEV - All Events RT - RCO TOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	6.0 Req Mon MO TOTAL 4K - #mo	ALUEV - All Events RT - RCO TOT ALUEV - All Events RT - RCO TOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:27 (Time Zone: -0500)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:41 (Time Zone: -0500)					

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 051 External Outfall		Discharge: CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE					
Report Dates & Status		DMR Due Date: 11/28/21		Status: NetDMR Validated			
Monitoring Period: From 10/01/21 to 10/31/21							
Considerations for Form Completion							
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	Units
						C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA
						C - No Discharge	AL/EV - All Events
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - hr/mo	RT - RCOTOT
						6.79	AL/EV - All Events
						Req Mon MO TOTAL 5W - hr/mo	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - #/mo	RT - RCOTOT
						C - No Discharge	AL/EV - All Events

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:31 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Discharge:	Facility Location:		
052	External Outfall	CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803		
Report Dates & Status		DMR Due Date:	Status:		
Monitoring Period:	From 10/01/21 to 10/31/21	11/28/21	NetDMR Validated		
Considerations for Form Completion					
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:		Telephone:			

No Data Indicator (NODI)

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-11-17 13:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)

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:	053-C External Outfall	Discharge:	CSO: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER
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Report Dates & Status	Monitoring Period:	DMR Due Date:	Status:
	From 10/01/21 to 10/31/21	11/28/21	NetDMR Validated

Considerations for Form Completion	CSO: 022-094 MUNICIPAL MAJOR ALLEN COUNTY
------------------------------------	---

Principal Executive Officer	First Name:	Title:

Last Name:	Telephone:

No Data Indicator (NODI)	Form NODI:

Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI					Req Mon MO TOTAL 42 - hr/mo		WHOS - When Discharging	RT - RCOTOT
				Sample Permit Req. Value NODI					C - No Discharge			
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal		ALVEY - All Events	ES - ESTIMA
				Sample Permit Req. Value NODI					C - No Discharge			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI					6.79 SW - in/mo		ALVEY - All Events	RT - RCOTOT
				Sample Permit Req. Value NODI					Req Mon MO TOTAL SW - in/mo 0		ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI					Req Mon MO TOTAL 4K - #/mo		ALVEY - All Events	RT - RCOTOT
				Sample Permit Req. Value NODI					C - No Discharge			

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

Edit Check Errors	No errors.
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Comments	
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Attachments	No attachments.
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Report Last Saved By	Report Last Signed By
FORT WAYNE WWTP	

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:31 (Time Zone: -05:00)

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Discharge:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:	054 External Outfall	DMR Due Date:	11/28/21		
Report Dates & Status		Status:			
Monitoring Period:	From 10/01/21 to 10/31/21	NetDMR Validated			
Considerations for Form Completion					
CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:	Title:				
Last Name:	Telephone:				

Form NODI:		Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.		Frequency of Analysis	Sample Type
Code	Parameter Name				Qualifier 1	Qualifier 2	Qualifier 1	Qualifier 2	Value 1	Value 2	Value 3	Units
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Opt Mon MO TOTAL		82	hr/mo		WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Opt Mon MO TOTAL		3R	Mgal		ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Opt Mon MO TOTAL		5W	in/mo		RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Opt Mon MO TOTAL		4K	in/mo		RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 13:30 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 13:41 (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: CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST							
Report Dates & Status		DMR Due Date: 11/28/21		Status: NetDMR Validated					
Monitoring Period: From 10/01/21 to 10/31/21									
Considerations for Form Completion									
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY									
Principal/Executive Officer									
First Name:		Title:							
Last Name:									
No Data Indicator (NODI)									
Form NODI: -									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Units	48.83 Req Mon MO TOTAL 82 - hr/mo	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	RT - RCOTOT RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	7.762 Req Mon MO TOTAL 3R - Mgal	0	ALIEV - All Events ALIEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	8.12 Req Mon MO TOTAL 5W - in/mo	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	8.0 Req Mon MO TOTAL 4K - #mo	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-11-17 13:27 (Time Zone: -0500)									
Report Last Signed By									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-11-17 13:41 (Time Zone: -0500)									

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 056 External Outfall		Discharge: 056-C CSO: J03-313 - BROWN ST PUMP STATION		CSO: J03-313 - BROWN ST PUMP STATION		NetDMR Validated	
Report Dates & Status		Monitoring Location		Season # Param. NODI		Monitoring Location	
Monitoring Period: From 10/01/21 to 10/31/21		Monitoring Location		Season # Param. NODI		Monitoring Location	
Considerations for Form Completion		Monitoring Location		Season # Param. NODI		Monitoring Location	
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY		Monitoring Location		Season # Param. NODI		Monitoring Location	
Principal Executive Officer		Monitoring Location		Season # Param. NODI		Monitoring Location	
First Name:		Monitoring Location		Season # Param. NODI		Monitoring Location	
Last Name:		Monitoring Location		Season # Param. NODI		Monitoring Location	
Title:		Monitoring Location		Season # Param. NODI		Monitoring Location	
No Data Indicator (NODI)		Monitoring Location		Season # Param. NODI		Monitoring Location	
Form NODI:		Monitoring Location		Season # Param. NODI		Monitoring Location	
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	Sample Type
50037	Duration	EG - Effluent Gross	0	-	16.18	Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	19.416	Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	7.9	Req Mon MO TOTAL 5W - hr/mo	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	9.0	Req Mon MO TOTAL 4K - #mo	RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-11-17 13:30 (Time Zone: -05:00)							
Report Last Signed By							
susan.beck@cityoffortwayne.org							
User: Susan Reas							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)							

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
057 External Outfall		CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21			
Considerations for Form Completion					
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 3 Value 3	Qualifier 4 Value 4
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL 82 - hrmo	WHIOS - When Discharging RT - RCOTOT
				C - No Discharge	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA
				C - No Discharge	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	8.62	RT - RCOTOT
				Req Mon MO TOTAL 5W - hrmo	RT - RCOTOT
				C - No Discharge	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Req Mon MO TOTAL 4K - hrmo	RT - RCOTOT
				C - No Discharge	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-11-17 13:25 (Time Zone: -05:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-11-17 13:41 (Time Zone: -05:00)				

DMR Copy of Record

Permit		Permittee:		Facility Location:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
060 External Outfall		060-C CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Code	Parameter Name	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	0	0
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	0	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name:					
E-Mail:					
Date/Time:					
Report Last Signed By					
User:					
Name:					
E-Mail:					
Date/Time:					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
061 External Outfall		CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21			
Considerations for Form Completion					
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHIDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	RT - RCOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:32 (Time Zone: -05:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-11-17 13:41 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 062 External Outfall		Discharge: 062-C R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD					
Report Dates & Status		Monitoring Period: From 10/01/21 to 10/31/21		DMR Due Date: 11/28/21		Status: NetDMR Validated	
Considerations for Form Completion		CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)		--					
Form NODI:							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3		Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 82 - hr/mo C - No Discharge	WH/DS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 3R - Magal C - No Discharge	AL/VEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	6.79 Opt Mon MO TOTAL 5W - in/mo C - No Discharge	AL/VEV - All Events RT - RCOTOT AL/VEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 4K - #/mo C - No Discharge	AL/VEV - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-11-17 13:32 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
064 External Outfall		064-C CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: S02-35 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 #	Permit NODI	Sample Type
50337	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALUEV - All Events ALUEV - All Events
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	RT - ROOTOT RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	RT - ROOTOT RT - ROOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-11-17 13:26 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
068 External Outfall		068-C CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21		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:					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI
50037	Duration	EG - Effluent Gross	0	-	
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:32 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-11-17 13:41 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		Discharge:			
Permitted Feature:	080- External Outfall				
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period:	From 10/01/21 to 10/31/21	11/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			0.83 Req Mon MO TOTAL 82 - h/mo	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			0.008 Req Mon MO TOTAL 3R - Mgal	0	ALIEV - All Events ALIEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			6.79 Req Mon MO TOTAL 5W - h/mo	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			1.0 Req Mon MO TOTAL 4K - #/mo	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-11-17 13:33 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2021-11-17 13:41 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
081 External Outfall		081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 10/01/21 to 10/31/21		11/28/21			
Considerations for Form Completion					
CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-	ALJEV - All Events ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALJEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALJEV - All Events RT - ROOTOT

Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-11-17 13:33 (Time Zone: -05:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-11-17 13:41 (Time Zone: -05:00)				



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

December 14, 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 November 2021

We are pleased to enclose a completed CSO MRO form for the month of November 2021. 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

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CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

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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.

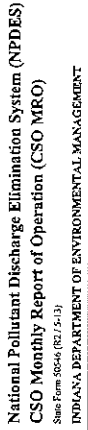
BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

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)

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

City: Fert Wayne		Page 1 of 12		Permit Number: IN002191	
Facility: Fert Wayne - P.L. Brown WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N			
Monitoring Period: [MONTH] 11-2021		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>			
Design Peak Hourly Flow (MGD): 85		Measured/Interval (M) or Estimated (E) must be specified			

Time Day of Month	CSO Outfall No. 60			Design Average Flow (MGD): 60			CSO Outfall No. 60			CSO Outfall No. 60			CSO Outfall No. 60			CSO Outfall No. 60		
	Time Discharge or (MGD)	M or F	Event Duration (Hours)	M or F	Time Discharge or (MGD)	M or F	Event Duration (Hours)	M or F	Time Discharge or (MGD)	M or F	Event Duration (Hours)	M or F	Time Discharge or (MGD)	M or F	Event Duration (Hours)	M or F	Time Discharge or (MGD)	
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
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26																		
27																		
28																		
29																		
30																		

Totals:	Da ys	To ns	Da ys	To ns	Da ys	To ns	Da ys	To ns
---------	-------	-------	-------	-------	-------	-------	-------	-------



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

State Form 50346 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50346 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0031191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: (MONTH) 11-2021
Design Peak Hourly Flow (MGD): 85
Design Average Flow (MGD): 50
Check box if no CSO discharge occurred for the month: ☐ Y ☐ N
Check box if no CSO discharge occurred for the month: ☐ Y ☐ N

Time	CSO Inflow No.				CSO Outfall No.				CSO Inflow No.				CSO Outfall No.			
	Time	Discharge	Event	Direction	Time	Discharge	Event	Direction	Time	Discharge	Event	Direction	Time	Discharge	Event	Direction
01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
Totals:	1384.49				6.02	0.86										

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Rice, Manager
Signature of Principal Executive Officer or Authorized Agent: Susan Rice
Date (mm/dd/yy): 12/14/21

City: Fort Wayne Permit Number: IN0031191
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: (MONTH) 11-2021
Design Peak Hourly Flow (MGD): 85
Design Average Flow (MGD): 50
Check box if no CSO discharge occurred for the month: ☐ Y ☐ N
Check box if no CSO discharge occurred for the month: ☐ Y ☐ N

Time	CSO Inflow No.				CSO Outfall No.				CSO Inflow No.				CSO Outfall No.			
	Time	Discharge	Event	Direction	Time	Discharge	Event	Direction	Time	Discharge	Event	Direction	Time	Discharge	Event	Direction
01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09	09
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
Totals:																

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Rice, Manager
Signature of Principal Executive Officer or Authorized Agent: Susan Rice
Date (mm/dd/yy): 12/14/21



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 90546 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (ME) or Estimated (E) must be specified	
WYTP Percent Data		CSO Outfall No.		CSO Outfall No.	
Time		Time		Time	
Peak		Peak		Peak	
Hourly		Hourly		Hourly	
Flow		Flow		Flow	
MGD		MGD		MGD	
01		02		03	
58.53		69.70		70.45	
04		05		06	
60.38		63.91		59.68	
07		08		09	
51.17		58.79		51.61	
10		11		12	
45.73		52.29		40.54	
13		14		15	
45.54		56.85		41.80	
16		17		18	
40.43		55.19		48.61	
19		20		21	
48.17		71.54		37.87	
22		23		24	
74.85		57.31		50.70	
25		26		27	
43.78		54.44		71.77	
28		29		30	
58.88		55.15		42.66	
31		32		33	
37.20		55.03		46.62	
34		35		36	
42.66		58.48		46.89	
37		38		39	
46.62		58.48		43.97	
40		41		42	
46.89		56.20		36.00	
43		44		45	
43.97		56.04		40.45	
46		47		48	
36.00		41.32		53.66	
49		50		51	
40.45		53.66		7.50	
Totals:		1384.49		0.92	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rest, Manager		Telephone	
250-427-6213		250-427-6213		250-427-6213	
Signature of Principal Executive Officer or Authorized Agent		Susan Rest		Date (mm/dd/yy)	
12/14/21		12/14/21		12/14/21	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 90546 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (ME) or Estimated (E) must be specified	
WYTP Percent Data		CSO Outfall No.		CSO Outfall No.	
Time		Time		Time	
Peak		Peak		Peak	
Hourly		Hourly		Hourly	
Flow		Flow		Flow	
MGD		MGD		MGD	
01		02		03	
58.53		69.70		70.45	
04		05		06	
60.38		63.91		59.68	
07		08		09	
51.17		58.79		51.61	
10		11		12	
45.73		52.29		40.54	
13		14		15	
45.54		56.85		41.80	
16		17		18	
40.43		55.19		48.61	
19		20		21	
48.17		71.54		37.87	
22		23		24	
74.85		57.31		50.70	
25		26		27	
43.78		54.44		71.77	
28		29		30	
58.88		55.15		42.66	
31		32		33	
37.20		55.03		46.62	
34		35		36	
42.66		58.48		46.89	
37		38		39	
46.62		58.48		43.97	
40		41		42	
46.89		56.20		36.00	
43		44		45	
43.97		56.04		40.45	
46		47		48	
36.00		41.32		53.66	
49		50		51	
40.45		53.66		7.50	
Totals:		1384.49		0.92	
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Rest, Manager		Telephone	
250-427-6213		250-427-6213		250-427-6213	
Signature of Principal Executive Officer or Authorized Agent		Susan Rest		Date (mm/dd/yy)	
12/14/21		12/14/21		12/14/21	



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

State Form 50466 (Rev. 4-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Form Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2021		Check box if a CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
CSO Control No.		CSO Control No.		CSO Control No.	
Time of Discharge or Duration (Hours)		Time of Discharge or Duration (Hours)		Time of Discharge or Duration (Hours)	
Event Discharge or Duration (MG)		Event Discharge or Duration (MG)		Event Discharge or Duration (MG)	
M		M		M	
E		E		E	
F		F		F	
R		R		R	
S		S		S	
T		T		T	
U		U		U	
V		V		V	
W		W		W	
X		X		X	
Y		Y		Y	
Z		Z		Z	
AA		AA		AA	
AB		AB		AB	
AC		AC		AC	
AD		AD		AD	
AE		AE		AE	
AF		AF		AF	
AG		AG		AG	
AH		AH		AH	
AI		AI		AI	
AJ		AJ		AJ	
AK		AK		AK	
AL		AL		AL	
AM		AM		AM	
AN		AN		AN	
AO		AO		AO	
AP		AP		AP	
AQ		AQ		AQ	
AR		AR		AR	
AS		AS		AS	
AT		AT		AT	
AU		AU		AU	
AV		AV		AV	
AW		AW		AW	
AX		AX		AX	
AY		AY		AY	
AZ		AZ		AZ	
BA		BA		BA	
BB		BB		BB	
BC		BC		BC	
BD		BD		BD	
BE		BE		BE	
BF		BF		BF	
BG		BG		BG	
BH		BH		BH	
BI		BI		BI	
BJ		BJ		BJ	
BK		BK		BK	
BL		BL		BL	
BM		BM		BM	
BN		BN		BN	
BO		BO		BO	
BP		BP		BP	
BQ		BQ		BQ	
BR		BR		BR	
BS		BS		BS	
BT		BT		BT	
BU		BU		BU	
BV		BV		BV	
BW		BW		BW	
BX		BX		BX	
BY		BY		BY	
BZ		BZ		BZ	
CA		CA		CA	
CB		CB		CB	
CC		CC		CC	
CD		CD		CD	
CE		CE		CE	
CF		CF		CF	
CG		CG		CG	
CH		CH		CH	
CI		CI		CI	
CJ		CJ		CJ	
CK		CK		CK	
CL		CL		CL	
CM		CM		CM	
CN		CN		CN	
CO		CO		CO	
CP		CP		CP	
CQ		CQ		CQ	
CR		CR		CR	
CS		CS		CS	
CT		CT		CT	
CU		CU		CU	
CV		CV		CV	
CW		CW		CW	
CX		CX		CX	
CY		CY		CY	
CZ		CZ		CZ	
DA		DA		DA	
DB		DB		DB	
DC		DC		DC	
DD		DD		DD	
DE		DE		DE	
DF		DF		DF	
DG		DG		DG	
DH		DH		DH	
DI		DI		DI	
DJ		DJ		DJ	
DK		DK		DK	
DL		DL		DL	
DM		DM		DM	
DN		DN		DN	
DO		DO		DO	
DP		DP		DP	
DQ		DQ		DQ	
DR		DR		DR	
DS		DS		DS	
DT		DT		DT	
DU		DU		DU	
DV		DV		DV	
DW		DW		DW	
DX		DX		DX	
DY		DY		DY	
DZ		DZ		DZ	
EA		EA		EA	
EB		EB		EB	
EC		EC		EC	
ED		ED		ED	
EE		EE		EE	
EF		EF		EF	
EG		EG		EG	
EH		EH		EH	
EI		EI		EI	
EJ		EJ		EJ	
EK		EK		EK	
EL		EL		EL	
EM		EM		EM	
EN		EN		EN	
EO		EO		EO	
EP		EP		EP	
EQ		EQ		EQ	
ER		ER		ER	
ES		ES		ES	
ET		ET		ET	
EU		EU		EU	
EV		EV		EV	
EW		EW		EW	
EX		EX		EX	
EY		EY		EY	
EZ		EZ		EZ	
FA		FA		FA	
FB		FB		FB	
FC		FC		FC	
FD		FD		FD	
FE		FE		FE	
FF		FF		FF	
FG		FG		FG	
FH		FH		FH	
FI		FI		FI	
FJ		FJ		FJ	
FK		FK		FK	
FL		FL		FL	
FM		FM		FM	
FN		FN		FN	
FO		FO		FO	
FP		FP		FP	
FQ		FQ		FQ	
FR		FR		FR	
FS		FS		FS	
FT		FT		FT	
FU		FU		FU	
FV		FV		FV	
FW		FW		FW	
FX		FX		FX	
FY		FY		FY	
FZ		FZ		FZ	
GA		GA		GA	
GB		GB		GB	
GC		GC		GC	
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GE		GE		GE	
GF		GF		GF	
GG		GG		GG	
GH		GH		GH	
GI		GI		GI	
GJ		GJ		GJ	
GK		GK		GK	
GL		GL		GL	
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GR		GR		GR	
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GU		GU		GU	
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GW		GW		GW	
GX		GX		GX	
GY		GY		GY	
GZ		GZ		GZ	
HA		HA		HA	
HB		HB		HB	
HC		HC		HC	
HD		HD		HD	
HE		HE		HE	
HF		HF		HF	
HG		HG		HG	
HH		HH		HH	
HI		HI		HI	
HJ		HJ		HJ	
HK		HK		HK	
HL		HL		HL	
HM		HM		HM	
HN		HN		HN	
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HP		HP		HP	
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HR		HR		HR	
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HV		HV		HV	
HW		HW		HW	
HX		HX		HX	
HY		HY		HY	
HZ		HZ		HZ	
IA		IA		IA	
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IF		IF		IF	
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IP		IP		IP	
IQ		IQ		IQ	
IR		IR		IR	
IS		IS		IS	
IT		IT		IT	
IU		IU		IU	
IV		IV		IV	
IW		IW		IW	
IX		IX		IX	
IY		IY		IY	
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KA		KA		KA	
KB		KB		KB	
KC		KC		KC	
KD		KD		KD	
KE		KE		KE	
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KG		KG		KG	
KH		KH		KH	
KI		KI		KI	
KJ		KJ		KJ	
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KQ		KQ		KQ	
KR		KR		KR	
KS		KS		KS	
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KU		KU		KU	
KV		KV		KV	
KW		KW		KW	
KX		KX		KX	
KY		KY		KY	
KZ		KZ		KZ	
LA		LA		LA	
LB		LB		LB	
LC		LC		LC	
LD		LD		LD	
LE		LE		LE	
LF		LF		LF	
LG		LG		LG	
LH		LH		LH	
LI		LI		LI	
LJ		LJ		LJ	
LK		LK		LK	
LL		LL		LL	
LM		LM		LM	
LN		LN		LN	
LO		LO		LO	
LP		LP		LP	
LQ		LQ		LQ	
LR		LR		LR	
LS		LS		LS	
LT		LT		LT	
LU		LU		LU	
LV		LV		LV	
LW		LW		LW	
LX		LX		LX	
LY		LY		LY	
LZ		LZ		LZ	
MA		MA		MA	
MB		MB		MB	
MC		MC		MC	
MD		MD		MD	
ME		ME		ME	
MF		MF		MF	
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MI		MI		MI	
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MN		MN		MN	
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MP		MP		MP	
MQ		MQ		MQ	
MR		MR		MR	
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MV		MV		MV	
MW		MW		MW	
MX		MX		MX	
MY		MY		MY	
MZ		MZ		MZ	
NA		NA		NA	
NB		NB		NB	
NC		NC		NC	
ND		ND		ND	
NE		NE		NE	
NF		NF		NF	
NG		NG		NG	
NH		NH		NH	
NI		NI		NI	
NJ		NJ		NJ	
NK		NK		NK	
NL		NL		NL	
NM		NM		NM	
NN		NN		NN	
NO		NO		NO	
NP		NP		NP	
NQ		NQ		NQ	
NR		NR		NR	
NS		NS		NS	
NT		NT		NT	
NU		NU		NU	
NV		NV		NV	
NW		NW		NW	
NX		NX		NX	
NY		NY		NY	
NZ		NZ		NZ	
OA		OA		OA	
OB					

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

State Form 505-46 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
STATE NORTH 505-46 (REV. 3-15)

City: Fort Wayne		Page 5 of 12		Event Number IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: [MONTH] 11-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60			
CSO Outfall No.		CSO Outfall No.		CSO Outfall No.	
Time	Time Discharge Event	M	Event Discharge or Duration (Hours)	M	Event Discharge or Duration (Hours)
Day of Month	Time Discharge Event	M	Event Discharge or Duration (Hours)	M	Event Discharge or Duration (Hours)
01					
02					
03					
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 5546 (02/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Outfall No. 48	
Time		Time		Time	
Peak		Peak		Peak	
Flow		Flow		Flow	
MGD		MGD		MGD	
01 58.53		02 51.51		03 60.88	
04 63.91		05 59.68		06 51.17	
07 47.20		08 39.53		09 45.73	
10 40.54		11 45.54		12 41.80	
13 38.56		14 46.52		15 39.85	
16 40.43		17 48.17		18 48.61	
19 43.78		20 37.87		21 50.70	
22 46.97		23 37.20		24 42.66	
25 46.62		26 46.89		27 40.66	
28 45.97		29 36.00		30 40.45	
Totals: 1384.49		Totals: 1384.49		Totals: 1384.49	

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.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Rose, Manager
Signature of Principal Executive Officer or Authorized Agent: _____
Date (mm/dd/yyyy): 12/4/21



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

State Form 5546 (02/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		CSO Outfall No. 48	
Time		Time		Time	
Peak		Peak		Peak	
Flow		Flow		Flow	
MGD		MGD		MGD	
01 58.53		02 51.51		03 60.88	
04 63.91		05 59.68		06 51.17	
07 47.20		08 39.53		09 45.73	
10 40.54		11 45.54		12 41.80	
13 38.56		14 46.52		15 39.85	
16 40.43		17 48.17		18 48.61	
19 43.78		20 37.87		21 50.70	
22 46.97		23 37.20		24 42.66	
25 46.62		26 46.89		27 40.66	
28 45.97		29 36.00		30 40.45	
Totals: 1384.49		Totals: 1384.49		Totals: 1384.49	



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

State Form 50546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (02/15-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page 10 of 12												Page 10 of 12											
Facility: Fort Wayne - P.L. Brenner WWTP												Facility: Fort Wayne - P.L. Brenner WWTP											
Monitoring Period: MONTH: 11-2021												Monitoring Period: MONTH: 11-2021											
Design Peak Hourly Flow (MGD): 85												Design Peak Hourly Flow (MGD): 85											
Design Average Flow (MGD): 60												Design Average Flow (MGD): 60											
Public Notification Requirements Met?												Public Notification Requirements Met?											
Check box if no CSO discharge occurred for the month:												Check box if no CSO discharge occurred for the month:											
Measured/Estimated (M) or Estimated (E) must be specified												Measured/Estimated (M) or Estimated (E) must be specified											
CSO Outfall No. 62												CSO Outfall No. 62											
CSO Outfall No. 63												CSO Outfall No. 63											
CSO Outfall No. 64												CSO Outfall No. 64											
CSO Outfall No. 65												CSO Outfall No. 65											
CSO Outfall No. 66												CSO Outfall No. 66											
CSO Outfall No. 67												CSO Outfall No. 67											
CSO Outfall No. 68												CSO Outfall No. 68											
CSO Outfall No. 69												CSO Outfall No. 69											
CSO Outfall No. 70												CSO Outfall No. 70											
CSO Outfall No. 71												CSO Outfall No. 71											
CSO Outfall No. 72												CSO Outfall No. 72											
CSO Outfall No. 73												CSO Outfall No. 73											
CSO Outfall No. 74												CSO Outfall No. 74											
CSO Outfall No. 75												CSO Outfall No. 75											
CSO Outfall No. 76												CSO Outfall No. 76											
CSO Outfall No. 77												CSO Outfall No. 77											
CSO Outfall No. 78												CSO Outfall No. 78											
CSO Outfall No. 79												CSO Outfall No. 79											
CSO Outfall No. 80												CSO Outfall No. 80											
Totals: 0												Totals: 0											



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

State Form 50546 (02/15-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (02/15-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 11 of 12										Permit Number: IN003191									
Facility: Fort Wayne - P.L. Branner WWTP										Public Notification Requirements Met? Y										Y									
Monitoring Period: 11/2011										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 60										Measured/Mixed (M) or Estimated (E) must be specified									
WWT Plant Data										CSO Outfall No. 27										CSO Outfall No. 33									
Time										Time										Time									
Peak										Peak										Peak									
Flow										Flow										Flow									
Rate										Rate										Rate									
01										02										03									
04										05										06									
07										08										09									
10										11										12									
13										14										15									
16										17										18									
19										20										21									
22										23										24									
25										26										27									
28										29										30									
Totals:										Totals:										Totals:									

City: Fort Wayne										Page 11 of 12										Permit Number: IN003191									
Facility: Fort Wayne - P.L. Branner WWTP										Public Notification Requirements Met? Y										Y									
Monitoring Period: 11/2011										Check box if no CSO discharge occurred for the month:										Y									
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 60										Measured/Mixed (M) or Estimated (E) must be specified									
WWT Plant Data										CSO Outfall No. 35										CSO Outfall No. 44									
Time										Time										Time									
Peak										Peak										Peak									
Flow										Flow										Flow									
Rate										Rate										Rate									
01										02										03									
04										05										06									
07										08										09									
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19										20										21									
22										23										24									
25										26										27									
28										29										30									
Totals:										Totals:										Totals:									

Type of Principal Name and Title of Principal Executive Officer or Authorized Agent										Telephone									
Susan Rice, Manager										266-47-6213									
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/yyyy)									
Susan Rice										12/14/21									

Type of Principal Name and Title of Principal Executive Officer or Authorized Agent										Telephone									
Susan Rice, Manager										266-47-6213									
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/yyyy)									
Susan Rice										12/14/21									



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: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH]	11-2021	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			
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07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17	Wet Weather Day		
18	Wet Weather Day		
19			
20			
21	Wet Weather Day		
22			
23			
24			
25			
26			
27			
28			
29			
30			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Susan Reas, 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		12/14/21	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #: IN0032191	Major: Yes	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
002 External Outfall		002-C CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21			
Considerations for Form Completion					
CSO - 002 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name: Susan		Title: Manager		Telephone: 260-427-6213	
Last Name: Reas					
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 Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL 82 - hr/mo C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Req Mon MO TOTAL 3R - Mgal C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	0.94 5W - In/mo Req Mon MO TOTAL 5W - In/mo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Req Mon MO TOTAL 4K - #/mo C - No Discharge

Submission Note			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
Edit Check Errors			
No errors.			
Comments			
Attachments			
IN0032191_002C_Letter_11.pdf	Name	Type	Size
IN0032191_002C_CSOMRO_2021_11.pdf		pdf	179511.0
Report Last Saved By			
FORT WAYNE WWTP			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2021-12-14 08:23 (Time Zone: -05:00)		
Report Last Signed By			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2021-12-14 08:23 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 003 External Outfall		Discharge: CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR					
Report Dates & Status		Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO - 001 POND WHEN USED AS CSO ONLY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Monitoring Location		Season # Param. NODI			
Code	Parameter Name	Sample Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross 0		Req Mon MO TOTAL 82 - hr/mo C - No Discharge		WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS8 volume, CSO volume]	EG - Effluent Gross 0		Req Mon MO TOTAL 3R - Mgal C - No Discharge		ALJEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0		0.94 Req Mon MO TOTAL 5W - in/mo C - No Discharge		ALJEV - All Events RT - RCOTOT ALJEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0		Req Mon MO TOTAL 4K - #/mo C - No Discharge		ALJEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:20 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:					
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP					
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC					
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803					
Permitted Feature:		Discharge:							
004 External Outfall		004-C							
CSO: JO2-90, 201 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER									
Report Dates & Status		DMR Due Date:		Status:					
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		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	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hr/mo	C - No Discharge		WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Mgal	C - No Discharge		AL/EV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL 5W - in/mo	1.06		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - #/mo	C - No Discharge		AL/EV - All Events	RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-12-14 08:18 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
005 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		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: -					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. 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:					
2021-12-14 08:18 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:23 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP					
Major:		Yes		CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803					
Permitted Feature:		007 External Outfall		Discharge:							
Report Dates & Status		From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated					
Considerations for Form Completion											
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY											
Principal Executive Officer											
First Name:				Title:							
Last Name:											
No Data Indicator (NODI)											
Form NODI: --											
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--				Req Mon MO TOTAL 82 - hr/mo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--				Req Mon MO TOTAL 3R - Mgal C - No Discharge		ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				1.06 Req Mon MO TOTAL 5W - in/mo C - No Discharge		ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				Req Mon MO TOTAL 4K - #/mo C - No Discharge		ALJEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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: 2021-12-14 08:18 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
011 External Outfall		011-C CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		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:					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALVEY - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:18 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:23 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 012 External Outfall		Discharge:		CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.			
Report Dates & Status		Monitoring Location		Quantity or Loading		Frequency of Analysis	
Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Units		Sample Type	
Considerations for Form Completion							
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
50037	Duration	EG - Effluent Gross	0	-			
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-			ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			ALVEY - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:18 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803				
Permitted Feature: 013 External Outfall		Discharge:		Discharge: 013-C CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST						
Report Dates & Status		Monitoring Location		DMR Due Date: 12/28/21		Status: NetDMR Validated				
Monitoring Period: From 11/01/21 to 11/30/21		Considerations for Form Completion		CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer		First Name:		Title:		Telephone:				
Last Name:		Form NODI:		No Data Indicator (NODI)						
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 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. Value NODI	Req Mon MO TOTAL 82 - hr/mo C - No Discharge			WH06 - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal C - No Discharge			AL06V - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - hr/mo C - No Discharge			AL06V - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo C - No Discharge			AL06V - All Events RT - RCOTOT	

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:17 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
017 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 3 Value 3	Qualifier 4 Value 4
				Qualifier 5 Value 5	Qualifier 6 Value 6
				Qualifier 7 Value 7	Qualifier 8 Value 8
				Qualifier 9 Value 9	Qualifier 10 Value 10
				Qualifier 11 Value 11	Qualifier 12 Value 12
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				Qualifier 371 Value 371	Qualifier 372 Value 372
				Qualifier 373 Value 373	Qualifier 374 Value 374
				Qualifier 375 Value 375	Qualifier 376 Value 376
				Qualifier 377 Value 377	Qualifier 378 Value 378
				Qualifier 379 Value 379	Qualifier 380 Value 380
				Qualifier 381 Value 381	Qualifier 382 Value 382
				Qualifier 383 Value 383	Qualifier 384 Value 384
				Qualifier 385 Value 385	Qualifier 386 Value 386
				Qualifier 387 Value 387	Qualifier 388 Value 388
				Qualifier 389 Value 389	Qualifier 390 Value 390
				Qualifier 391 Value 391	Qualifier 392 Value 392
				Qualifier 393 Value 393	Qualifier 394 Value 394
				Qualifier 395 Value 395	Qualifier 396 Value 396
				Qualifier 397 Value 397	Qualifier 398 Value 398
				Qualifier 399 Value 3	

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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: CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD					
Report Dates & Status		Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: -		Monitoring Location		Season #		Param. NODI	
Code	Parameter Name	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Value 3	Sample Type
50037	Duration	EG - Effluent Gross	0	-			
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:17 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
019 External Outfall		CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Season # Param. NODI			

Code	Parameter Name	Monitoring Location	Sample Permit Req. Value 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	Qualifier 2 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0									
				Req Mon MO TOTAL	82	hr/mo					WHDS - When Discharging	RT - RCOTOT
				C - No Discharge								
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0									
				Req Mon MO TOTAL	3R	Mgal					ALVEV - All Events	ES - ESTIMA
				C - No Discharge								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0									
				Sample Permit Req. Value NODI							ALVEV - All Events	RT - RCOTOT
				0.93							ALVEV - All Events	RT - RCOTOT
				Req Mon MO TOTAL	5W	in/mo						
				C - No Discharge								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0									
				Sample Permit Req. Value NODI							ALVEV - All Events	RT - RCOTOT
				Req Mon MO TOTAL	4K	#/mo						
				C - No Discharge								

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:17 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
020 External Outfall		CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K15-116 MUNICIPAL 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	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	ALUEV - All Events ES - ESTIMA ALUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALUEV - All Events RT - RCOTOT ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALUEV - All Events RT - RCOTOT ALUEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:17 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:23 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
021 External Outfall		021-C CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: K19-044 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	Sample
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. 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:	2021-12-14 08:17 (Time Zone: -05:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2021-12-14 08:23 (Time Zone: -05:00)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE	FORT WAYNE WWTP		FORT WAYNE WWTP
Major:	Yes	200 E BERRY ST	FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:		Discharge:			
023	External Outfall				
Report Dates & Status		DMR Due Date:		Status:	
From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req. Value NODI
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req. 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:					
2021-12-14 08:15 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:23 (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: CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE					
Report Dates & Status		DMR Due Date: 12/28/21		Status: NetDMR Validated			
Monitoring Period: From 11/01/21 to 11/30/21							
Considerations for Form Completion							
CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL	82 - hrmo	Units
					C - No Discharge		
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL	3R - Mgal	ES - ESTIMA
					C - No Discharge		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			
					0.92	5W - hrmo	RT - RCOTOT
					Req Mon MO TOTAL	5W - hrmo	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			
					Req Mon MO TOTAL	4K - hrmo	RT - RCOTOT
					C - No Discharge		

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:15 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
025 External Outfall		025-C CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Season #		Permm. NODI	
Parameter Name		Monitoring Location		Quantity or Loading	
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	
Code				Sample	
50037		EG - Effluent Gross 0		Permit Req. Value NODI	
Duration				Req Mon MO TOTAL 82 - hr/mo	
				C - No Discharge	
74063		EG - Effluent Gross 0		Permit Req. Value NODI	
Overflow volume [SS0 volume, CSO volume]				Req Mon MO TOTAL 3R - Magal	
				C - No Discharge	
78837		EG - Effluent Gross 0		Permit Req. Value NODI	
Precipitation, monthly accumulation				0.92	
				Req Mon MO TOTAL 5W - hr/mo	
				C - No Discharge	
84165		EG - Effluent Gross 0		Permit Req. Value NODI	
Discharge event observation [Visual Monitoring]				Req Mon MO TOTAL 4K - hr/mo	
				C - No Discharge	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-12-14 08:16 (Time Zone: -05:00)			
Report Last Signed By					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-12-14 08:23 (Time Zone: -05:00)			

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
	Major: Yes	Permittee Address: 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 - 200 FT SE OF THIRD ST & CALHOUN ST	
Report Dates & Status			
Monitoring Period: <i>Considerations for Form Completion</i>	From 11/01/21 to 11/30/21	DMR Due Date: 12/28/21	Status: NetDMR Validated
Principal Executive Officer	CSO: M10-202/MUNICIPAL MAJORALLEN COUNTY		
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			

Form NDI:													
Code	Parameter Name	Monitoring Location	Season #	Permit NDI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NDI								
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NDI								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NDI								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample								
					Permit Req.								
					Value NDI								

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

No errors.

100

No attachments.

FORT WAYNE WWTP

Name: Susan Reas

U-Name	Date	Time
susanti,deck@cityofindianapolis.org	2004-12-14	08:34
		7:21

Report Last Signed By

Name: Susan Reas

Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

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DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
028 External Outfall		028-C		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21			
Considerations for Form Completion					
CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Parameter Name					
Code		EG - Effluent Gross		0 -	
50037 Duration					
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross		0 -	
78887 Precipitation, monthly accumulation		EG - Effluent Gross		0 -	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		0 -	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
Name: susan.beck@cityoffortwayne.org					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-12-14 08:19 (Time Zone: -05:00)					
Report Last Signed By					
User:					
Name: susan.beck@cityoffortwayne.org					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)					

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: 029 External Outfall	Discharge: 029-C CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST									
Report Dates & Status										
Monitoring Period: From 11/01/21 to 11/30/21	DMR Due Date: 12/28/21	Status: NetDMR Validated								
Considerations for Form Completion										
CSO: M10-265 MUNICIPAL 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	Sample Permit Req. Value NODI	Quantity or Loading Qualifier:1 Value 1 Qualifier:2 Value 2 Units	Quality or Concentration Qualifier:1 Value 1 Qualifier:2 Value 2 Qualifier:3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL 42 - hrmo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL 3R - Mgal C - No Discharge		AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		0.92 Req Mon MO TOTAL SW - in/mo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL 4K - #/mo C - No Discharge		AUEV - All Events	RT - RCOTOT
Submission Note										
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.										
Edit Check Errors										
Comments										
Attachments										
Report Last Saved By										
FORT WAYNE WWTP										
User:										
Name:										
E-Mail:										
Date/Time:										
Report Last Signed By										
User:										
Name:										
E-Mail:										
Date/Time:										

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:		Status:	
032- External Outfall		032-C CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21			
Considerations for Form Completion					
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOOTOT
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-12-14 08:16 (Time Zone: -05:00)			
Report Last Signed By					
User:		susan.beck@cityoffortwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityoffortwayne.org			
Date/Time:		2021-12-14 08:23 (Time Zone: -05:00)			

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
033 External Outfall		033-C		NetDMR Validated	
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21			
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	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALVEY - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-12-14 08:21 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2021-12-14 08:23 (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: CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR					
Report Dates & Status		Monitoring Location: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion		CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hrmo	WHDS - When Discharging RT - RCOTOT
					Value NODI	C - No Discharge	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Magal	ES - ESTIMA
					Value NODI	C - No Discharge	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - hrmo	RT - RCOTOT
					Value NODI	1.93	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hrmo	RT - RCOTOT
					Value NODI	C - No Discharge	

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:21 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 039 External Outfall		Discharge: CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST			
Report Dates & Status		Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion		CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: -							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units		
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hrmo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74053	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Magal C - No Discharge	ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.52 Req Mon MO TOTAL 5W - hrmo C - No Discharge	ALVEY - All Events RT - RCOTOT ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hrmo C - No Discharge	ALVEY - All Events RT - RCOTOT
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments No attachments.							
Report Last Saved By FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-12-14 08:16 (Time Zone: -0500)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-12-14 08:23 (Time Zone: -0500)							

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 044 External Outfall		Discharge:		Discharge:		Discharge:	
Report Dates & Status		Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: N22-93 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	Quality of Concentration	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		
50037	Duration	EG - Effluent Gross	0	--			WHDS - When Discharging RT - RCOTOT
					Req Mon MO TOTAL 82 - hrmo		
					C - No Discharge		
74083	Overflow volume [SS0 volume, CSO volumes]	EG - Effluent Gross	0	--			ALVEY - All Events ES - ESTIMA
					Req Mon MO TOTAL 3R - Magal		
					C - No Discharge		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			ALVEY - All Events RT - RCOTOT
					Req Mon MO TOTAL 5W - hrmo		
					C - No Discharge		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			ALVEY - All Events RT - RCOTOT
					Req Mon MO TOTAL 4K - hrmo		
					C - No Discharge		

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:21 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

Permit	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Permit #:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Major:					
Permitted Feature:	045 External Outfall	Discharge:	045-C CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	From 11/01/21 to 11/30/21	DMR Due Date:	12/28/21	Status:	NetDMR Validated
Considerations for Form Completion					
CSO: N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					

Form NDI:												
Cde	Parameter Name	Monitoring Location	Season #	Param. NDI	Quantity or Loading				Quality or Concentration		Frequency of Analysis	Sample Type
					Qualifier 1		Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units
50037	Duration	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NDI							
74063	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NDI							
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NDI							
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample							
					Permit Req.							
					Value NDI							

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

No errors.

No attachments.

FORT WAYNE WWTP

Name: Susan Reas

E-Mail	Date/Time
susan@cityonlinewayne.org	2004-10-14 08:33 File Size: 65.00K

Report Last Signed By

Name: Susan Reas

Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

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DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
048 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NotDMR Validated	
Considerations for Form Completion					
CSO: 010-252 MUNICIPAL MAJOR ALLEN 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
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL 82 - hr/mo C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Req Mon MO TOTAL 3R - Magal C - No Discharge
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	0.94 Req Mon MO TOTAL 5W - in/mo C - No Discharge
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Req Mon MO TOTAL 4K - #/mo C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
No attachments.					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2021-12-14 08:19 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
User:					
Susan Reas					
Name:					
susan.beck@cityoffortwayne.org					
E-Mail:					
2021-12-14 08:23 (Time Zone: -05:00)					
Date/Time:					

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permitted Feature: 050-C
 External Outfall
 Discharge: 050-C
 CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status
 Monitoring Period: From 11/01/21 to 11/30/21
 DMR Due Date: 12/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY

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

Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Units		
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hr:mo C - No Discharge			WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Magal C - No Discharge			ALVEY - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.92 Req Mon MO TOTAL 5W - in:mo C - No Discharge			ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - #mo C - No Discharge			ALVEY - All Events	RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:16 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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: CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE					
Report Dates & Status							
Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated			
Considerations for Form Completion							
CSO: 022-002 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	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3		Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hrmo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSC volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Magal C - No Discharge	ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.94 Req Mon MO TOTAL 5W - hrmo 0	ALVEY - All Events RT - RCOTOT ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hrmo C - No Discharge	ALVEY - All Events RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-12-14 08:19 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2021-12-14 08:23 (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: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR					
Report Dates & Status							
Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated			
Considerations for Form Completion							
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:		Telephone:			
Last Name:							

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

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

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:19 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803
Major:	Yes	Discharge:	053-C CSO: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		
Permitted Feature:		Status:			
053 External Outfall		NetDMR Validated			
Report Dates & Status					
Monitoring Period:	From 11/01/21 to 11/30/21	DMR Due Date:	12/28/21		
Considerations for Form Completion					
CSO: 022-094 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:	Title:				
Last Name:	Telephone:				
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL 82 - Inmo C - No Discharge			WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL 3R - Magal C - No Discharge			ALIEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		0.94 Req Mon MO TOTAL 5W - Inmo C - No Discharge			ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Req Mon MO TOTAL 4K - Inmo C - No Discharge			ALIEV - All Events RT - RCOTOT	

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:19 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Discharge:	200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall		054-C CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN		
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period:	From 11/01/21 to 11/30/21	12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					

Form NODI:		Parameter	Monitoring Location	Season #	Permit NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
Code		Name				Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	
50037	Duration		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Opt Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Opt Mon MO TOTAL 3R - Mgal C - No Discharge	ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						1.0 Opt Mon MO TOTAL 5W - In/mo C - No Discharge	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Opt Mon MO TOTAL 4K - #/mo C - No Discharge	ALIEV - All Events RT - RCOTOT

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors.	
Comments	
Attachments	
No attachments.	
Report Last Saved By	
FORT WAYNE WWTP	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-12-14 08:18 (Time Zone: -05:00)
Report Last Signed By	
User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:					
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP					
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803					
Permitted Feature:		Discharge:							
055 External Outfall		CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST							
Report Dates & Status		DMR Due Date:		Status:					
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated					
Considerations for Form Completion									
CSO: P06-192 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 #	Permm. NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hrmo C - No Discharge		WH/DS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Magal C - No Discharge		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.92 Req Mon MO TOTAL 5W - hrmo C - No Discharge		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hrmo C - No Discharge		ALUEV - All Events	RT - RCOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-12-14 08:17 (Time Zone: -05:00)									
Report Last Signed By									
User: susan.beck@cityoffortwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityoffortwayne.org									
Date/Time: 2021-12-14 08:23 (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 - BROWN ST PUMP STATION					
Report Dates & Status		Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: -		Monitoring Location: Season # Param. NODI					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Sample Type
		Qualifier 1 Value-1	Qualifier 2 Value-2	Qualifier 3 Value-3	Qualifier 4 Value-4	Qualifier 5 Value-5	Qualifier 6 Value-6
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hrmo C - No Discharge		WHDS - When Discharging RT - RCOTOT
74053	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Magal C - No Discharge		ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.06 Req Mon MO TOTAL 5W - hrmo C - No Discharge		ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - hrmo C - No Discharge		ALIEV - All Events RT - RCOTOT

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-12-14 08:18 (Time Zone: -0500)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

Permit		Permittee:		Facility:		Facility Location:	
Permit #:	IN0032191	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP		FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Major:	Yes						
Permitted Feature:		Discharge:		Quantity or Loading		Quality or Concentration	
057 External Outfall				057-C CSO: P10-121 - STORMWATER LIFTSTATION WET WELL			
Report Dates & Status		DMR Due Date:		Status:		Frequency of Analysis	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NotDMR Validated			
Considerations for Form Completion							
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:		Telephone:			
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Monitoring Location		Season # Param. NODI		Sample Type	
Code	Parameter Name	EG - Effluent Gross	0	0	0	0	0
50037	Duration	EG - Effluent Gross	0	0	0	0	0
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	0	0	0	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	0	0	0

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-12-14 08:15 (Time Zone: -0500)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Reas
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

P permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP		
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803		
Permitted Feature: 060 External Outfall		Discharge: 060-C CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE						
Report Dates & Status		DMR Due Date: 12/28/21		Status: NetDMR Validated				
Monitoring Period: From 11/01/21 to 11/30/21								
Considerations for Form Completion								
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer								
First Name:		Title:						
Last Name:								
No Data Indicator (NODI)								
Form NODI: -								
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		Frequency of Analysis	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo C - No Discharge	Units	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Majal C - No Discharge	Units	ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.95 Req Mon MO TOTAL 5W - hr/mo C - No Discharge	Units	ALVEY - All Events RT - RCOTOT ALVEY - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo C - No Discharge	Units	ALVEY - All Events RT - RCOTOT
Submission Note								
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
Edit Check Errors								
No errors.								
Comments								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP								
User: susan.beck@cityoffortwayne.org								
Name: Susan Reas								
E-Mail: susan.beck@cityoffortwayne.org								
Date/Time: 2021-12-14 08:15 (Time Zone: -0500)								
Report Last Signed By								
User: susan.beck@cityoffortwayne.org								
Name: Susan Reas								
E-Mail: susan.beck@cityoffortwayne.org								
Date/Time: 2021-12-14 08:23 (Time Zone: -0500)								

DMR Copy of Record

Permit

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	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 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status		DMR Due Date:	12/28/21	Status:	Not DMR Validated
Monitoring Period:	From 11/01/21 to 11/30/21				
Considerations for Form Completion					
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	82 - hr/mo			WHDS - When Discharging	RT - RCOTOT
								C - No Discharge					
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	3R - Meal			AJ/EV - All Events	ES - ESTIMA
								C - No Discharge					
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	5W - hr/mo			AJ/EV - All Events	RT - RCOTOT
								C - No Discharge					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Opt Mon MO TOTAL	4K - hr/mo			AJ/EV - All Events	RT - RCOTOT
								C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:19 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:23 (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 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status		DMR Due Date:	12/29/21	Status:	NotDMR Validated
Monitoring Period:	From 11/01/21 to 11/30/21				
Considerations for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					

No Data Indicator (NODI)

Form NODI:	Parameter	Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Quality or Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration		EG - Effluent Gross	0	--							WHDS - When Discharging RT - RCOTOT
74083	Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross	0	--							AUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	--							AUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	--							AUEV - All Events RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: 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: CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE					
Report Dates & Status		Monitoring Period: From 11/01/21 to 11/30/21		DMR Due Date: 12/28/21		Status: NetDMR Validated	
Considerations for Form Completion		CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY					
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		Frequency of Analysis
50037	Duration	EG - Effluent Gross	0	-			
					Req Mon MO TOTAL 82 - hr/mo		WHDS - When Discharging RT - RCOTOT
					C - No Discharge		
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-			
					Req Mon MO TOTAL 3R - Magal		AL/EV - All Events ES - ESTIMA
					C - No Discharge		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			
					Req Mon MO TOTAL 5W - hr/mo		AL/EV - All Events RT - RCOTOT
					0.86		AL/EV - All Events RT - RCOTOT
					Req Mon MO TOTAL 5W - hr/mo	0	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-			
					Req Mon MO TOTAL 4K - hr/mo		AL/EV - All Events RT - RCOTOT
					C - No Discharge		

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:15 (Time Zone: -0500)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2021-12-14 08:23 (Time Zone: -0500)

DMR Copy of Record

Permit

Permit #:	IN0032191	Fort Wayne WWTP	Fort Wayne WWTP
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	068-C CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK	

Report Dates & Status

Monitoring Period:	From 11/01/21 to 11/30/21	DMR Due Date:	12/28/21
Considerations for Form Completion	CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			

First Name:

Last Name:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration	Frequency of Analysis			Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 1	Qualifier 2	Qualifier 3	Units	
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 82 - ltr/mo			WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3R - Mgal			ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 5W - ltr/mo			ALJEV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 4K - ltr/mo			ALJEV - All Events	RT - RCOTOT

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:20 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
080 External Outfall		080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 11/01/21 to 11/30/21		12/28/21		NetDMR Validated	
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (\$S0 volume, CSO volume)	EG - Effluent Gross	0	--	ES - ESTMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityofwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityofwayne.org					
Date/Time: 2021-12-14 08:20 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityofwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityofwayne.org					
Date/Time: 2021-12-14 08:23 (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.
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Report Dates & Status		Status:	NetDMR Validated
-----------------------	--	---------	------------------

Monitoring Period:	From 11/01/21 to 11/30/21	DMR Due Date:	12/28/21
--------------------	---------------------------	---------------	----------

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

Principal Executive Officer

First Name: _____ Title: _____

Last Name: _____ Telephone: _____

No Data Indicator (NODI)

Form NODI:	Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration		EG - Effluent Gross	0	-	Sample							WHDS - When Discharging	RT - RCOTOT
						Permit Req.								
74063	Overflow volume [SSD volume, CSO volume]		EG - Effluent Gross	0	-	Sample							ALJEV - All Events	ES - ESTMA
						Permit Req.								
78887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	Sample							ALJEV - All Events	RT - RCOTOT
						Permit Req.								
84165	Discharge event observation [Visual Monitoring]		EG - Effluent Gross	0	-	Sample							ALJEV - All Events	RT - RCOTOT
						Permit Req.								

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:20 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Reas

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2021-12-14 08:23 (Time Zone: -05:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

January 20, 2022

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 2021

We are pleased to enclose a completed CSO MRO form for the month of December 2021. 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 rain gauges malfunctioned causing an issue with the CSO notification email. Therefore, the automated notification email was not sent within 4-hours on December 10. However, the email was manually sent on December 11 upon discovery of the malfunction.

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

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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 50246 (02/15-13)

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?		N	
Monitoring Period: [MONTH] 12-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
WVTP Inflow Data		CSO Outfall No.		40	
Date of Month		Time		Event Discharge or (MGD)	
01		38.00 54.73		12:30 PM 0.01 5 m	
02		37.59 55.03		5 m	
03		36.57 52.13		5 m	
04		37.75 51.49		5 m	
05		54.52 100.59		1:30 PM 4.08 0.78 0.22 5 m	
06		77.85 101.00		5 m	
07		48.57 65.79		5 m	
08		41.60 50.28		5 m	
09		39.50 44.65		5 m	
10		54.22 95.13		5:40 PM 0.83 0.18 0.11 5 m	
11		92.83 95.06		1:05 AM 1.67 0.60 0.49 5 m	
12		63.85 90.07		5 m	
13		51.56 69.94		5 m	
14		47.46 55.12		5 m	
15		57.79 80.42		3:50 AM 1.17 0.18 0.14 5 m	
16		62.40 72.60		9:05 AM 0.50 0.06 0.03 5 m	
17		56.75 68.49		9:15 PM 0.33 0.04 0.03 5 m	
18		80.90 86.11		12:20 AM 3.92 0.49 0.11 5 m	
19		68.94 86.04		5 m	
20		57.57 67.01		5 m	
21		58.07 67.51		5 m	
22		53.54 61.49		5 m	
23		50.76 58.27		5 m	
24		50.23 57.97		5 m	
25		77.26 90.01		4:35 AM 1.58 0.36 0.28 5 m	
26		64.15 73.61		5 m	
27		86.85 90.03		12:40 AM 2.33 0.50 0.27 5 m	
28		82.71 100.00		12:50 PM 2.17 0.30 0.13 5 m	
29		95.00 95.02		12:10 AM 2.33 0.28 0.03 5 m	
30		93.26 95.07		2:45 AM 0.25 0.03 0.01 5 m	
31		73.82 90.93		5 m	
Totals		189.85		21.24 3.81	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Sum Ross, Manager		Telephone: 530-47-6213	
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 PERSONS PREPARED THE INFORMATION SUBMITTED HEREIN. 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		Sum Ross		Date (mm/dd/yyyy) 01-20-2022	



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

State Form 50246 (02/15-13)

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?		N	
Monitoring Period: [MONTH] 12-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 50		Measured/Estimated (M) or Estimated (E) must be specified	
WVTP Inflow Data		CSO Outfall No.		40	
Date of Month		Time		Event Discharge or (MGD)	
01		38.00 54.73		12:30 PM 0.01 5 m	
02		37.59 55.03		5 m	
03		36.57 52.13		5 m	
04		37.75 51.49		5 m	
05		54.52 100.59		1:30 PM 4.08 0.78 0.22 5 m	
06		77.85 101.00		5 m	
07		48.57 65.79		5 m	
08		41.60 50.28		5 m	
09		39.50 44.65		5 m	
10		54.22 95.13		5:40 PM 0.83 0.18 0.11 5 m	
11		92.83 95.06		1:05 AM 1.67 0.60 0.49 5 m	
12		63.85 90.07		5 m	
13		51.56 69.94		5 m	
14		47.46 55.12		5 m	
15		57.79 80.42		3:50 AM 1.17 0.18 0.14 5 m	
16		62.40 72.60		9:05 AM 0.50 0.06 0.03 5 m	
17		56.75 68.49		9:15 PM 0.33 0.04 0.03 5 m	
18		80.90 86.11		12:20 AM 3.92 0.49 0.11 5 m	
19		68.94 86.04		5 m	
20		57.57 67.01		5 m	
21		58.07 67.51		5 m	
22		53.54 61.49		5 m	
23		50.76 58.27		5 m	
24		50.23 57.97		5 m	
25		77.26 90.01		4:35 AM 1.58 0.36 0.28 5 m	
26		64.15 73.61		5 m	
27		86.85 90.03		12:40 AM 2.33 0.50 0.27 5 m	
28		82.71 100.00		12:50 PM 2.17 0.30 0.13 5 m	
29		95.00 95.02		12:10 AM 2.33 0.28 0.03 5 m	
30		93.26 95.07		2:45 AM 0.25 0.03 0.01 5 m	
31		73.82 90.93		5 m	
Totals		189.85		21.24 3.81	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Sum Ross, Manager		Telephone: 530-47-6213	
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 PERSONS PREPARED THE INFORMATION SUBMITTED HEREIN. 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		Sum Ross		Date (mm/dd/yyyy) 01-20-2022	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (02/15/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 2 of 12		Permit Number: IN0031091			
Facility: Fort Wayne - P.L. Branner WWP		Public Notification Requirements Met?		N			
Monitoring Period: 12-2011		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified					
WWT Influent Data		CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)		
01	38.00	12:00 PM	0.08	0.01	5 m		
02	37.59	55.03			5 m		
03	36.57	52.13			5 m		
04	37.75	51.49			5 m		
05	54.52	100.99	1.35 PM	0.17	5 m		
06	77.85	101.00			5 m		
07	48.57	65.79			5 m		
08	41.60	50.28			5 m		
09	39.50	44.65			5 m		
10	54.22	95.13	5:40 PM	0.83	0.22	0.16	5 m
11	92.83	95.06	1:10 AM	1.42	0.74	0.66	5 m
12	63.85	90.07				5 m	
13	51.56	69.94				5 m	
14	47.46	55.12				5 m	
15	57.79	80.42	2:45 AM	1.25	0.18	0.14	5 m
16	62.40	72.60	9:05 AM	0.33	0.04	0.02	5 m
17	56.73	68.49	9:20 PM	0.08	0.01	0.01	5 m
18	80.90	86.11	12:00 AM	3.42	0.43	0.11	5 m
19	68.94	86.04				5 m	
20	57.57	67.01				5 m	
21	58.07	67.51				5 m	
22	53.54	61.49				5 m	
23	50.76	58.27				5 m	
24	50.23	57.97				5 m	
25	77.26	90.01	4:05 AM	1.83	0.58	0.36	5 m
26	64.15	73.61				5 m	
27	86.85	90.03	1:40 AM	2.00	0.43	0.26	5 m
28	82.71	100.00	12:45 PM	5.83	0.53	0.13	5 m
29	95.00	95.02				5 m	
30	93.26	95.07	4:00 AM	0.17	0.02	0.01	5 m
31	73.82	90.93				5 m	
Totals:		1891.85		19.17	3.83		

City: Fort Wayne		Page 2 of 12		Permit Number: IN0031091			
Facility: Fort Wayne - P.L. Branner WWP		Public Notification Requirements Met?		N			
Monitoring Period: 12-2011		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified					
WWT Influent Data		CSO Outfall No. 61					
Day of Month	Average Daily Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)		
01	38.00	12:00 PM	0.08	0.01	5 m		
02	37.59	55.03			5 m		
03	36.57	52.13			5 m		
04	37.75	51.49			5 m		
05	54.52	100.99	1:35 PM	0.17	5 m		
06	77.85	101.00			5 m		
07	48.57	65.79			5 m		
08	41.60	50.28			5 m		
09	39.50	44.65			5 m		
10	54.22	95.13	5:40 PM	0.83	0.22	0.16	5 m
11	92.83	95.06	1:10 AM	1.42	0.74	0.66	5 m
12	63.85	90.07				5 m	
13	51.56	69.94				5 m	
14	47.46	55.12				5 m	
15	57.79	80.42	2:45 AM	1.25	0.18	0.14	5 m
16	62.40	72.60	9:05 AM	0.33	0.04	0.02	5 m
17	56.73	68.49	9:20 PM	0.08	0.01	0.01	5 m
18	80.90	86.11	12:00 AM	3.42	0.43	0.11	5 m
19	68.94	86.04				5 m	
20	57.57	67.01				5 m	
21	58.07	67.51				5 m	
22	53.54	61.49				5 m	
23	50.76	58.27				5 m	
24	50.23	57.97				5 m	
25	77.26	90.01	4:05 AM	1.83	0.58	0.36	5 m
26	64.15	73.61				5 m	
27	86.85	90.03	1:40 AM	2.00	0.43	0.26	5 m
28	82.71	100.00	12:45 PM	5.83	0.53	0.13	5 m
29	95.00	95.02				5 m	
30	93.26	95.07	4:00 AM	0.17	0.02	0.01	5 m
31	73.82	90.93				5 m	
Totals:		1891.85		19.17	3.83		

City: Fort Wayne		Page 2 of 12		Permit Number: IN0031091			
Facility: Fort Wayne - P.L. Branner WWP		Public Notification Requirements Met?		N			
Monitoring Period: 12-2011		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified					
WWT Influent Data		CSO Outfall No. 62					
Day of Month	Average Daily Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)		
01	38.00	12:00 PM	0.08	0.01	5 m		
02	37.59	55.03			5 m		
03	36.57	52.13			5 m		
04	37.75	51.49			5 m		
05	54.52	100.99	1:35 PM	0.17	5 m		
06	77.85	101.00			5 m		
07	48.57	65.79			5 m		
08	41.60	50.28			5 m		
09	39.50	44.65			5 m		
10	54.22	95.13	5:40 PM	0.83	0.22	0.16	5 m
11	92.83	95.06	1:10 AM	1.42	0.74	0.66	5 m
12	63.85	90.07				5 m	
13	51.56	69.94				5 m	
14	47.46	55.12				5 m	
15	57.79	80.42	2:45 AM	1.25	0.18	0.14	5 m
16	62.40	72.60	9:05 AM	0.33	0.04	0.02	5 m
17	56.73	68.49	9:20 PM	0.08	0.01	0.01	5 m
18	80.90	86.11	12:00 AM	3.42	0.43	0.11	5 m
19	68.94	86.04				5 m	
20	57.57	67.01				5 m	
21	58.07	67.51				5 m	
22	53.54	61.49				5 m	
23	50.76	58.27				5 m	
24	50.23	57.97				5 m	
25	77.26	90.01	4:05 AM	1.83	0.58	0.36	5 m
26	64.15	73.61				5 m	
27	86.85	90.03	1:40 AM	2.00	0.43	0.26	5 m
28	82.71	100.00	12:45 PM	5.83	0.53	0.13	5 m
29	95.00	95.02				5 m	
30	93.26	95.07	4:00 AM	0.17	0.02	0.01	5 m
31	73.82	90.93				5 m	
Totals:		1891.85		19.17	3.83		

City: Fort Wayne		Page 2 of 12		Permit Number: IN0031091			
Facility: Fort Wayne - P.L. Branner WWP		Public Notification Requirements Met?		N			
Monitoring Period: 12-2011		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified					
WWT Influent Data		CSO Outfall No. 63					
Day of Month	Average Daily Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)		
01	38.00	12:00 PM	0.08	0.01	5 m		
02	37.59	55.03			5 m		
03	36.57	52.13			5 m		
04	37.75	51.49			5 m		
05	54.52	100.99	1:35 PM	0.17	5 m		
06	77.85	101.00			5 m		
07	48.57	65.79			5 m		
08	41.60	50.28			5 m		
09	39.50	44.65			5 m		
10	54.22	95.13	5:40 PM	0.83	0.22	0.16	5 m
11	92.83	95.06	1:10 AM	1.42	0.74	0.66	5 m
12	63.85	90.07				5 m	
13	51.56	69.94				5 m	
14	47.46	55.12				5 m	
15	57.79	80.42	2:45 AM	1.25	0.18	0.14	5 m
16	62.40	72.60	9:05 AM	0.33	0.04	0.02	5 m
17	56.73	68.49	9:20 PM	0.08	0.01	0.01	5 m
18	80.90	86.11	12:00 AM	3.42	0.43	0.11	5 m
19	68.94	86.04				5 m	
20	57.57	67.01				5 m	
21	58.07	67.51				5 m	
22	53.54	61.49				5 m	
23	50.76	58.27				5 m	
24	50.23	57.97				5 m	
25	77.26	90.01	4:05 AM	1.83	0.58	0.36	5 m
26	64.15	73.61				5 m	
27	86.85	90.03	1:40 AM	2.00	0.43	0.26	5 m
28	82.71	100.00	12:45 PM	5.83	0.53	0.13	5 m
29	95.00	95.02				5 m	
30	93.26	95.07	4:00 AM	0.17	0.02	0.01	5 m
31	73.82	90.93				5 m	
Totals:		1891.85		19.17	3.83		

City: Fort Wayne		Page 2 of 12		Permit Number: IN0031091			
Facility: Fort Wayne - P.L. Branner WWP		Public Notification Requirements Met?		N			
Monitoring Period: 12-2011		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified					
WWT Influent Data		CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)		
01	38.00	12:00 PM	0.08	0.01	5 m		
02	37.59	55.03			5 m		
03	36.57	52.13			5 m		
04	37.75	51.49			5 m		
05	54.52	100.99	1:35 PM	0.17	5 m		
06	77.85	101.00			5 m		
07	48.57	65.79			5 m		
08	41.60	50.28			5 m		
09	39.50	44.65			5 m		
10	54.22	95.13	5:40 PM	0.83	0.22	0.16	5 m
11	92.83	95.06	1:10 AM	1.42	0.74	0.66	5 m
12	63.85	90.07				5 m	
13	51.56	69.94				5 m	
14	47.46	55.12				5 m	
15	57.79	80.42	2:45 AM	1.25	0.18	0.14	5 m
16	62.40	72.60	9:05 AM	0.33	0.04	0.02	5 m
17	56.73	68.49	9:20 PM	0.08	0.01	0.01	5 m
18	80.90	86.11	12:00 AM	3.42	0.43	0.11	5 m
19	68.94	86.04				5 m	
20	57.57	67.01				5 m	
21	58.07	67.51				5 m	
22	53.54	61.49				5 m	
23	50.76	58.27				5 m	
24	50.23	57.97				5 m	
25	77.26	90.01	4:05 AM	1.83	0.58	0.36	5 m
26	64.15	73.61				5 m	
27	86.85	90.03	1:40 AM	2.00	0.43	0.26	5 m
28	82.71	100.00	12:45 PM	5.83	0.53	0.13	5 m
29	95.00	95.02				5 m	
30	93.26	95.07	4:00 AM	0.17	0.02	0.01	5 m
31	73.82	90.93				5 m	
Totals:		1891.85		19.17	3.83		

City: Fort Wayne		Page 2 of 12		Permit Number: IN0031091			
Facility: Fort Wayne - P.L. Branner WWP		Public Notification Requirements Met?		N			
Monitoring Period: 12-2011		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified					
WWT Influent Data		CSO Outfall No. 65					
Day of Month	Average Daily Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)		
01	38.00	12:00 PM	0.08	0.01	5 m		
02	37.59	55.03			5 m		
03	36.57	52.13			5 m		
04	37.75	51.49			5 m		
05	54.52	100.99	1:35 PM	0.17	5 m		
06	77.85	101.00			5 m		
07	48.57	65.79			5 m		
08	41.60	50.28			5 m		
09	39.50	44.65			5 m		
10	54.22	95.13	5:40 PM	0.83	0.22	0.16	5 m
11	92.83	95.06	1:10 AM	1.42	0.74	0.66	5 m
12	63.85	90.07				5 m	
13	51.56	69.94				5 m	
14	47.46	55.12				5 m	
15	57.79	80.42	2:45 AM	1.25	0.18	0.14	5 m
16	62.40	72.60	9:05 AM	0.33	0.04	0.02	5 m
17	56.73	68.49	9:20 PM	0.08	0.01	0.01	5 m
18	80.90	86.11	12:00 AM	3.42	0.43	0.11	5 m
19	68.94	86.04					



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
Site Form 50546 (02 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: [MONTH] 12-2011		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Measured (00) or Estimated (E) must be specified	
WYTP Inflow Data:		Precipitation Data: Total & 1st Onset		CSO Outfall No. 33	
Time		Time		Time	
Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)	
01 38.00		01 38.00		01 38.00	
02 37.59		02 37.59		02 37.59	
03 36.57		03 36.57		03 36.57	
04 37.75		04 37.75		04 37.75	
05 54.32		05 54.32		05 54.32	
06 77.85		06 77.85		06 77.85	
07 48.57		07 48.57		07 48.57	
08 41.60		08 41.60		08 41.60	
09 39.50		09 39.50		09 39.50	
10 54.22		10 54.22		10 54.22	
11 92.83		11 92.83		11 92.83	
12 63.85		12 63.85		12 63.85	
13 51.56		13 51.56		13 51.56	
14 47.46		14 47.46		14 47.46	
15 57.79		15 57.79		15 57.79	
16 62.40		16 62.40		16 62.40	
17 56.73		17 56.73		17 56.73	
18 80.90		18 80.90		18 80.90	
19 68.94		19 68.94		19 68.94	
20 57.57		20 57.57		20 57.57	
21 58.07		21 58.07		21 58.07	
22 53.54		22 53.54		22 53.54	
23 50.76		23 50.76		23 50.76	
24 50.23		24 50.23		24 50.23	
25 77.26		25 77.26		25 77.26	
26 64.15		26 64.15		26 64.15	
27 86.85		27 86.85		27 86.85	
28 82.71		28 82.71		28 82.71	
29 95.00		29 95.00		29 95.00	
30 93.26		30 93.26		30 93.26	
31 73.82		31 73.82		31 73.82	
Totals: 1891.85		Totals: 1891.85		Totals: 1891.85	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager	
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.		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.		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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Reas		Susan Reas		Susan Reas	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
01-20-2012		01-20-2012		01-20-2012	

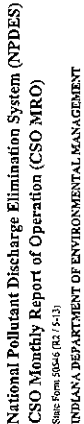
City: Fort Wayne		Page 3 of 12		Permit Number: IN003191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: [MONTH] 12-2011		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Measured (00) or Estimated (E) must be specified	
WYTP Inflow Data:		Precipitation Data: Total & 1st Onset		CSO Outfall No. 33	
Time		Time		Time	
Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)	
01 38.00		01 38.00		01 38.00	
02 37.59		02 37.59		02 37.59	
03 36.57		03 36.57		03 36.57	
04 37.75		04 37.75		04 37.75	
05 54.32		05 54.32		05 54.32	
06 77.85		06 77.85		06 77.85	
07 48.57		07 48.57		07 48.57	
08 41.60		08 41.60		08 41.60	
09 39.50		09 39.50		09 39.50	
10 54.22		10 54.22		10 54.22	
11 92.83		11 92.83		11 92.83	
12 63.85		12 63.85		12 63.85	
13 51.56		13 51.56		13 51.56	
14 47.46		14 47.46		14 47.46	
15 57.79		15 57.79		15 57.79	
16 62.40		16 62.40		16 62.40	
17 56.73		17 56.73		17 56.73	
18 80.90		18 80.90		18 80.90	
19 68.94		19 68.94		19 68.94	
20 57.57		20 57.57		20 57.57	
21 58.07		21 58.07		21 58.07	
22 53.54		22 53.54		22 53.54	
23 50.76		23 50.76		23 50.76	
24 50.23		24 50.23		24 50.23	
25 77.26		25 77.26		25 77.26	
26 64.15		26 64.15		26 64.15	
27 86.85		27 86.85		27 86.85	
28 82.71		28 82.71		28 82.71	
29 95.00		29 95.00		29 95.00	
30 93.26		30 93.26		30 93.26	
31 73.82		31 73.82		31 73.82	
Totals: 1891.85		Totals: 1891.85		Totals: 1891.85	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager	
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.		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.		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		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Susan Reas		Susan Reas		Susan Reas	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
01-20-2012		01-20-2012		01-20-2012	

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

State Form 505-6 (R2 / 5-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Bruner WWTP		12-2021		Page 4 of 12		Permit Number: IN0012191		
Monitoring Period: MONTH		MONTH		MONTH		Public Notification Requirements Met?		N		
Design Peak Hourly Flow (MGD):		BS		SS		Design Average Flow (MGD):		60		
CSD Outfall No.		50		55		CSD Outfall No.		60		
Time Discharge Begins	M	Event Discharge (MGD)	M	Time Discharge Begins	M	Event Discharge (MGD)	M	Time Discharge Begins	M	
Day of Month	E	E	E	Day of Month	E	E	E	Day of Month	E	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10	6:30 PM	M	0.08	M	0.095	M	0.83	M	0.079	M
11	1:40 AM	M	0.92	M	0.355	M	1:30 AM	M	3.42	M
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24	5:35 AM	M	0.58	M	0.048	M	5:35 AM	M	2.33	M
25										
26										
27	2:50 AM	M	0.17	M	0.012	M	2:05 AM	M	3.00	M
28										
29										
30										
31										
Totals:	4	DS	1.75	0.421	8	DS	19.16	2.470	DS	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 State Form 50546 (R2 / 5-13)[illegible]

<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS QUALIFIED 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 INTO THE MATTER, AND THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE. I AM NOT PROVIDING INFORMATION THAT WOULD BE SUBJECT TO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>	<p>300-427-6513</p>
<p>Signature of Principal Executive Officer or Authorized Agent</p>	<p>Date (mm/dd/yyyy)</p>

City: Fort Wayne		Page 6 of 12		Permit Number: IN023191	
Facility: Fort Wayne - P.L. Brouwer WWTP		Public Notification Requirements Met?		N	
Monitoring Period: 11-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified:			
Design Average Flow (MGD): 60					
CSO Outfall No. 25		CSO Outfall No. 31		CSO Outfall No. 39	
Time of Day Start/End Month	M Event Discharge or F (Harm)	M Event Discharge or F (Harm)	M Event Discharge or F (Harm)	M Event Discharge or F (Harm)	M Event Discharge or F (Harm)
01					
02					
03					
04					
05	2:35 PM	5.92 M	1.193 M	5:55 PM	8.08 M
06					0.215 M
07					
08					
09					
10	6:25 PM	0.83 M	0.123 M		
11	1:40 AM	6.25 M	1.986 M	1:45 AM	11.33 M
12					0.401 M
13					
14					
15	4:50 AM	0.83 M	0.049 M		
16					
17					
18	4:25 AM	7.92 M	0.698 M	5:15 AM	15.50 M
19					0.198 M
20					
21					
22					
23					
24					
25	6:20 AM	2.25 M	0.328 M	6:50 AM	7.83 M
26					0.212 M
27	2:20 AM	5.58 M	0.954 M	2:50 AM	16.58 M
28	1:40 PM	7.33 M	0.308 M	2:00 PM	10.00 M
29	12:00 AM	16.83 M	0.207 M	12:00 AM	24.00 M
30				12:00 AM	11.33 M
31					0.002 M
Totals:	9	53.74	5.846	8	104.65
					1.764



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

State Form 50546 (02 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CDS: Fort Wayne

Facility: Fort Wayne - J.L. Brunner WWTP

Monitoring Period: [MONTH] 12-2021

Design Peak Runoff Time (MGD): 85

Page 7 of 12

Permit Number: IN002191

Public Notification Requirements Met? ☐ N

Check box if no CSD discharge occurred on the month:

Day of Month	Time Discharge Begins	CSD Outfall No. 87		Event Discharge or Duration (Hours)	E	CSD Outfall No. 11		Event Discharge or Duration (Hours)	E	CSD Outfall No. 60		Time Discharge Begins	CSD Outfall No. 12		Event Discharge or Duration (Hours)	E	CSD Outfall No. 54		Event Discharge or Duration (Hours)	E			
		M	E			M	E			M	E		M	E			M	E			M	E	
01																							
02																							
03																							
04																							
05																							
06																							
07																							
08																							
09																							
10																							
11																							
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23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
Totals:	0		Dr	ys	0.00	0.000		1	Dr	ys	1.25	1.676		0	Dr	ys	0.00	0.000	8	Dr	ys	4.18	4.016



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

State Form 50546 (12/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



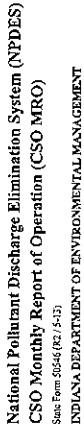
National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (12/15/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 8 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: 12-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measure/Metered (M) or Estimated (E) must be specified	
WWT Plant Inflow Data		CSO Detail No.		CSO Detail No.	
Time		Time		Time	
Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)	
01 38.00		02 37.59		03 36.57	
04 37.75		05 34.52		06 34.52	
07 48.57		08 41.00		09 39.50	
10 54.22		11 52.83		12 63.85	
13 51.56		14 47.46		15 57.79	
16 62.40		17 56.73		18 80.90	
19 65.94		20 57.57		21 58.07	
22 53.54		23 50.76		24 50.23	
25 77.26		26 64.15		27 86.85	
28 82.71		29 95.00		30 93.26	
31 73.82		Total: 1891.85		Total: 1891.85	
Type of Principal Executive Officer or Authorized Agent		Type of Principal Executive Officer or Authorized Agent		Type of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
01-20-2022		01-20-2022		01-20-2022	

City: Fort Wayne		Page 8 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: 12-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measure/Metered (M) or Estimated (E) must be specified	
WWT Plant Inflow Data		CSO Detail No.		CSO Detail No.	
Time		Time		Time	
Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)		Peak Hourly Flow (MGD)	
01 38.00		02 37.59		03 36.57	
04 37.75		05 34.52		06 34.52	
07 48.57		08 41.00		09 39.50	
10 54.22		11 52.83		12 63.85	
13 51.56		14 47.46		15 57.79	
16 62.40		17 56.73		18 80.90	
19 65.94		20 57.57		21 58.07	
22 53.54		23 50.76		24 50.23	
25 77.26		26 64.15		27 86.85	
28 82.71		29 95.00		30 93.26	
31 73.82		Total: 1891.85		Total: 1891.85	
Type of Principal Executive Officer or Authorized Agent		Type of Principal Executive Officer or Authorized Agent		Type of Principal Executive Officer or Authorized Agent	
Susan Ross, Manager		Susan Ross, Manager		Susan Ross, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
01-20-2022		01-20-2022		01-20-2022	

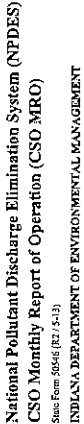


**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R2 / 5-13)

ILLINOIS DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

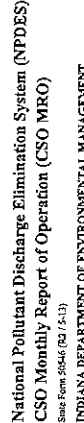
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

Static Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**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: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: [MONTH]		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Design Peak Hourly Flow (MGD): 85	
Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified	
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MGD)	Event Discharge (MGD)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:	0	0	0.000	0	0.000

City: Fort Wayne		Page 10 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		N	
Monitoring Period: [MONTH]		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Design Peak Hourly Flow (MGD): 85	
Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified	
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MGD)	Event Discharge (MGD)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:	0	0	0.000	0	0.000



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50246 (02/15-13)
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?		N	
Monitoring Period: [MONTH] 12-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
WWTP Influent Data:		CSO Outfall No. 27		CSO Outfall No. 28	
Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)
01	38.00	01	38.00	01	38.00
02	37.59	02	37.59	02	37.59
03	36.57	03	36.57	03	36.57
04	37.75	04	37.75	04	37.75
05	54.52	05	54.52	05	54.52
06	77.85	06	77.85	06	77.85
07	48.57	07	48.57	07	48.57
08	41.60	08	41.60	08	41.60
09	39.50	09	39.50	09	39.50
10	54.22	10	54.22	10	54.22
11	92.83	11	92.83	11	92.83
12	63.85	12	63.85	12	63.85
13	51.56	13	51.56	13	51.56
14	47.46	14	47.46	14	47.46
15	57.79	15	57.79	15	57.79
16	62.40	16	62.40	16	62.40
17	56.73	17	56.73	17	56.73
18	80.90	18	80.90	18	80.90
19	68.94	19	68.94	19	68.94
20	57.57	20	57.57	20	57.57
21	58.07	21	58.07	21	58.07
22	53.54	22	53.54	22	53.54
23	50.76	23	50.76	23	50.76
24	50.23	24	50.23	24	50.23
25	77.26	25	77.26	25	77.26
26	64.15	26	64.15	26	64.15
27	86.85	27	86.85	27	86.85
28	82.71	28	82.71	28	82.71
29	95.00	29	95.00	29	95.00
30	93.26	30	93.26	30	93.26
31	73.82	31	73.82	31	73.82
Totals: 1891.85		Totals: 1891.85		Totals: 1891.85	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
01-20-2022		01-20-2022		01-20-2022	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50246 (02/15-13)
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?		N	
Monitoring Period: [MONTH] 12-2021		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified	
WWTP Influent Data:		CSO Outfall No. 44		CSO Outfall No. 45	
Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)
01	38.00	01	38.00	01	38.00
02	37.59	02	37.59	02	37.59
03	36.57	03	36.57	03	36.57
04	37.75	04	37.75	04	37.75
05	54.52	05	54.52	05	54.52
06	77.85	06	77.85	06	77.85
07	48.57	07	48.57	07	48.57
08	41.60	08	41.60	08	41.60
09	39.50	09	39.50	09	39.50
10	54.22	10	54.22	10	54.22
11	92.83	11	92.83	11	92.83
12	63.85	12	63.85	12	63.85
13	51.56	13	51.56	13	51.56
14	47.46	14	47.46	14	47.46
15	57.79	15	57.79	15	57.79
16	62.40	16	62.40	16	62.40
17	56.73	17	56.73	17	56.73
18	80.90	18	80.90	18	80.90
19	68.94	19	68.94	19	68.94
20	57.57	20	57.57	20	57.57
21	58.07	21	58.07	21	58.07
22	53.54	22	53.54	22	53.54
23	50.76	23	50.76	23	50.76
24	50.23	24	50.23	24	50.23
25	77.26	25	77.26	25	77.26
26	64.15	26	64.15	26	64.15
27	86.85	27	86.85	27	86.85
28	82.71	28	82.71	28	82.71
29	95.00	29	95.00	29	95.00
30	93.26	30	93.26	30	93.26
31	73.82	31	73.82	31	73.82
Totals: 1891.85		Totals: 1891.85		Totals: 1891.85	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	
Susan Reas, Manager		Susan Reas, Manager		Susan Reas, Manager	
Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent		Signature of Principal Executive Officer or Authorized Agent	
Date (mm/dd/yy)		Date (mm/dd/yy)		Date (mm/dd/yy)	
01-20-2022		01-20-2022		01-20-2022	

**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? N		
Monitoring Period: [MONTH] 12-2021		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	Wet Weather Day			
06	Wet Weather Day			
07				
08				
09				
10	Wet Weather Day			
11	Wet Weather Day			
12				
13				
14				
15	Wet Weather Day			
16				
17				
18	Wet Weather Day			
19				
20				
21				
22				
23				
24				
25	Wet Weather Day			
26				
27	Wet Weather Day			
28	Wet Weather Day			
29	Wet Weather Day			
30	Wet Weather Day			
31				
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone		
Susan Reas, 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		01-20-2022		

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
002 External Outfall		CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO - 002 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:	Susan	Title:		Telephone:	
Last Name:	Reas	Manager		260-427-6213	
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
		Qualifier 3	Value 3	Qualifier 4	Value 4
50037	Duration	EG - Effluent Gross	0	-	
		Sample Permit Req.			
		Value NODI			
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	
		Sample Permit Req.			
		Value NODI			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	
		Sample Permit Req.			
		Value NODI			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	
		Sample Permit Req.			
		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_CSOMRO_2021_12.pdf				pdf	455170.0
IN0032191_002C_Letter_2021_12.pdf				pdf	179356.0
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2022-01-20 12:27 (Time Zone: -05:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 003 External Outfall		Discharge: 003-C CSO P10-025, 001 POND, - 900 FT E OF PEMBERTON DR					
Report Dates & Status		DMR Due Date: 01/28/22		Status: NetDMR Validated			
Monitoring Period: From 12/01/21 to 12/31/21							
Considerations for Form Completion							
CSO - 001 POND WHEN USED AS CSO ONLY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex. Frequency of Analysis
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	C - No Discharge	AUEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - hr/mo	AUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo	AUEV - All Events RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:24 (Time Zone: -05:00)							
Report Last Signed By							
susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:29 (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, 201 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER									
Report Dates & Status				Status: NetDMR Validated							
Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22									
Considerations for Form Completion											
CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY											
Principal/Executive Officer											
First Name:		Title:									
Last Name:											
No Data Indicator (NODI)											
Form NODI:											
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						
					Req Mon MO TOTAL	82	-	in/mo			
					G - No Discharge						
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						
					Req Mon MO TOTAL	3R	-	Magal			
					G - No Discharge						
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						
					Req Mon MO TOTAL	5W	-	in/mo			
					G - No Discharge						
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI						
					Req Mon MO TOTAL	4K	-	in/mo			
					G - No Discharge						

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

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2022-01-20 12:21 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Reas
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
005 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Season # Param. NODI			
Parameter Name		Monitoring Location		Sample Type	
Code		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		# of Ex. Frequency of Analysis	
50037 Duration		EG - Effluent Gross 0 -		WHDS - When Discharging RT - RCOOTOT WHDS - When Discharging RT - RCOOTOT	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0 -		AUEV - All Events ES - ESTIMA AUEV - All Events ES - ESTIMA	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		AUEV - All Events RT - RCOOTOT AUEV - All Events RT - RCOOTOT	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		AUEV - All Events RT - RCOOTOT AUEV - All Events RT - RCOOTOT	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:21 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 007 External Outfall		Discharge:		Discharge: 007-C CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.			
Report Dates & Status		Monitoring Location: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22		Status: NetDMR Validated	
Monitoring Period: Considerations for Form Completion		CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer							
Last Name:		Title:					
First Name:							
No Data Indicator (NODI)							
Form NODI:							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex. Frequency of Analysis Sample Type
		Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Meal C - No Discharge	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - hr/mo	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo	RT - RCOTOT
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityofwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityofwayne.org							
Date/Time: 2022-01-20 12:21 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityofwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityofwayne.org							
Date/Time: 2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 011 External Outfall		Discharge: 011-C CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.					
Report Dates & Status		Monitoring Location: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22		Status: NetDMR Validated	
Considerations for Form Completion		CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:					
Last Name:		First Name:		Telephone:			
No Data Indicator (NODI)							
Form NODI:	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Qualifier 3 Value 3	Frequency of Analysis
					Sample Permit Req. Value NODI		Sample Type
50037	Duration	EG - Effluent Gross	0	-		Req Mon MO TOTAL 82 - hr/mo 0	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-		Req Mon MO TOTAL 3R - Mgal 0	ALJEV - All Events ES - ESTMA ALJEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		Req Mon MO TOTAL 5W - hr/mo 0	ALJEV - All Events RT - ROOTOT ALJEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-		Req Mon MO TOTAL 4K - hr/mo 0	ALJEV - All Events RT - ROOTOT ALJEV - All Events RT - ROOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:22 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)							

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Discharge:	200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Features:		Status:			
012 External Outfall		NetDMR Validated			
Report Dates & Status		DMR Due Date:			
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22			
Considerations for Form Completion					
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:		Telephone:			
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2022-01-20 12:22 (Time Zone: -0500)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Beck				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2022-01-20 12:29 (Time Zone: -0500)				

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 013 External Outfall		Discharge: 013-C CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST					
Report Dates & Status				Status: NetDMR Validated			
Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22					
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: --		Monitoring Location:		Season # Param. NODI			
Parameter Name		Quantity or Loading		Quality or Concentration		# of Ex. Frequency of Analysis Sample Type	
Code		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 -		14.09 Req Mon MO TOTAL 82 - Inlmo 0		82 - Inlmo RT - RCOTOT	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0 -		2.462 Req Mon MO TOTAL 3R - Mgal 0		3R - Mgal ES - ESTMA	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		3.81 Req Mon MO TOTAL 5W - Inlmo 0		5W - Inlmo RT - RCOTOT	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		6.0 Req Mon MO TOTAL 4K - #lmo 0		4K - #lmo RT - RCOTOT	
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2022-01-20 12:19 (Time Zone: -05:00)					
Report Last Signed By							
User:		susan.beck@cityoffortwayne.org					
Name:		Susan Reas					
E-Mail:		susan.beck@cityoffortwayne.org					
Date/Time:		2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
017 External Outfall		CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Parameter Name		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3		# of Ex.	
Code		Sample Permit Req. Value NODI		Frequency of Analysis	
50037 Duration		EG - Effluent Gross 0 -		WHDS - When Discharging RT - RCOOTOT WHDS - When Discharging RT - RCOOTOT	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0 -		AUEV - All Events ES - ESTIMA AUEV - All Events ES - ESTIMA	
78887 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		AUEV - All Events RT - RCOOTOT AUEV - All Events RT - RCOOTOT	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		AUEV - All Events RT - RCOOTOT AUEV - All Events RT - RCOOTOT	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:20 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803			
Permitted Feature: 018 External Outfall		Discharge: 018-C CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD							
Report Dates & Status				Status: NetDMR Validated					
Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22							
Considerations for Form Completion									
CSO: K11-165 MUNICIPAL 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 Qualifier 1 Value 1 Qualifier 2 Value 2	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2	# of Ex. Units	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	84.08 Req Mon MO TOTAL 82 - Hrmo	82 - Hrmo	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	76.072 Req Mon MO TOTAL 3R - Mgal	3R - Mgal	ALJEV - All Events ALJEV - All Events	ES - ESTIMA ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	4.07 Req Mon MO TOTAL 5W - Hrmo	5W - Hrmo	ALJEV - All Events ALJEV - All Events	RT - ROOTOT RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	10.0 Req Mon MO TOTAL 4K - Hrmo	4K - Hrmo	ALJEV - All Events ALJEV - All Events	RT - ROOTOT RT - ROOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityofwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityofwayne.org									
Date/Time: 2022-01-20 12:20 (Time Zone: -0500)									
Report Last Signed By									
User: susan.beck@cityofwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityofwayne.org									
Date/Time: 2022-01-20 12:29 (Time Zone: -0500)									

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: 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 - 150 FT W OF BROADWAY & RUDISILL BLVD	
Report Dates & Status		
Monitoring Period: From 12/01/21 to 12/31/21	DMR Due Date: 01/28/22	Status: NetDMR Validated
Considerations for Form Completion		
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI:	Monitoring Location:	Season #
Parameter Name	Sample Permit Req. Value NODI	Permit NODI
Code	EG - Effluent Gross	0
50037	Duration	
74063	Overflow volume [SSO volume, CSO volume]	
78887	Precipitation, monthly accumulation	
84165	Discharge event observation [Visual Monitoring]	
Submission Note		
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
Edit Check Errors		
Comments		
Attachments		
Report Last Saved By		
FORT WAYNE WWTP		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2022-01-20 12:20 (Time Zone: -05:00)	
Report Last Signed By		
User:	susan.beck@cityoffortwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityoffortwayne.org	
Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)	

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
020 External Outfall		020-C		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22			
Considerations for Form Completion					
CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 1 Value 3	Qualifier 2 Value 4
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityofwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityofwayne.org				
Date/Time:	2022-01-20 12:20 (Time Zone: -0500)				
Report Last Signed By					
User:	susan.beck@cityofwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityofwayne.org				
Date/Time:	2022-01-20 12:29 (Time Zone: -0500)				

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Features:		Discharge:			
021 External Outfall		CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21 Considerations for Form Completion CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		01/28/22		Not DMR Validated	
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Season # Param. NODI			
Parameter Name		Monitoring Location		Quantity or Loading	
Code		Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3		Quality or Concentration	
50037 Duration		EG - Effluent Gross 0 -		Sample Permit Req. Value NODI	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross 0 -		Sample Permit Req. Value NODI	
78987 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		Sample Permit Req. Value NODI	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0 -		Sample Permit Req. 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@cityofwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityofwayne.org			
Date/Time:		2022-01-20 12:21 (Time Zone: -05:00)			
Report Last Signed By					
User:		susan.beck@cityofwayne.org			
Name:		Susan Reas			
E-Mail:		susan.beck@cityofwayne.org			
Date/Time:		2022-01-20 12:29 (Time Zone: -05:00)			

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP	Major: Yes	Permitted Address: 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 - 90 FT NW OF JACKSON ST & SUPERIOR ST						
Report Dates & Status		DMR Due Date: 01/28/22		Status: NetDMR Validated				
Monitoring Period: From 12/01/21 to 12/31/21								
Considerations for Form Completion								
CSO: L06-103 MUNICIPAL 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 Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	14.59 Req Mon MO TOTAL 82 - Inrmo 82 - Inrmo 0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.842 Req Mon MO TOTAL 3R - Magal 3R - Magal 0	ALUEV - All Events ALUEV - All Events	ES - ESTIMA ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	4.11 Req Mon MO TOTAL SW - Inrmo SW - Inrmo 0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	3.0 Req Mon MO TOTAL 4K - #rmo 4K - #rmo 0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
Submission Note								
if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
Edit Check Errors								
No errors.								
Comments								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP								
User: susan.beck@cityoffortwayne.org								
Name: Susan Reas								
E-Mail: susan.beck@cityoffortwayne.org								
Date/Time: 2022-01-20 12:17 (Time Zone: -05:00)								
Report Last Signed By								
User: susan.beck@cityoffortwayne.org								
Name: Susan Reas								
E-Mail: susan.beck@cityoffortwayne.org								
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)								

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:	024 External Outfall	Discharge:	024-C CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		
Report Dates & Status		DMR Due Date:	01/28/22	Status:	NetDMR Validated
Monitoring Period:	From 12/01/21 to 12/31/21				
Considerations for Form Completion					
CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	-	Monitoring Location	Season # Param. NODI		
Code	Parameter Name	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units
50037	Duration	Sample Permit Req. Value NODI		13.34 Req Mon MO TOTAL	82 - hr/mo
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross 0			0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross 0		0.655 Req Mon MO TOTAL	3R - Mgal
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0		4.11 Req Mon MO TOTAL	5W - Inflow
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0		4.0 Req Mon MO TOTAL	4K - #/mo
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No error/s.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org	Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org	Date/Time:	2022-01-20 12:18 (Time Zone: -05:00)		
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org	Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org	Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)		

Permit #: IN0032191 Major: Yes		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility: FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803					
Permitted Feature: 025 External Outfall		Discharge: 025-C CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE							
Report Dates & Status Monitoring Period: From 12/01/21 to 12/31/21 Considerations for Form Completion CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY		DMR Due Date: 01/28/22		Status: NetDMR Validated					
Principal Executive Officer First Name: Last Name:		Title:		Telephone:					
Form NODI: - No Data Indicator (NODI)									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading Qualifier-1 Value 1 Qualifier-2 Value 2 Units Qualifier-1 Value 1 Value 2 Qualifier-3	Quality or Concentration Qualifier-1 Value 1 Qualifier-2 Value 2 Qualifier-3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	3.33 Req Mon MO TOTAL 82 - hr/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.233 Req Mon MO TOTAL 3R - Mgal	0	ALUEV - All Events ALUEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	4.11 Req Mon MO TOTAL 5W - in/mo	0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	4.0 Req Mon MO TOTAL 4K - #/mo	0	ALUEV - All Events ALUEV - All Events	RT - RCOTOT RT - RCOTOT
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors No errors.									
Comments No attachments.									
Attachments No attachments.									
Report Last Saved By FORT WAYNE WWTP									
User: susan.beck@cityofwayne.org Name: Susan Reas E-Mail: susan.beck@cityofwayne.org Date/Time: 2022-01-20 12:18 (Time Zone: -05:00)									
Report Last Signed By User: susan.beck@cityofwayne.org Name: Susan Reas E-Mail: susan.beck@cityofwayne.org Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)									

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: 027 External Outfall	Discharge: 027-C CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST	
Report Dates & Status	DMR Due Date: 01/28/22	Status: NetDMR Validated
Monitoring Period: From 12/01/21 to 12/31/21		
Considerations for Form Completion		
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: -		
Code	Parameter Name	Monitoring Location
50037	Duration	EG - Effluent Gross
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross
78887	Precipitation, monthly accumulation	EG - Effluent Gross
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross
Submission Note		
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
Edit Check Errors		
No errors.		
Comments		
Attachments		
No attachments.		
Report Last Saved By		
FORT WAYNE WWTP		
User:	susan.beck@cityofwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityofwayne.org	
Date/Time:	2022-01-20 12:25 (Time Zone: -05:00)	
Report Last Signed By		
User:	susan.beck@cityofwayne.org	
Name:	Susan Reas	
E-Mail:	susan.beck@cityofwayne.org	
Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)	

Code	Parameter Name	Monitoring Location	Season # Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	82 - Inflow				WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	3R - Mgal				AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	5W - Inflow				AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI		Req Mon MO TOTAL	4K - Inflow				AUEV - All Events	RT - RCOTOT

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major:	Yes	Permittee Address: 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 - 150 FT E OF SAINT MARYS RIVER BRIDGE & SPY RUN AVE	
Report Dates & Status	Monitoring Period: From 12/01/21 to 12/31/21	DMR Due Date: 01/28/22	Status: NetDMR Validated
Considerations for Form Completion			
CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			
Form NODI:			
Code	Parameter Name	Monitoring Location	Season # Param. NODI
50037	Duration	EG - Effluent Gross	0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0
Submission Note			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
Edit Check Errors			
No errors.			
Comments			
Attachments			
No attachments.			
Report Last Saved By			
FORT WAYNE WWTP			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2022-01-20 12:23 (Time Zone: -05:00)		
Report Last Signed By			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Reas		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)		

Code	Parameter Name	Monitoring Location	Season # Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3	Quality or Concentration Value 1 Qualifier 1 Value 2 Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	2.17	Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging RT - RCOTOT	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.566	Req Mon MO TOTAL	3R - Mg/L	0	AL/EV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	3.66	Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	5.0	Req Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT

DMR Copy of Record

Permit		Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Major: Yes		Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		Facility Location:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 029 External Outfall		Discharge: 029-C		Location: M10-285 - 230 FT E OF DUCK ST & BARR ST			
Report Dates & Status		Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22		Status: NetDMR Validated	
Considerations for Form Completion							
CSO: M10-365 MUNICIPAL MAJORALLEN COUNTY							
Principal/Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI:		Parameter: --		Monitoring Location:		Season # Param. NODI	

Code	Description	Monitoring Location	Season # Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis		Sample Type
				Qualifier - 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value		Units	Req Mon MO	
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI						0.25	82 - hr/mo	Req Mon MO TOTAL	WHDS - When Discharging RT - RCOOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI						0.336	3R - Mgal	Req Mon MO TOTAL	AJLEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI						4.11	SW - in/mo	Req Mon MO TOTAL	AJLEV - All Events RT - RCOOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI						1.0	4K - #mo	Req Mon MO TOTAL	AJLEV - All Events RT - RCOOTOT

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

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

2022-01-20 12:18 (Time Zone: -05:00)

susan.beck@cityoffortwayne.org

Susan Reas

susan.beck@cityoffortwayne.org

2022-01-20 12:29 (Time Zone: -05:00)

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: 032- External Outfall		Discharge: 032-C CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST							
Report Dates & Status		DMR Due Date: 01/28/22		Status: NetDMR Validated					
Monitoring Period: From 12/01/21 to 12/31/21									
Considerations for Form Completion									
CSO: M10-306 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	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	7.1 Req Mon MO TOTAL 82 - hrmo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.251 Req Mon MO TOTAL 3R - Mgal	0	AUEV - All Events AUEV - All Events	ES - ESTMA ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	4.11 Req Mon MO TOTAL 5W - hrmo	0	AUEV - All Events AUEV - All Events	RT - RCOTOT RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	7.0 Req Mon MO TOTAL 4K - hrmo	0	AUEV - All Events AUEV - All Events	RT - RCOTOT RT - RCOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: susan.beck@cityofwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityofwayne.org									
Date/Time: 2022-01-20 12:18 (Time Zone: -05:00)									
Report Last Signed By									
User: susan.beck@cityofwayne.org									
Name: Susan Reas									
E-Mail: susan.beck@cityofwayne.org									
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)									

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
033 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: M10-313 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 3 Value 3	Qualifier 4 Value 4
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
				Value NODI	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
				Value NODI	WHDS - When Discharging RT - ROOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
				Value NODI	WHDS - When Discharging RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	WHDS - When Discharging RT - ROOTOT
				Value NODI	WHDS - When Discharging RT - ROOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:28 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
User:					
Susan Reas					
Name:					
susan.beck@cityoffortwayne.org					
E-Mail:					
2022-01-20 12:29 (Time Zone: -05:00)					
Date/Time:					

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP									
Major: Yes	Permittee Address: 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 - 520 FT N OF STATE BLVD & WESTBROOK DR										
Report Dates & Status											
Monitoring Period: From 12/01/21 to 12/31/21	DMR Due Date: 01/28/22	Status: NetDMR Validated									
Considerations for Form Completion											
CSO: M18-032 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. Value NODI	Reg Mon MO TOTAL C - No Discharge		82 - hrmo		WHOS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL C - No Discharge		3R - Ngal		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL C - No Discharge	6.72	SW - hrmo		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Mon MO TOTAL C - No Discharge		SW - hrmo	0	ALUEV - All Events	RT - RCOTOT
Submission Note											
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.											
Edit Check Errors											
No errors.											
Comments											
susan.beck@cityoffortwayne.org											
Susan Beck											
susan.beck@cityoffortwayne.org											
2022-01-20 12:26 (Time Zone: -05:00)											
Attachments											
No attachments.											
Report Last Saved By											
FORT WAYNE WWTP											
User:											
Name: susan.beck@cityoffortwayne.org											
E-Mail: susan.beck@cityoffortwayne.org											
Date/Time:											
Report Last Signed By											
User: susan.beck@cityoffortwayne.org											
Name: Susan Beck											
E-Mail: susan.beck@cityoffortwayne.org											
Date/Time:											
2022-01-20 12:29 (Time Zone: -05:00)											

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
039 External Outfall		CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21 Considerations for Form Completion CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		01/28/22		NetDMR Validated	
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALIEV - All Events ES - ESTIMA ALIEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors No errors.					
Comments					
Attachments No attachments.					
Report Last Saved By FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:19 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:29 (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:	D44 External Outfall	Discharge: 044-C CSO: N22-93 - 150 FT E OF DALGREEN AVE & SPY RUN AVE	
Report Dates & Status	Monitoring Period: From 12/01/21 to 12/31/21	DMR Due Date: 01/28/22	Status: NetDMR Validated
Considerations for Form Completion			
CSO: N22-93 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			
Form NODI:			
Code	Parameter Name	Monitoring Location	Season # Param. NODI
50037	Duration	EG - Effluent Gross	0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0
Submission Note			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2022-01-20 12:26 (Time Zone: -05:00)		
Report Last Signed By			
User:	susan.beck@cityoffortwayne.org		
Name:	Susan Beck		
E-Mail:	susan.beck@cityoffortwayne.org		
Date/Time:	2022-01-20 12:29 (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 - 100 FT E OF PENN ST & SPY RUN AVE								
Report Dates & Status		Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22		Status: NetDMR Validated				
Considerations for Form Completion										
CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY										
Principal Executive Officer										
First Name:		Last Name:		Title:		Telephone:				
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	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL C - No Discharge	82 - hrmo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL C - No Discharge	3R - Mgal		AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	=	6.72 5W - hrmo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL C - No Discharge	5W - hrmo	0	AUEV - All Events	RT - RCOTOT
Submission Note										
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.										
Edit Check Errors										
No errors.										
Comments										
Attachments										
No attachments.										
Report Last Saved By										
FORT WAYNE WWTP										
User: susan.beck@cityoffortwayne.org										
Name: Susan Reas										
E-Mail: susan.beck@cityoffortwayne.org										
Date/Time: 2022-01-20 12:26 (Time Zone: -05:00)										
Report Last Signed By										
User: susan.beck@cityoffortwayne.org										
Name: Susan Reas										
E-Mail: susan.beck@cityoffortwayne.org										
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)										

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
048 External Outfall		048-C CSO: 010-252 - 350 FT W OF EDGEWATER & GARFIELD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: 010-252 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 1 Value 1	Qualifier 2 Value 2
				Qualifier 1 Value 1	Qualifier 2 Value 2
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT
				C - No Discharge	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Req Mon MO TOTAL 3R - Meal	ES - ESTIMA
				C - No Discharge	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Req Mon MO TOTAL 5W - hr/mo	RT - RCOTOT
				3.56	ALUEV - All Events
				Req Mon MO TOTAL 5W - hr/mo	RT - RCOTOT
				0	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Req Mon MO TOTAL 4K - hr/mo	RT - RCOTOT
				C - No Discharge	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:23 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
User:					
Susan Reas					
Name:					
susan.beck@cityoffortwayne.org					
E-Mail:					
2022-01-20 12:29 (Time Zone: -05:00)					
Date/Time:					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE		P.L. BRUNNER WPC	
		200 E BERRY ST		FORT WAYNE, IN 46803	
		FT WAYNE, IN 46802			
Permitted Feature:		Discharge:			
050 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		Not DMR Validated	
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Season #		Param. NODI	
Code		Monitoring Location		Quantity or Loading	
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	
50037 Duration		EG - Effluent Gross		Sample Permit Req. Value NODI	
		0		1.75	
74063 Overflow volume [SS0 volume, CSO volume]		EG - Effluent Gross		Sample Permit Req. Value NODI	
		0		0.421	
78887 Precipitation, monthly accumulation		EG - Effluent Gross		Sample Permit Req. Value NODI	
		0		4.11	
84165 Discharge event observation [Visual Monitoring]		EG - Effluent Gross		Sample Permit Req. Value NODI	
		0		4.0	
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:19 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
051 External Outfall		051-C CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALUEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALUEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALUEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:23 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:		Status:	
052 External Outfall		CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		NetDMR Validated	
Report Dates & Status		DMR Due Date:		Telephone:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22			
Considerations for Form Completion					
CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Code		Parameter Name			
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - ltrmo C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	3.66 Req Mon MO TOTAL 5W - ltrmo C - No Discharge
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - ltrmo C - No Discharge
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:23 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	Permittee Address:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		
Permitted Feature:		Discharge:	Facility Location:		
053 External Outfall		053-C CSO: 022-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER	FORT WAYNE WWTP P.L. BRUNNER WPC FORT WAYNE, IN 46803		
Report Dates & Status					
Monitoring Period:		DMR Due Date:	Status:		
From 12/01/21 to 12/31/21		01/28/22	NetDMR Validated		
Considerations for Form Completion					
CSO: 022-094 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:		Telephone:			
No Data Indicator (NODI)					
Form NODI:					
Code	Parameter Name	Monitoring Location	Season #	Parim. NODI	Quantity or Loading
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hrmo C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Mepl C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.66 SW - Inlmo Req Mon MO TOTAL 5W - Inlmo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - Inlmo C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
Comments					
Attachments					
Report Last Saved By					
FORT WAYNE WWTP					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2022-01-20 12:23 (Time Zone: -05:00)				
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org				
Name:	Susan Reas				
E-Mail:	susan.beck@cityoffortwayne.org				
Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)				

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:	054 External Outfall	Discharge:	054-C CSO: 023-080 - 240 FT E OF MERCER AVE & HOLLIS LN		
Report Dates & Status					
Monitoring Period:	From 12/01/21 to 12/31/21	DMR Due Date:	01/28/22	Status:	NotDMR Validated
Considerations for Form Completion					
CSO: 023-080 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	Quality or Concentration
				Qualifier-1 Value-1	Qualifier-2 Value-2
				Qualifier-1 Value-1	Qualifier-2 Value-2
				Qualifier-1 Value-1	Qualifier-2 Value-2
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 82 - hr/mo
					C - No Discharge
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 3R - Mgal
					C - No Discharge
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	4.28
					Opt Mon MO TOTAL 5W - in/mo
					0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 4K - #mo
					C - No Discharge
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:	2022-01-20 12:22 (Time Zone: -05:00)	Date/Time:	2022-01-20 12:22 (Time Zone: -05:00)	Date/Time:	2022-01-20 12:22 (Time Zone: -05:00)
Report Last Signed By					
User:	susan.beck@cityoffortwayne.org	Name:	Susan Beck	E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)	Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)	Date/Time:	2022-01-20 12:29 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
055 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:		Monitoring Location		Season # Param. NODI	
Code		Parameter Name		Units	
50037	Duration	EG - Effluent Gross	0	19.16	82 - hr/mo
				Req Mon MO TOTAL	82 - hr/mo
					0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	2.42	3R - Mgal
				Req Mon MO TOTAL	3R - Mgal
					0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	4.11	SW - indmo
				Req Mon MO TOTAL	SW - indmo
					0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	8.0	4K - #mo
				Req Mon MO TOTAL	4K - #mo
					0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:19 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 056 External Outfall		Discharge: 056-C CSO: J03-313 - BROWN ST PUMP STATION					
Report Dates & Status				Status: NetDMR Validated			
Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22					
Considerations for Form Completion							
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: --							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex. Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	4.18 Req Mon MO TOTAL 82 - hrmo 0	WHDS - When Discharging RT - ROOTOT WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	5.016 Req Mon MO TOTAL 3R - Mgal 0	ALJEV - All Events ES - ESTIMA ALJEV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	4.09 Req Mon MO TOTAL SW - Inlmo 0	ALJEV - All Events RT - ROOTOT ALJEV - All Events RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	8.0 Req Mon MO TOTAL 4K - #lmo 0	ALJEV - All Events RT - ROOTOT ALJEV - All Events RT - ROOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:22 (Time Zone: -05:00)							
Report Last Signed By							
susan.beck@cityoffortwayne.org							
User: Susan Reas							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:29 (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 - STORMWATER LIFT STATION WET WELL	
Report Dates & Status	Monitoring Period: From 12/01/21 to 12/31/21	DMR Due Date: 01/28/22	Status: NetDMR Validated
Considerations for Form Completion			
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:	Title:		
Last Name:			
No Data Indicator (NODI)			
Form NODI:			
Code	Parameter Name	Monitoring Location	Season # Param. NODI
50037	Duration	EG - Effluent Gross	0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0
Submission Note			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
Edit Check Errors			
No errors.			
Comments			
Attachments			
Report Last Saved By			
FORT WAYNE WWTP			
User:	susan.beck@cityofwayne.org		
Name:	Susan Beck		
E-Mail:	susan.beck@cityofwayne.org		
Date/Time:	2022-01-20 12:17 (Time Zone: -05:00)		
Report Last Signed By			
User:	susan.beck@cityofwayne.org		
Name:	Susan Beck		
E-Mail:	susan.beck@cityofwayne.org		
Date/Time:	2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 060 External Outfall		Discharge:		CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE			
Report Dates & Status							
Monitoring Period: From 12/01/21 to 12/31/21		DMR Due Date: 01/28/22		Status:		NetDMR Validated	
Considerations for Form Completion							
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NODI)							
Form NODI: -							
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - Inflow	WHDS - When Discharging RT - ROOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mail	ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 5W - Inflow	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - Inflow	RT - ROOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:16 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)							

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
061 External Outfall		061-C CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
Last Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--	WHDS - When Discharging RT - ROOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	RT - ROOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample 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:					
2022-01-20 12:24 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityoffortwayne.org					
Name:					
Susan Beck					
E-Mail:					
susan.beck@cityoffortwayne.org					
Date/Time:					
2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC	
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
062 External Outfall		062-C CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	-	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	ALJEV - All Events ES - ESTMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	ALJEV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	ALJEV - All Events RT - RCOTOT
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityofwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityofwayne.org					
Date/Time:					
2022-01-20 12:24 (Time Zone: -05:00)					
Report Last Signed By					
susan.beck@cityofwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityofwayne.org					
Date/Time:					
2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
064 External Outfall		064-C CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE			
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
Last Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI: --					
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Units
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	0.42 Req Mon MO TOTAL 82 - #/mo 0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	0.027 Req Mon MO TOTAL 3R - #gal 0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	3.53 Req Mon MO TOTAL 5W - #/mo 0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	1.0 Req Mon MO TOTAL 4K - #/mo 0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:17 (Time Zone: -05:00)					
Report Last Signed By					
User: susan.beck@cityoffortwayne.org					
Name: Susan Reas					
E-Mail: susan.beck@cityoffortwayne.org					
Date/Time: 2022-01-20 12:29 (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:		Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature: 068 External Outfall		Discharge: 068-C		CSO: N18-254 - S4 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK			
Report Dates & Status		DMR Due Date: 01/28/22		Status: NetDMR Validated			
Monitoring Period: From 12/01/21 to 12/31/21		Considerations for Form Completion		Principal Executive Officer			
First Name:		Title:		Telephone:			
Last Name:		Form NODI:		No Data Indicator (NODI)			
Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading	Quality or Concentration	# of Ex.
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3.66	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo	RT - RCOTOT
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:24 (Time Zone: -05:00)							
Report Last Signed By							
User: susan.beck@cityoffortwayne.org							
Name: Susan Reas							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)							

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
080 External Outfall					
Report Dates & Status		DMR Due Date:		Status:	
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22		NetDMR Validated	
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:		Title:		Telephone:	
No Data Indicator (NODI)					
Form NODI:		Monitoring Location:		Season #	
				Permit NODI	
Code	Parameter Name	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
50037	Duration	EG - Effluent Gross	0	0	0
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	0	0
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	0
Submission Note					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
Edit Check Errors					
No errors.					
Comments					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE WWTP					
User:					
susan.beck@cityofwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityofwayne.org					
Date/Time:					
2022-01-20 12:25 (Time Zone: -05:00)					
Report Last Signed By					
User:					
susan.beck@cityofwayne.org					
Name:					
Susan Reas					
E-Mail:					
susan.beck@cityofwayne.org					
Date/Time:					
2022-01-20 12:29 (Time Zone: -05:00)					

DMR Copy of Record

Permit		Permittee:		Facility:				
Permit #:	IN002191	CITY OF FORT WAYNE		FORT WAYNE WWTP				
Major:	Yes	200 E BERRY ST		P.L. BRUNNER WPC				
		FT WAYNE, IN 46802		FORT WAYNE, IN 46803				
Permitted Feature:		Discharge:		Status:				
081 External Outfall		081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		NetDMR Validated				
Report Dates & Status		DMR Due Date:						
Monitoring Period: From 12/01/21 to 12/31/21		01/28/22						
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: -								
Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
				Value NODI	C - No Discharge			
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal		ALIEV - All Events	ES - ESTIMA
				Value NODI	C - No Discharge			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI	3.66		ALIEV - All Events	RT - RCOTOT
				Value NODI	Req Mon MO TOTAL 5W - hr/mo	0	ALIEV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - hr/mo		ALIEV - All Events	RT - RCOTOT
				Value NODI	C - No Discharge			
Submission Note								
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
Edit Check Errors								
No errors.								
Comments								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP								
User: susan.beck@cityofwayne.org								
Name: Susan Reas								
E-Mail: susan.beck@cityofwayne.org								
Date/Time: 2022-01-20 12:25 (Time Zone: -05:00)								
Report Last Signed By								
User: susan.beck@cityofwayne.org								
Name: Susan Reas								
E-Mail: susan.beck@cityofwayne.org								
Date/Time: 2022-01-20 12:29 (Time Zone: -05:00)								