CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 27, 2023

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
2022 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 2022 Annual Report as required by the CSO Great Lakes Public Notification Plan.

Should you have questions or need additional information, please contact Miranda Braun at (206) 427-2543 or miranda.braun@cityoffortwayne.org.

Sincerely,

Kumar Menon
City Utilities Director

Enclosures

City of Fort Wayne, Indiana
2022 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 2022 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 three Dry Weather Overflows in 2022. These Dry Weather Overflows were reported to IDEM in accordance with the NPDES Permit requirements. These incidents, including date, location, duration, volume, and cause, are identified in Table 1 below.

Table 1

CSO Discharge Point	Date	Location	Duration (Hours)	Volume (gallons)	Cause
CSO 55	8/19/2022	P06 192	4.12	30,000	After extensive investigating, it could not be determined what contributed to the source of water to the CSO outfall.

CSO 028	11/4/2022	M10 238	101.4	>100,000	A private company (R.L. McCoy lnc.) while putting in stab shoring for bridge work, crushed the City's siphon line. The siphon line runs under the Saint Mary's River and is the CSO station's dry weather flow pipe.
CSO 055	12/5/2022	P06 192	0.56	4,267	The contractor, API Construction Corporation, pumped into the outfall line to fix the air vent.

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
55	2022
13	2022

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 2022 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 2022 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_CSO@epa.gov along with contact information for the City Utilities employee who is responsible for maintaining the website. Notice that the annual report is available will also be sent via email to all subscribers to Fort Wayne's CSO notification list, to the Fort Wayne/Allen County Department of Health and to other public entities receiving CSO notification as identified elsewhere in this document.

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

February 17, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of January 2022

We are pleased to enclose a completed CSO MRO form for the month of January 2022. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

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

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No.				60	
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	1:00 PM	2.17	0.26	0.05	5 m												
02	83.68	95.05					5 m												
03	74.02	78.88					5 m												
04	69.96	77.55	12:30 PM	0.17	0.02	0.01	5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:40 PM	0.67	0.08	0.03	5 m												
09	64.46	74.01	12:15 AM	0.50	0.06	0.02	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49					5 m												
24	33.49	39.26					5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24	12:10 PM	0.33	0.04	0.01	5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			3.84	0.46				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 2 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	12:25 PM	2.25	0.27	0.05	5 m												
02	83.68	95.05	6:25 AM	0.08	0.01	0.01	5 m												
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:55 PM	0.42	0.05	0.02	5 m												
09	64.46	74.01	12:15 AM	0.42	0.05	0.02	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49	6:35 AM	0.58	0.07	0.03	5 m												
24	33.49	39.26	1:35 PM	0.17	0.02	0.01	5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24					5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			3.92	0.47			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 2 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

Time	CSO Outfall No.												CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																														
02																														
03																														
04																														
05																														
06																														
07																														
08																														
09																														
10																														
11																														
12																														
13																														
14																														
15																														
16																														
17																														
18																														
19																														
20																														
21																														
22																														
23																														
24																														
25																														
26																														
27																														
28																														
29																														
30																														
31																														
Totals:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 3 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2022 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	1:10 PM	2.50	0.30	0.05	5 m												
02	83.68	95.05					5 m												
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:35 PM	0.50	0.06	0.02	5 m												
09	64.46	74.01	12:00 AM	0.67	0.08	0.02	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49	6:15 AM	1.42	0.17	0.05	5 m												
24	33.49	39.26	8:50 AM	0.58	0.07	0.02	5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24					5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			5.67	0.68			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 3 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2022 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	Page 4 of 12	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period:	[MONTH] 1-2022	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	12:30 PM	2.08	0.25	0.04	5 m												
02	83.68	95.05					5 m												
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:25 PM	0.50	0.06	0.02	5 m												
09	64.46	74.01	12:00 AM	0.33	0.04	0.02	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49	6:25 AM	0.92	0.11	0.04	5 m												
24	33.49	39.26	9:55 AM	0.25	0.03	0.01	5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24					5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			4.08	0.49			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	12:40 PM	2.92	0.35	0.06	5 m	9:30 PM	M	1.92	M	2.892	M						
02	83.68	95.05	5:35 AM	0.08	0.01	0.01	5 m												
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:35 PM	0.50	0.06	0.03	5 m												
09	64.46	74.01	12:00 AM	0.58	0.07	0.03	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49	6:35 AM	1.08	0.13	0.04	5 m												
24	33.49	39.26	10:15 AM	0.17	0.02	0.01	5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24					5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			5.33	0.64			1	Days	1.92		2.892		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 20							CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Begun	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	9:00 PM	M	3.00	M	0.088	M		6:35 PM	M	5.00	M	0.055	M												
02								12:00 AM	M	4.00	M	0.015	M												
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:	1	Days	3.00		0.088			2	Days	9.00		0.070			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 7 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	11:45 AM	2.08	0.25	0.04	5 m							6:20 PM	M	4.50	M	0.054	M
02	83.68	95.05	12:25 AM	0.17	0.02	0.01	5 m							12:00 AM	M	3.17	M	0.015	M
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:20 PM	0.67	0.08	0.03	5 m												
09	64.46	74.01	12:00 AM	0.83	0.10	0.03	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49	6:25 AM	0.50	0.06	0.02	5 m												
24	33.49	39.26	11:15 AM	0.25	0.03	0.01	5 m												
25	33.96	40.04	2:10 AM	0.08	0.01	0.01	5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37	3:15 PM	0.08	0.01	0.01	5 m												
30	41.78	51.24					5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			4.67	0.56			0	Days	0.00		0.000		2	Days	7.67		0.069	

Typed or Printed Name and Title of Prinipal 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	02/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 7 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 8 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	1:05 PM	1.08	0.13	0.03	5 m												
02	83.68	95.05					5 m												
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:30 PM	0.67	0.08	0.03	5 m												
09	64.46	74.01	12:00 AM	0.75	0.09	0.03	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49					5 m												
24	33.49	39.26					5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24					5 m												
31	45.92	54.53	1:10 PM	0.08	0.01	0.01	5 m												
Totals:	1437.49			2.58	0.31			0	Days	0.00		0.000			Days				

Typed or Printed Name and Title of Prinipal 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	02/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 8 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	12:10 PM	1.92	0.23	0.05	5 m												
02	83.68	95.05					5 m												
03	74.02	78.88					5 m												
04	69.96	77.55					5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:40 PM	0.67	0.08	0.03	5 m												
09	64.46	74.01	12:05 AM	0.67	0.08	0.02	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77					5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49					5 m												
24	33.49	39.26					5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24	2:50 PM	0.08	0.01	0.01	5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			3.33	0.40			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 53						CSO Outfall No. 61					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 10 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2022 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Mensured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne | Page 10 of 12 | Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP | Public Notification Requirements Met? Y
Monitoring Period: [MONTH] 1-2022 | Check box if no CSO discharge occurred for the month:
Design Peak Hourly Flow (MGD): 85 | Design Average Flow (MGD): 60 | Mensured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.20	95.06	12:05 PM	2.67	0.34	0.07	5 m												
02	83.68	95.05					5 m												
03	74.02	78.88	2:35 PM	0.08	0.02	0.02	5 m												
04	69.96	77.55	2:40 PM	0.08	0.02	0.02	5 m												
05	52.87	69.65					5 m												
06	47.95	55.21					5 m												
07	44.60	49.40					5 m												
08	49.00	63.11	8:35 PM	0.83	0.16	0.06	5 m												
09	64.46	74.01	12:00 AM	1.17	0.14	0.03	5 m												
10	52.89	61.27					5 m												
11	40.81	47.52					5 m												
12	51.30	57.98					5 m												
13	52.24	57.90					5 m												
14	45.03	58.12					5 m												
15	37.47	46.52					5 m												
16	38.62	47.32					5 m												
17	38.51	44.33					5 m												
18	36.76	43.77	1:05 PM	0.08	0.01	0.01	5 m												
19	36.97	41.95					5 m												
20	35.98	41.30					5 m												
21	36.47	41.17					5 m												
22	34.97	41.83					5 m												
23	33.50	40.49					5 m												
24	33.49	39.26					5 m												
25	33.96	40.04					5 m												
26	33.92	40.15					5 m												
27	33.35	38.68					5 m												
28	37.27	46.24					5 m												
29	41.52	50.37					5 m												
30	41.78	51.24	12:05 PM	0.50	0.12	0.04	5 m												
31	45.92	54.53					5 m												
Totals:	1437.49			5.42	0.81			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal 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	02/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2022		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: [MONTH]	1-2022	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	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Prinipal 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	02/17/22

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	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 - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

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: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_2022_01.pdf	pdf	451719.0
IN0032191_002C_Letter_2022_01.pdf	pdf	179464.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:31 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:27 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.										Req Mon	MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI										C - No Discharge					
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.										Req Mon	MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI										C - No Discharge					
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	**Sample**									=	0.56		5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.										Req Mon	MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.										Req Mon	MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI										C - No Discharge					

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	7.67	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.069	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.56	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:25 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	007-C CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.56	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:25 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	**Sample**										=	0.56	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:25 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	0.56	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:25 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	**013-C** CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.49	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	0.49	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.92	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.892	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.64	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	019 External Outfall	**Discharge:**	019-C CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD		

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	0.64	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	020-C CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	3.0	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.088	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.64	5W - In/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - In/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	021-C CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample										=	9.0	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.07	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.64	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:22 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	024-C CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:22 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:22 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.81	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:28 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:26 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	**Sample**										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:22 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

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: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.81	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17. 09:28 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.81	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:28 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	039-C CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	02/28/22	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.81	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:28 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**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 NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.81	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:28 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	**Sample**										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:26 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	051-C CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:26 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:26 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	**053-C** CSO: O22-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-094 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:26 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	054-C CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample										=	0.31	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:25 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**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: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	**Sample**										=	0.68	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

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: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	–	Sample										=	0.56	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:25 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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 LIFTSTATION WET WELL		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR 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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.47	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:22 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-31 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**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: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	–	Sample										=	0.46	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:21 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:26 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (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

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR 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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:27 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-35 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.47	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:22 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	IN0032191	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:27 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 01/01/22 to 01/31/22**	**DMR Due Date:**	**02/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:27 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

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

Report Dates & Status

Monitoring Period:	From 01/01/22 to 01/31/22	**DMR Due Date:**	02/28/22	**Status:**	NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:27 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-02-17 09:32 (Time Zone: -05:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 17, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of February 2022

We are pleased to enclose a completed CSO MRO form for the month of February 2022. 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.

On February 16th temperatures reach a high of 51 degrees, this created a snow melt significant enough to cause overflows on this day.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18	11:05 AM	0.42	0.05	0.04	5 m												
02	70.80	88.02	5:00 AM	1.92	0.23	0.06	5 m												
03	49.89	69.01					5 m												
04	39.33	70.75					5 m												
05	40.07	55.89					5 m												
06	42.73	69.78	1:30 PM	1.00	0.12	0.05	5 m												
07	35.07	54.60					5 m												
08	41.19	54.67					5 m												
09	49.29	88.39	1:10 AM	2.83	0.34	0.05	5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:30 AM	2.33	0.28	0.05	5 m												
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m												
17	100.00	100.03	4:30 AM	5.42	0.78	0.19	5 m												
18	100.00	100.03					5 m												
19	88.27	100.03					5 m												
20	73.16	94.61	12:50 PM	0.92	0.11	0.03	5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:15 AM	3.00	0.44	0.10	5 m												
23	94.97	95.04					5 m												
24	76.14	95.01					5 m												
25	61.73	70.23	3:10 PM	0.42	0.05	0.04	5 m												
26	58.62	69.09	12:30 PM	0.17	0.02	0.01	5 m												
27	59.98	74.52	11:30 AM	0.75	0.09	0.03	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**19.18**	**2.51**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18					5 m												
02	70.80	88.02	3:40 AM	3.83	0.46	0.05	5 m												
03	49.89	69.01	12:20 AM	0.08	0.01	0.01	5 m												
04	39.33	70.75					5 m												
05	40.07	55.89					5 m												
06	42.73	69.78					5 m												
07	35.07	54.60					5 m												
08	41.19	54.67					5 m												
09	49.29	88.39	1:30 AM	0.58	0.07	0.01	5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:10 AM	2.08	0.25	0.05	5 m												
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m												
17	100.00	100.03	4:30 AM	7.17	1.08	0.22	5 m												
18	100.00	100.03	11:20 AM	0.08	0.01	0.01	5 m												
19	88.27	100.03					5 m												
20	73.16	94.61					5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:15 AM	2.58	0.35	0.07	5 m												
23	94.97	95.04					5 m												
24	76.14	95.01	5:05 PM	0.75	0.09	0.05	5 m												
25	61.73	70.23	3:00 AM	0.17	0.02	0.01	5 m												
26	58.62	69.09					5 m												
27	59.98	74.52	11:45 AM	0.25	0.03	0.01	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**17.58**	**2.37**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18					5 m												
02	70.80	88.02	3:40 AM	5.33	0.64	0.07	5 m												
03	49.89	69.01	12:25 AM	2.00	0.24	0.02	5 m												
04	39.33	70.75	12:05 AM	0.50	0.06	0.02	5 m												
05	40.07	55.89	12:20 PM	0.83	0.10	0.04	5 m												
06	42.73	69.78	1:30 PM	0.67	0.08	0.02	5 m												
07	35.07	54.60					5 m												
08	41.19	54.67					5 m												
09	49.29	88.39	5:00 AM	0.17	0.02	0.01	5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:25 AM	2.67	0.32	0.06	5 m	11:10 AM	M	4.67	M	0.095	M						
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m												
17	100.00	100.03	4:15 AM	6.25	1.01	0.27	5 m	5:00 AM	M	2.08	M	0.339	M	12:00 AM	M	2.42	M	0.201	M
18	100.00	100.03	12:05 AM	0.42	0.05	0.02	5 m												
19	88.27	100.03					5 m												
20	73.16	94.61					5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:15 AM	3.08	0.51	0.11	5 m	2:25 AM	M	0.08	M	0.004	M						
23	94.97	95.04					5 m												
24	76.14	95.01	5:10 PM	1.08	0.13	0.04	5 m												
25	61.73	70.23	2:10 AM	0.50	0.06	0.02	5 m												
26	58.62	69.09					5 m												
27	59.98	74.52					5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**23.50**	**3.22**			**3**	Days	**6.83**		**0.438**		**1**	Days	**2.42**		**0.201**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17	6:35 AM	M	0.67	M	0.016	M	6:35 PM	M	0.50	M	0.004	M	5:15 AM	M	1.92	M	0.353	M						
18																								
19																								
20																								
21																								
22													4:50 AM	M	0.75	M	0.070	M						
23																								
24																								
25																								
26																								
27																								
28																								
Totals:	**1**	Days	**0.67**		**0.016**		**1**	Days	**0.50**		**0.004**		**2**	Days	**2.67**		**0.423**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 2-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 60**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01	2:10 PM	M	4.08	M	0.033	M																		
02	7:40 AM	M	2.17	M	0.008	M																		
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11							11:00 AM	M	6.67	M	0.242	M												
12																								
13																								
14																								
15																								
16							12:05 PM	M	7.92	M	0.276	M												
17	5:40 AM	M	2.42	M	0.150	M	4:45 AM	M	12.50	M	1.398	M												
18																								
19																								
20																								
21																								
22							3:10 AM	M	6.17	M	0.224	M												
23																								
24																								
25																								
26																								
27																								
28																								
Totals:	**3**	Days	**8.67**		**0.191**		**4**	Days	**33.26**		**2.140**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18					5 m												
02	70.80	88.02	4:00 AM	4.42	0.53	0.07	5 m												
03	49.89	69.01	7:05 AM	0.25	0.03	0.01	5 m												
04	39.33	70.75	1:05 PM	0.08	0.01	0.01	5 m												
05	40.07	55.89					5 m												
06	42.73	69.78	12:50 PM	0.08	0.01	0.01	5 m												
07	35.07	54.60					5 m												
08	41.19	54.67					5 m												
09	49.29	88.39					5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:35 AM	2.00	0.24	0.05	5 m	1:30 PM	M	5.17	M	0.231	M						
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m	3:25 PM	M	1.25	M	0.022	M						
17	100.00	100.03	4:30 AM	6.25	0.91	0.19	5 m	6:40 AM	M	14.17	M	2.339	M	5:40 AM	M	2.58	M	0.389	M
18	100.00	100.03	4:25 PM	0.08	0.01	0.01	5 m												
19	88.27	100.03					5 m												
20	73.16	94.61					5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:15 AM	3.08	0.43	0.09	5 m	6:20 AM	M	3.58	M	0.155	M						
23	94.97	95.04					5 m												
24	76.14	95.01	5:05 PM	1.17	0.14	0.08	5 m												
25	61.73	70.23	3:00 AM	0.42	0.05	0.01	5 m												
26	58.62	69.09					5 m												
27	59.98	74.52					5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**17.83**	**2.36**			**4**	Days	**24.17**		**2.747**		**1**	Days	**2.58**		**0.389**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18					5 m	3:15 PM	M	3.17	M	0.134	M						
02	70.80	88.02	3:20 AM	1.92	0.23	0.06	5 m	8:45 AM	M	8.17	M	2.204	M						
03	49.89	69.01	1:25 AM	1.58	0.20	0.03	5 m												
04	39.33	70.75	12:55 AM	1.17	0.14	0.04	5 m												
05	40.07	55.89	12:00 AM	0.58	0.07	0.02	5 m												
06	42.73	69.78	10:10 AM	1.58	0.19	0.04	5 m												
07	35.07	54.60	2:30 AM	0.08	0.01	0.01	5 m												
08	41.19	54.67					5 m												
09	49.29	88.39	2:05 AM	1.42	0.17	0.04	5 m	2:45 PM	M	3.08	M	0.750	M						
10	47.20	72.28					5 m												
11	71.11	100.52	8:20 AM	2.25	0.27	0.05	5 m	11:15 AM	M	12.67	M	9.654	M						
12	78.95	100.51	3:55 AM	0.08	0.01	0.01	5 m	12:00 AM	M	3.33	M	0.675	M						
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m	12:10 PM	M	11.58	M	12.256	M						
17	100.00	100.03	4:30 AM	5.58	0.84	0.19	5 m	12:00 AM	M	5.33	M	23.798	M						
18	100.00	100.03	12:05 PM	0.42	0.05	0.02	5 m												
19	88.27	100.03					5 m												
20	73.16	94.61	12:25 PM	1.92	0.24	0.08	5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:10 AM	2.83	0.42	0.11	5 m	3:50 AM	M	0.50	M	0.713	M						
23	94.97	95.04					5 m												
24	76.14	95.01					5 m												
25	61.73	70.23	12:30 PM	0.67	0.08	0.03	5 m												
26	58.62	69.09					5 m												
27	59.98	74.52	12:45 PM	1.00	0.12	0.05	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**23.08**	**3.04**			**8**	Days	**47.83**		**50.184**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02	9:05 AM	M	2.00	M	0.031	M	10:10 AM	M	3.33	M	0.043	M												
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11	11:50 AM	M	6.75	M	0.391	M	12:45 PM	M	9.58	M	0.128	M												
12																								
13																								
14																								
15																								
16	12:55 PM	M	11.08	M	0.573	M	1:55 PM	M	10.08	M	0.222	M												
17	12:00 AM	M	17.17	M	3.229	M	12:00 AM	M	9.42	M	0.468	M												
18																								
19																								
20																								
21																								
22							3:10 AM	M	20.83	M	0.585	M												
23							12:00 AM	M	16.25	M	0.136	M												
24																								
25																								
26																								
27																								
28																								
Totals:	**4**	Days	**37.00**		**4.224**		**6**	Days	**69.49**		**1.582**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18					5 m												
02	70.80	88.02	3:30 AM	2.25	0.27	0.05	5 m							9:20 AM	M	1.83	M	0.015	M
03	49.89	69.01	12:00 AM		0.17	0.02	5 m												
04	39.33	70.75	2:30 AM	0.42	0.05	0.01	5 m												
05	40.07	55.89	3:30 PM	0.17	0.02	0.01	5 m												
06	42.73	69.78	11:55 AM	1.58	0.19	0.06	5 m												
07	35.07	54.60	7:05 AM	0.08	0.01	0.01	5 m												
08	41.19	54.67	1:20 PM	0.33	0.04	0.01	5 m												
09	49.29	88.39	2:00 AM	1.17	0.14	0.04	5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:15 AM	2.92	0.35	0.07	5 m							11:35 AM	M	10.00	M	0.210	M
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m							1:15 PM	M	10.75	M	0.262	M
17	100.00	100.03	4:15 AM	5.67	0.92	0.26	5 m							12:00 AM	M	21.17	M	2.376	M
18	100.00	100.03	3:35 AM	0.17	0.02	0.01	5 m												
19	88.27	100.03					5 m												
20	73.16	94.61	12:50 PM	0.17	0.02	0.01	5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:10 AM	3.50	0.52	0.10	5 m							3:15 AM	M	13.50	M	1.017	M
23	94.97	95.04					5 m												
24	76.14	95.01	5:25 PM	0.83	0.10	0.03	5 m												
25	61.73	70.23	3:25 AM	0.08	0.01	0.01	5 m												
26	58.62	69.09					5 m												
27	59.98	74.52	10:50 AM	0.25	0.03	0.01	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**19.58**	**2.86**			**0**	Days	**0.00**		**0.000**		**5**	Days	**57.25**		**3.880**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																			2:01 PM	M	0.65	M	0.780	M
12																								
13																								
14																								
15																								
16																			6:20 PM	M	0.50	M	0.600	M
17							6:31 AM	M	1.15	M	1.542	M							12:07 AM	M	5.45	M	6.540	M
18																			12:08 AM	M	1.95	M	2.340	M
19																			12:02 AM	M	0.07	M	0.084	M
20																								
21																								
22																			5:25 AM	M	3.17	M	3.804	M
23																			12:00 AM	M	0.33	M	0.396	M
24																								
25																								
26																								
27																								
28																								
Totals:	**0**	Days	**0.00**		**0.000**		**1**	Days	**1.15**		**1.542**		**0**	Days	**0.00**		**0.000**		**7**	Days	**12.12**		**14.544**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18	11:05 AM	0.50	0.07	0.06	5 m												
02	70.80	88.02	5:10 AM	2.25	0.27	0.06	5 m												
03	49.89	69.01					5 m												
04	39.33	70.75					5 m												
05	40.07	55.89					5 m												
06	42.73	69.78	12:45 PM	0.17	0.02	0.01	5 m												
07	35.07	54.60					5 m												
08	41.19	54.67					5 m												
09	49.29	88.39	1:25 AM	0.58	0.07	0.01	5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:20 AM	2.33	0.28	0.05	5 m												
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	Significant Snow Melt				5 m												
17	100.00	100.03	4:25 AM	4.50	0.61	0.17	5 m												
18	100.00	100.03					5 m												
19	88.27	100.03					5 m												
20	73.16	94.61	12:55 PM	0.50	0.06	0.02	5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:05 AM	3.17	0.52	0.19	5 m												
23	94.97	95.04					5 m												
24	76.14	95.01					5 m												
25	61.73	70.23					5 m												
26	58.62	69.09					5 m												
27	59.98	74.52	11:45 AM	0.08	0.01	0.01	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**14.08**	**1.91**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18	10:45 AM	1.67	0.20	0.09	5 m												
02	70.80	88.02	3:10 AM	1.83	0.22	0.04	5 m												
03	49.89	69.01					5 m												
04	39.33	70.75					5 m												
05	40.07	55.89					5 m												
06	42.73	69.78	1:30 PM	0.50	0.06	0.02	5 m												
07	35.07	54.60					5 m												
08	41.19	54.67					5 m												
09	49.29	88.39	3:40 AM	2.42	0.29	0.05	5 m												
10	47.20	72.28					5 m												
11	71.11	100.52	8:10 AM	3.17	0.38	0.07	5 m												
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	10:00 PM	0.17	0.02	0.02	5 m												
17	100.00	100.03	4:15 AM	4.67	0.82	0.26	5 m	5:52 AM	M	1.23	M	0.321	M						
18	100.00	100.03					5 m												
19	88.27	100.03					5 m												
20	73.16	94.61	11:35 AM	0.08	0.01	0.01	5 m												
21	84.53	95.04	1:55 AM	0.08	0.01	0.01	5 m												
22	94.56	95.09	2:15 AM	3.33	0.59	0.15	5 m	5:23 AM	M	0.03	M	0.008	M						
23	94.97	95.04					5 m												
24	76.14	95.01					5 m												
25	61.73	70.23					5 m												
26	58.62	69.09	2:50 PM	0.08	0.01	0.01	5 m												
27	59.98	74.52	11:40 AM	1.00	0.12	0.03	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**19.00**	**2.73**			**2**	Days	**1.26**		**0.329**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 53						CSO Outfall No. 61					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 2-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18													9:55 AM	M	7.15	M	82.300	M	10:09AM	M	0.2	M	2.200	
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**1**	Days	**7.15**		**82.300**		**1**	Days	**0.2**		**2.200**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 2-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	57.75	80.18	11:10 AM	1.25	0.30	0.18	5 m												
02	70.80	88.02	3:40 AM	2.25	0.35	0.08	5 m												
03	49.89	69.01					5 m												
04	39.33	70.75					5 m												
05	40.07	55.89					5 m												
06	42.73	69.78	2:20 PM	0.25	0.06	0.02	5 m												
07	35.07	54.60					5 m												
08	41.19	54.67	3:30 PM	0.17	0.02	0.01	5 m												
09	49.29	88.39	2:35 AM	4.75	1.04	0.16	5 m												
10	47.20	72.28	1:10 AM	0.25	0.04	0.02	5 m												
11	71.11	100.52	7:50 AM	4.58	0.84	0.17	5 m							3:38 PM	M	0.20	M	0.420	M
12	78.95	100.51					5 m												
13	56.73	67.81					5 m												
14	44.46	74.88					5 m												
15	46.72	53.12					5 m												
16	69.29	100.04	9:50 PM	0.17	0.04	0.02	5 m												
17	100.00	100.03	2:05 AM	5.50	1.53	0.45	5 m							5:44 AM	M	6.58	M	12.852	M
18	100.00	100.03					5 m												
19	88.27	100.03					5 m												
20	73.16	94.61	12:10 PM	1.33	0.30	0.12	5 m												
21	84.53	95.04					5 m												
22	94.56	95.09	2:10 AM	3.83	1.07	0.30	5 m							7:16 AM	M	0.44	M	0.910	M
23	94.97	95.04					5 m												
24	76.14	95.01					5 m												
25	61.73	70.23	3:25 PM	0.25	0.03	0.02	5 m												
26	58.62	69.09	3:10 PM	0.17	0.02	0.02	5 m												
27	59.98	74.52	12:15 PM	0.58	0.12	0.04	5 m												
28	67.84	80.05					5 m												
Totals:	**1800.37**			**25.33**	**5.76**			**0**	Days	**0.00**		**0.000**		**3**	Days	**7.22**		**14.182**	

Typed or Printed Name and Title of Prinipal 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	03/17/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 2-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	***Fort Wayne***	***Page:*** ***[12] of [12]***	***Permit Number:*** ***IN0032191***
Facility:	***Fort Wayne - P.L. Brunner WWTP***	***Public Notification Requirements Met?***	Y
Monitoring Period: ***[MONTH]***	**2-2022**	***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	Wet Weather Day
12	
13	
14	
15	
16	Wet Weather Day
17	Wet Weather Day
18	Wet Weather Day
19	Wet Weather Day
20	
21	
22	Wet Weather Day
23	Wet Weather Day
24	
25	
26	
27	
28	

Typed or Printed Name and Title of Prinipal 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	***03/17/22***

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	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 - 3350 FT W OF COLISEUM BLVD		
Report Dates & Status					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	7.15	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	82.3	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2022_02.pdf	pdf	179932.0
IN0032191_002C_CSOMRO_2022_02.pdf	pdf	469489.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.2	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.2	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	57.25	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	3.88	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-92, SE OF ELECTRIC AVE. & BROWN ST.		
Report Dates & Status					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.15	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.542	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	24.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	2.747	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.36	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.58	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.389	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.36	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	47.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	50.184	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	8.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		
Report Dates & Status					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K15-116MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	37.0	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	4.224	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	69.49	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.582	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	6.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.438	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.201	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.016	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.76	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.26	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.329	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.004	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.423	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	7.22	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	14.182	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	5.76	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.76	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.76	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**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 NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.76	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		
Report Dates & Status					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	8.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.191	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	**053-C** CSO: O22-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-094 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	33.26	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	2.14	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	12.12	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	14.544	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.51	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 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					
Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR 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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 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

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 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:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (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 FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 02/01/22 to 02/28/22**	**DMR Due Date:**	**03/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-03-17 13:23 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

May 18, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of April 2022

We are pleased to enclose a completed CSO MRO form for the month of April 2022. 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 Wallace St. E_N02 rain gauge malfunctioned during the first part of April 2022. The City used the Packard Ave W_L07 rain gauge for CSO's 57 and 64.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	5:35 AM	0.17	0.02	0.01	5 m												
02	51.26	69.46	6:40 PM	0.67	0.08	0.04	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:10 AM	1.17	0.14	0.05	5 m												
05	49.96	72.88	7:10 PM	0.83	0.10	0.05	5 m												
06	71.11	92.02	9:25 AM	2.25	0.29	0.09	5 m												
07	66.29	78.49	9:40 AM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:35 AM	0.42	0.05	0.02	5 m												
09	51.03	63.36	5:55 AM	0.17	0.02	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:25 AM	0.25	0.08	0.05	5 m												
12	51.74	55.83					5 m												
13	71.99	100.03	9:20 AM	3.00	0.42	0.10	5 m												
14	84.97	100.02	1:30 AM	0.67	0.08	0.04	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:10 AM	0.67	0.08	0.03	5 m												
19	50.31	56.09	2:00 AM	0.08	0.01	0.01	5 m												
20	42.21	55.55	3:35 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	2:55 AM	0.58	0.07	0.02	5 m												
22	39.52	44.29	1:25 PM	0.08	0.01	0.01	5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:25 PM	0.42	0.10	0.05	5 m												
25	53.10	69.49	1:20 AM	2.00	0.27	0.09	5 m												
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:50 AM	1.25	0.30	0.12	5 m												
Totals:	**1558.74**			**14.93**	**2.15**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	05-18-2022

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 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	4:30 AM	0.08	0.01	0.01	5 m												
02	51.26	69.46	6:30 AM	0.75	0.10	0.05	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:40 AM	0.92	0.11	0.05	5 m												
05	49.96	72.88	7:00 PM	0.83	0.10	0.06	5 m												
06	71.11	92.02	9:25 AM	2.17	0.29	0.09	5 m												
07	66.29	78.49	6:35 PM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:25 AM	0.33	0.01	0.01	5 m												
09	51.03	63.36	7:00 AM	0.08	0.01	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:20 AM	0.50	0.11	0.05	5 m												
12	51.74	55.83					5 m												
13	71.99	100.03	9:20 AM	3.33	0.48	0.13	5 m												
14	84.97	100.02	1:30 AM	0.33	0.04	0.02	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:05 AM	0.67	0.08	0.04	5 m												
19	50.31	56.09	1:10 AM	0.08	0.01	0.01	5 m												
20	42.21	55.55	3:35 PM	0.17	0.02	0.01	5 m												
21	42.52	47.09	4:20 AM	0.25	0.03	0.01	5 m												
22	39.52	44.29	1:30 PM	0.08	0.01	0.01	5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:25 PM	0.50	0.14	0.08	5 m												
25	53.10	69.49	1:20 AM	1.83	0.26	0.10	5 m												
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:50 AM	1.33	0.31	0.10	5 m												
Totals:	**1558.74**			**14.32**	**2.13**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	05-18-2022

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 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72					5 m												
02	51.26	69.46	6:20 PM	0.92	0.11	0.05	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:15 AM	1.08	0.13	0.05	5 m												
05	49.96	72.88	7:05 PM	0.92	0.11	0.06	5 m	8:15 PM	M	0.50	M	0.003	M						
06	71.11	92.02	9:30 AM	2.08	0.30	0.09	5 m	10:45 AM	M	2.67	M	0.052	M						
07	66.29	78.49					5 m												
08	56.72	63.99	6:20 AM	0.50	0.06	0.02	5 m												
09	51.03	63.36	7:00 AM	0.08	0.01	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:15 AM	0.67	0.11	0.06	5 m												
12	51.74	55.83					5 m												
13	71.99	100.03	9:25 AM	3.08	0.50	0.19	5 m	11:20 AM	M	3.00	M	0.141	M	2:00 PM	M	1.50	M	0.003	M
14	84.97	100.02	1:25 AM	0.58	0.07	0.03	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:15 AM	0.50	0.06	0.02	5 m												
19	50.31	56.09					5 m												
20	42.21	55.55	3:30 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	3:35 AM	0.58	0.07	0.02	5 m												
22	39.52	44.29	1:30 PM	0.08	0.01	0.01	5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:20 PM	0.67	0.17	0.12	5 m	7:35 PM	M	0.75	M	0.027	M						
25	53.10	69.49	1:15 AM	1.83	0.27	0.11	5 m	1:45 AM	M	1.25	M	0.040	M						
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:50 AM	1.58	0.44	0.19	5 m	1:20 PM	M	1.50	M	0.312	M						
Totals:	**1558.74**			**15.33**	**2.44**			**6**	Days	**9.67**		**0.575**		**1**	Days	**1.50**		**0.003**	

Typed or Printed Name and Title of Prinipal 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	05/18/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06													1:00 PM	M	0.08	M	0.003	M						
07																								
08																								
09																								
10																								
11																								
12																								
13	1:15 PM	M	0.92	M	0.005	M							1:10 PM	M	1.08	M	0.154	M						
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24													7:40 PM	M	0.25	M	0.014	M						
25													1:55 AM	M	0.08	M	0.004	M						
26																								
27																								
28																								
29																								
30													1:30 PM	M	0.75	M	0.108	M						
Totals:	**1**	Days	**0.92**		**0.005**		**0**	Days	**0.00**		**0.000**		**5**	Days	**2.24**		**0.283**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 4-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05																								
06							11:20 AM	M	1.00	M	0.021	M												
07																								
08																								
09																								
10																								
11							4:40 AM	M	0.25	M	0.004	M												
12																								
13							12:40 PM	M	2.17	M	0.165	M												
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24							5:30 PM	M	0.42	M	0.001	M												
25							1:50 AM	M	0.42	M	0.011	M												
26																								
27																								
28																								
29																								
30							9:40 AM	M	0.75	M	0.075	M												
Totals:	**0**	Days	**0.00**		**0.000**		**6**	Days	**5.01**		**0.277**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	4:30 AM	0.08	0.01	0.01	5 m												
02	51.26	69.46	6:30 PM	0.75	0.10	0.05	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:40 AM	0.92	0.11	0.05	5 m												
05	49.96	72.88	7:00 PM	0.83	0.10	0.06	5 m												
06	71.11	92.02	9:25 AM	2.17	0.29	0.09	5 m	2:25 PM	M	1.00	M	0.036	M						
07	66.29	78.49	6:35 PM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:25 AM	0.33	0.04	0.01	5 m												
09	51.03	63.36	7:00 AM	0.08	0.01	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:20 AM	0.50	0.11	0.05	5 m												
12	51.74	55.83					5 m												
13	71.99	100.03	9:20 AM	3.33	0.48	0.13	5 m	1:25 PM	M	1.75	M	0.172	M						
14	84.97	100.02	1:30 AM	0.33	0.04	0.02	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:10 AM	0.42	0.05	0.02	5 m												
19	50.31	56.09					5 m												
20	42.21	55.55	3:40 PM	0.17	0.02	0.01	5 m												
21	42.52	47.09	3:35 AM	0.50	0.06	0.01	5 m												
22	39.52	44.29					5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:15 PM	0.67	0.14	0.08	5 m												
25	53.10	69.49	1:15 AM	1.92	0.27	0.10	5 m												
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:45 AM	1.50	0.28	0.09	5 m												
Totals:	**1558.74**			**14.58**	**2.12**			**2**	Days	**2.75**		**0.208**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	05/18/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	6:10 AM	0.08	0.01	0.01	5 m												
02	51.26	69.46	6:15 PM	0.83	0.10	0.06	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:25 AM	1.00	0.12	0.05	5 m												
05	49.96	72.88	7:15 PM	0.75	0.10	0.05	5 m	8:55 PM	M	1.33	M	0.121	M						
06	71.11	92.02	9:30 AM	2.25	0.30	0.10	5 m	11:30 AM	M	9.75	M	3.283	M						
07	66.29	78.49	7:15 PM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:30 AM	0.33	0.04	0.02	5 m												
09	51.03	63.36	5:25 AM	0.25	0.03	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:20 AM	0.50	0.11	0.06	5 m												
12	51.74	55.83	10:10 AM	0.08	0.01	0.01	5 m												
13	71.99	100.03	9:20 AM	3.00	0.47	0.12	5 m	11:45 AM	M	12.25	M	6.506	M						
14	84.97	100.02	1:25 AM	0.67	0.08	0.04	5 m	12:00 AM	M	6.58	M	1.569	M						
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:15 AM	0.92	0.11	0.04	5 m												
19	50.31	56.09	2:15 AM	0.08	0.01	0.01	5 m												
20	42.21	55.55	3:30 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	2:50 AM	0.50	0.06	0.02	5 m												
22	39.52	44.29	3:55 PM	0.08	0.01	0.01	5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:20 PM	0.58	0.14	0.07	5 m												
25	53.10	69.49	1:15 AM	1.83	0.26	0.10	5 m	2:20 AM	M	4.83	M	0.483	M						
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:45 AM	1.42	0.29	0.08	5 m	1:10 PM	M	2.17	M	0.683	M						
Totals:	**1558.74**			**15.42**	**2.28**			**6**	Days	**36.91**		**12.645**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	05-18-2022

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 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06	11:25 AM	M	2.83	M	0.110	M	12:50 PM	M	3.67	M	0.024	M												
07																								
08																								
09																								
10																								
11																								
12																								
13	11:45 AM	M	2.42	M	0.139	M	2:20 PM	M	2.25	M	0.017	M												
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25	2:20 AM	M	0.67	M	0.059	M																		
26																								
27																								
28																								
29																								
30	1:45 PM	M	0.33	M	0.020	M																		
Totals:	**4**	Days	**6.25**		**0.328**		**2**	Days	**5.92**		**0.041**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	5:55 AM	0.08	0.01	0.01	5 m												
02	51.26	69.46	6:05 PM	1.08	0.13	0.07	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:30 AM	1.17	0.14	0.05	5 m												
05	49.96	72.88	7:05 PM	0.92	0.11	0.06	5 m												
06	71.11	92.02	9:25 AM	2.25	0.32	0.09	5 m							11:15 AM	M	3.67	M	0.054	M
07	66.29	78.49	9:40 AM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:30 AM	0.50	0.06	0.02	5 m												
09	51.03	63.36	5:30 AM	0.17	0.02	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:15 AM	0.50	0.12	0.08	5 m							4:45 AM	M	0.33	M	0.001	M
12	51.74	55.83					5 m												
13	71.99	100.03	9:20 AM	3.33	0.58	0.18	5 m							1:20 PM	M	3.83	M	0.089	M
14	84.97	100.02	1:25 AM	0.58	0.07	0.03	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:15 AM	0.58	0.07	0.02	5 m												
19	50.31	56.09	12:15 AM	0.08	0.01	0.01	5 m												
20	42.21	55.55	3:25 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	12:05 AM	0.75	0.09	0.02	5 m												
22	39.52	44.29	1:25 PM	0.08	0.01	0.01	5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:20 PM	0.75	0.17	0.12	5 m												
25	53.10	69.49	1:15 AM	1.83	0.27	0.11	5 m							2:05 AM	M	0.58	M	0.002	M
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:50 AM	1.42	0.42	0.14	5 m							1:30 PM	M	0.42	M	0.010	M
Totals:	**1558.74**			**16.33**	**2.63**			**0**	Days	**0.00**		**0.000**		**5**	Days	**8.83**		**0.156**	

Typed or Printed Name and Title of Prinipal 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	05-18-2022

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 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																			2:29 PM	M	0.20	M	0.240	M
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**1**	Days	**0.20**		**0.240**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	9:55 AM	0.08	0.01	0.01	5 m												
02	51.26	69.46	6:35 PM	0.67	0.08	0.03	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:30 AM	1.17	0.14	0.05	5 m												
05	49.96	72.88	7:25 PM	0.75	0.10	0.05	5 m												
06	71.11	92.02	9:30 AM	2.25	0.32	0.10	5 m												
07	66.29	78.49	10:40 AM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:30 AM	0.42	0.05	0.02	5 m												
09	51.03	63.36	5:45 AM	0.17	0.02	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:25 AM	0.25	0.05	0.04	5 m												
12	51.74	55.83	8:00 AM	0.08	0.01	0.01	5 m												
13	71.99	100.03	9:25 AM	3.17	0.46	0.09	5 m												
14	84.97	100.02	1:30 AM	0.67	0.09	0.04	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:25 AM	0.67	0.08	0.02	5 m												
19	50.31	56.09	1:10 AM	0.08	0.01	0.01	5 m												
20	42.21	55.55	3:25 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	2:10 AM	0.75	0.09	0.02	5 m												
22	39.52	44.29	3:45 PM	0.08	0.01	0.01	5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:20 PM	0.33	0.06	0.04	5 m												
25	53.10	69.49	1:20 AM	2.08	0.29	0.10	5 m												
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	7:45 AM	1.00	0.26	0.15	5 m												
Totals:	**1558.74**			**14.92**	**2.16**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	05/18/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72	3:30 AM	0.17	0.02	0.01	5 m												
02	51.26	69.46	6:20 PM	1.08	0.14	0.05	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:30 AM	1.17	0.14	0.05	5 m												
05	49.96	72.88	7:15 PM	0.83	0.10	0.05	5 m												
06	71.11	92.02	9:30 AM	2.08	0.28	0.08	5 m												
07	66.29	78.49	12:20 PM	0.08	0.01	0.01	5 m												
08	56.72	63.99	6:00 AM	0.58	0.07	0.02	5 m												
09	51.03	63.36	5:25 AM	0.17	0.02	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:20 AM	0.50	0.11	0.05	5 m												
12	51.74	55.83					5 m												
13	71.99	100.03	9:20 AM	3.33	0.48	0.13	5 m	1:32 PM	M	0.29	M	0.074	M						
14	84.97	100.02	1:30 AM	0.33	0.04	0.02	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39					5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:15 AM	0.92	0.11	0.03	5 m												
19	50.31	56.09	1:00 AM	0.17	0.02	0.01	5 m												
20	42.21	55.55	3:40 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	2:55 AM	0.58	0.07	0.03	5 m												
22	39.52	44.29					5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:25 PM	0.58	0.15	0.08	5 m												
25	53.10	69.49	1:15 AM	0.25	0.03	0.03	5 m												
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	8:10 AM	0.75	0.18	0.10	5 m												
Totals:	**1558.74**			13.74	**1.99**			**1**	Days	**0.29**		**0.074**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	05-18-22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 53						CSO Outfall No. 61					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 4-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 4-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.11	59.72					5 m												
02	51.26	69.46	6:15 PM	1.08	0.14	0.06	5 m												
03	50.84	66.77					5 m												
04	49.10	56.37	5:05 AM	1.08	0.13	0.05	5 m												
05	49.96	72.88	6:40 PM	0.92	0.11	0.05	5 m												
06	71.11	92.02	9:30 AM	2.42	0.32	0.08	5 m												
07	66.29	78.49					5 m												
08	56.72	63.99	5:45 AM	0.58	0.07	0.03	5 m												
09	51.03	63.36	5:35 AM	0.17	0.02	0.01	5 m												
10	53.47	61.84					5 m												
11	52.46	59.02	4:20 AM	0.67	0.11	0.04	5 m												
12	51.74	55.83					5 m												
13	71.99	100.03	9:20 AM	3.75	0.90	0.44	5 m							1:52 PM	M	0.63	M	1.275	M
14	84.97	100.02	1:25 AM	0.58	0.07	0.03	5 m												
15	65.15	73.48					5 m												
16	52.79	62.39	1:10 AM	0.08	0.01	0.01	5 m												
17	51.06	60.71					5 m												
18	54.50	72.51	9:25 AM	0.58	0.07	0.02	5 m												
19	50.31	56.09	1:00 AM	0.08	0.01	0.01	5 m												
20	42.21	55.55	3:05 PM	0.17	0.02	0.02	5 m												
21	42.52	47.09	2:50 AM	0.67	0.08	0.03	5 m												
22	39.52	44.29					5 m												
23	38.74	46.29					5 m												
24	42.01	65.83	5:15 PM	0.58	0.12	0.06	5 m												
25	53.10	69.49	1:00 AM	1.75	0.25	0.13	5 m												
26	40.82	50.86					5 m												
27	38.17	43.76					5 m												
28	43.98	49.30					5 m												
29	44.67	49.26					5 m												
30	52.14	78.36	8:00 AM	1.17	0.30	0.09	5 m												
Totals:	**1558.74**			**16.33**	**2.73**			**0**	Days	**0.00**		**0.000**		**1**	Days	**0.63**		**1.275**	

Typed or Printed Name and Title of Prinipal 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	05/18/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	
Monitoring Period: [MONTH] 4-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	***Fort Wayne***	***Page:*** ***[12] of [12]***	***Permit Number:*** ***IN0032191***
Facility:	***Fort Wayne - P.L. Brunner WWTP***	***Public Notification Requirements Met?***	Y
Monitoring Period: ***[MONTH]***	**4-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

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	
11	Wet Weather Day
12	
13	Wet Weather Day
14	Wet Weather Day
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	Wet Weather Day
25	Wet Weather Day
26	
27	
28	
29	
30	Wet Weather Day

Typed or Printed Name and Title of Prinipal 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	05/18/22

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2022_04.pdf	pdf	180041.0
IN0032191_002C_CSOMRO_2022_04.pdf	pdf	2247728.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	8.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.156	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.208	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K07-176MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	36.91	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	12.645	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	019 External Outfall	**Discharge:**	**019-C** CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-178MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	6.25	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.328	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	5.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.041	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	9.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.575	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.003	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.005	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.29	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.074	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.24	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.283	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.63	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.275	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**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 NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.73	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	**053-C** CSO: O22-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-094 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.16	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.01	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.277	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.2	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.24	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.13	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		
Report Dates & Status					
Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.15	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR 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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.13	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 04/01/22 to 04/30/22**	**DMR Due Date:**	**05/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.99	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-05-19 11:42 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 21, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of March 2022

We are pleased to enclose a completed CSO MRO form for the month of March 2022. 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.

Two rain gauges, the Wallace St. E_N02 rain gauge and the Old Mill Rd_K11 rain gauge, malfunctioned during the month of March 2022. The City used the Packard Ave W_L07 rain gauge for CSO's 57, 64, 18, 19, 20 and 21.

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	1:55 AM	0.75	0.22	0.20	5 m												
07	97.19	100.04	12:30 AM	3.33	0.81	0.37	5 m												
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	12:00 PM	0.33	0.04	0.04	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	2.58	0.49	0.20	5 m												
19	98.12	100.03	2:50 AM	2.75	0.46	0.21	5 m												
20	97.33	100.05	12:00 AM	0.25	0.03	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:40 AM	4.08	0.53	0.13	5 m												
23	100.00	100.02	12:05 AM	2.08	0.42	0.16	5 m												
24	96.50	100.05	8:00 AM	0.08	0.01	0.01	5 m												
25	93.61	101.04	9:40 AM	0.75	0.09	0.02	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	9:00 PM	0.33	0.04	0.03	5 m												
31	57.03	62.95	2:10 AM	0.42	0.05	0.02	5 m												
Totals:	**2215.21**			**17.73**	**3.19**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	1:55 AM	0.67	0.20	0.15	5 m												
07	97.19	100.04	12:40 AM	3.08	0.74	0.35	5 m												
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	8:50 AM	0.08	0.01	0.01	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	2.67	0.61	0.25	5 m												
19	98.12	100.03	12:50 AM	2.67	0.41	0.19	5 m												
20	97.33	100.05	12:15 AM	0.08	0.01	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:20 AM	4.50	0.58	0.13	5 m												
23	100.00	100.02	12:20 AM	1.42	0.28	0.10	5 m												
24	96.50	100.05	7:50 AM	0.08	0.01	0.01	5 m												
25	93.61	101.04	9:45 AM	0.50	0.06	0.01	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	1:25 PM	0.33	0.04	0.03	5 m												
31	57.03	62.95	12:15 AM	0.25	0.05	0.03	5 m												
Totals:	**2215.21**			**16.33**	**3.00**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	1:55 AM	0.83	0.26	0.22	5 m	3:15 AM	M	0.83	M	0.034	M						
07	97.19	100.04	12:45 AM	3.17	0.75	0.35	5 m	1:20 AM	M	2.83	M	0.152	M	2:05 AM	M	8.08	M	0.223	M
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	6:00 AM	0.17	0.02	0.01	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	2.83	0.63	0.23	5 m	5:20 PM	M	2.50	M	0.093	M	7:40 PM	M	0.83	M	0.026	M
19	98.12	100.03	2:40 AM	3.25	0.48	0.16	5 m	4:20 AM	M	1.42	M	0.028	M						
20	97.33	100.05	12:00 AM	0.25	0.03	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:40 AM	4.33	0.56	0.14	5 m	7:05 PM	M	3.08	M	0.249	M						
23	100.00	100.02	12:00 AM	1.83	0.41	0.16	5 m	2:40 PM	M	0.50	M	0.065	M						
24	96.50	100.05					5 m												
25	93.61	101.04	9:45 AM	0.67	0.08	0.02	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	8:55 PM	0.25	0.03	0.02	5 m												
31	57.03	62.95	12:05 AM	0.25	0.03	0.01	5 m												
Totals:	**2215.21**			**17.83**	**3.28**			**6**	Days	**11.16**		**0.621**		**2**	Days	**8.91**		**0.249**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06													3:30 AM	M	0.67	M	0.109	M						
07	2:50 AM	M	1.50	M	0.034	M							1:35 AM	M	2.42	M	0.669	M						
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	6:50 PM	M	1.00	M	0.026	M							5:35 PM	M	1.83	M	0.408	M						
19													4:40 AM	M	0.50	M	0.037	M						
20																								
21																								
22													8:30 PM	M	0.67	M	0.061	M						
23	3:45 PM	M	0.25	M	0.004	M							2:50 PM	M	0.25	M	0.047	M						
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**3**	Days	**2.75**		**0.064**		**0**	Days	**0.00**		**0.000**		**6**	Days	**6.34**		**1.331**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 3-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 60**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05																								
06							1:55 AM	M	1.00	M	0.074	M												
07	2:15 AM	M	1.17	M	0.079	M	1:20 AM	M	4.25	M	0.754	M												
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	7:35 PM	M	0.33	M	0.014	M	5:10 PM	M	3.42	M	0.272	M												
19							4:30 AM	M	2.08	M	0.089	M												
20																								
21																								
22							7:20 PM	M	4.67	M	0.143	M												
23	2:45 PM	M	0.58	M	0.003	M	12:00 AM	M	2.67	M	0.060	M												
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**3**	Days	**2.08**		**0.096**		**6**	Days	**18.09**		**1.392**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	1:55 AM	0.67	0.20	0.18	5 m	4:55 AM	M	1.00	M	0.067	M						
07	97.19	100.04	12:40 AM	3.08	0.74	0.35	5 m	3:00 AM	M	4.17	M	0.999	M	2:10 AM	M	2.25	M	0.118	M
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	8:50 AM	0.08	0.01	0.01	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	2.67	0.61	0.25	5 m	7:05 PM	M	3.17	M	0.336	M	7:35 PM	M	0.50	M	0.009	M
19	98.12	100.03	12:50 AM	2.67	0.41	0.19	5 m	6:15 AM	M	1.67	M	0.138	M						
20	97.33	100.05	12:15 AM	0.08	0.01	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:20 AM	4.50	0.58	0.13	5 m	9:30 PM	M	2.50	M	0.363	M						
23	100.00	100.02	12:20 AM	1.42	0.28	0.10	5 m	12:00 AM	M	4.33	M	0.407	M						
24	96.50	100.05	7:50 AM	0.08	0.01	0.01	5 m												
25	93.61	101.04	9:45 AM	0.50	0.06	0.01	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	1:25 PM	0.33	0.04	0.03	5 m												
31	57.03	62.95	12:15 AM	0.25	0.05	0.03	5 m												
Totals:	**2215.21**			**16.33**	**3.00**			**6**	Days	**16.84**		**2.310**		**2**	Days	**2.75**		**0.127**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 19					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	1:55 AM	0.67	0.20	0.18	5 m	3:50 AM	M	3.75	M	1.389	M						
07	97.19	100.04	12:40 AM	3.08	0.74	0.35	5 m	1:45 AM	M	8.67	M	24.711	M						
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	8:50 AM	.08	.01	.01	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	2.25	0.53	0.24	5 m	5:45 PM	M	6.17	M	5.867	M						
19	98.12	100.03	4:00 AM	2.00	0.32	0.19	5 m	12:00 AM	M	18.75	M	15.644	M						
20	97.33	100.05					5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:25 AM	4.25	0.56	0.13	5 m	7:30 PM	M	4.25	M	5.368	M						
23	100.00	100.02	12:15 AM	1.67	0.32	0.12	5 m	12:00 AM	M	14.42	M	23.127	M						
24	96.50	100.05					5 m												
25	93.61	101.04	9:40 AM	0.67	0.09	0.02	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	1:25 PM	0.33	0.04	0.02	5 m												
31	57.03	62.95	12:15 AM	0.50	0.06	0.02	5 m												
Totals:	**2215.21**			**15.50**	**2.87**			**6**	Days	**56.01**		**76.106**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 20						CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06	3:35 AM	M	1.08	M	0.121	M																		
07	1:35 AM	M	11.92	M	1.804	M	1:55 AM	M	19.33	M	0.575	M												
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	5:35 PM	M	4.58	M	0.474	M	6:15 PM	M	5.75	M	0.085	M												
19	4:35 AM	M	8.42	M	0.540	M	12:00 AM	M	15.33	M	0.207	M												
20																								
21																								
22	7:25 PM	M	4.58	M	0.459	M																		
23	12:00 AM	M	7.92	M	0.273	M																		
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**6**	Days	**38.50**		**3.671**		**3**	Days	**40.41**		**0.867**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	1:55 AM	0.75	0.25	0.20	5 m							3:30 AM	M	1.17	M	0.051	M
07	97.19	100.04	12:35 AM	3.17	0.78	0.37	5 m							1:35 AM	M	9.92	M	0.622	M
08	81.44	100.03	5:55 AM	0.08	0.01	0.01	5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	9:40 AM	0.25	0.03	0.01	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	3.08	0.72	0.29	5 m							5:30 PM	M	6.50	M	0.239	M
19	98.12	100.03	2:55 AM	3.33	0.47	0.16	5 m							12:00 AM	M	16.58	M	0.277	M
20	97.33	100.05	1:10 AM	0.08	0.01	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:20 AM	4.58	0.59	0.13	5 m							7:25 PM	M	4.58	M	0.180	M
23	100.00	100.02	12:00 AM	1.58	0.40	0.12	5 m							12:00 AM	M	17.75	M	0.303	M
24	96.50	100.05	8:00 AM	0.08	0.01	0.01	5 m												
25	93.61	101.04	9:40 AM	0.67	0.08	0.02	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	9:20 PM	0.25	0.03	0.02	5 m												
31	57.03	62.95	12:20 AM	0.25	0.03	0.02	5 m												
Totals:	**2215.21**			**18.17**	**3.41**			**0**	Days	**0.00**		**0.000**		**6**	Days	**56.50**		**1.672**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																			2:48 AM	M	1.34	M	1.608	M
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																			7:47 PM	M	0.47	M	0.564	M
19																			12:20 AM	M	1.27	M	1.524	M
20																								
21																								
22																			9:12 PM	M	0.42	M	0.504	M
23																			12:06 AM	M	1.94	M	2.328	M
24																			12:04 AM	M	0.05	M	0.060	M
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**6**	Days	**5.49**		**6.588**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	2:00 AM	0.75	0.22	0.20	5 m												
07	97.19	100.04	12:30 AM	3.08	0.70	0.33	5 m												
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	11:35 AM	0.25	0.03	0.02	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:00 PM	2.50	0.48	0.20	5 m												
19	98.12	100.03	2:45 AM	2.42	0.43	0.22	5 m												
20	97.33	100.05	12:40 AM	0.17	0.02	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:20 AM	3.33	0.41	0.09	5 m												
23	100.00	100.02	12:15 AM	1.50	0.47	0.17	5 m												
24	96.50	100.05					5 m												
25	93.61	101.04	9:40 AM	0.75	0.10	0.03	5 m												
26	97.28	100.02	3:15 AM	0.08	0.01	0.01	5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	9:25 PM	0.25	0.03	0.02	5 m												
31	57.03	62.95	12:40 AM	0.50	0.06	0.02	5 m												
Totals:	**2215.21**			**15.58**	**2.96**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	3:10 AM	0.58	0.16	0.16	5 m												
07	97.19	100.04	12:40 AM	2.33	0.56	0.35	5 m	2:02 AM	M	1.00	M	0.261	M						
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	11:25 AM	0.50	0.06	0.03	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	3.08	0.66	0.27	5 m	6:07 PM	M	0.40	M	0.104	M						
19	98.12	100.03	3:00 AM	3.17	0.42	0.11	5 m												
20	97.33	100.05	1:05 AM	0.17	0.02	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:45 AM	4.08	0.52	0.12	5 m	8:43 PM	M	0.16	M	0.042	M						
23	100.00	100.02	12:00 AM	1.17	0.36	0.16	5 m												
24	96.50	100.05					5 m												
25	93.61	101.04	9:05 AM	0.75	0.10	0.03	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	9:15 PM	0.25	0.03	0.02	5 m												
31	57.03	62.95	5:50 PM	0.42	0.05	0.02	5 m												
Totals:	**2215.21**			**16.50**	**2.94**			**3**	Days	**1.56**		**0.407**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 53						CSO Outfall No. 61					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 10 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 10 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	73.06	79.18					5 m												
02	71.52	76.65					5 m												
03	68.45	76.33					5 m												
04	63.88	69.04					5 m												
05	62.99	71.41					5 m												
06	70.68	84.14	3:10 AM	0.58	0.28	0.28	5 m												
07	97.19	100.04	12:45 AM	3.25	1.43	0.62	5 m							2:39 AM	M	1.21	M	2.262	M
08	81.44	100.03					5 m												
09	77.40	83.09					5 m												
10	76.89	82.79					5 m												
11	75.61	81.55	12:20 PM	0.33	0.08	0.06	5 m												
12	59.16	78.18					5 m												
13	54.09	64.91					5 m												
14	47.80	68.42					5 m												
15	50.85	61.52					5 m												
16	43.67	49.93					5 m												
17	42.69	47.97					5 m												
18	59.41	95.00	5:05 PM	3.25	0.82	0.25	5 m							7:52 PM	M	0.37	M	0.777	M
19	98.12	100.03	3:05 AM	3.33	0.50	0.20	5 m							5:51 AM	M	0.38	M	0.744	M
20	97.33	100.05	1:15 AM	0.08	0.01	0.01	5 m												
21	80.09	93.59					5 m												
22	76.05	100.04	9:25 AM	4.17	0.53	0.11	5 m												
23	100.00	100.02	12:20 AM	1.75	0.36	0.14	5 m							12:10 AM	M	0.40	M	0.840	M
24	96.50	100.05					5 m												
25	93.61	101.04	9:35 AM	0.83	0.12	0.04	5 m												
26	97.28	100.02					5 m												
27	82.68	100.02					5 m												
28	52.74	64.99					5 m												
29	58.28	63.58					5 m												
30	48.73	59.87	9:25 PM	0.25	0.03	0.02	5 m												
31	57.03	62.95	12:20 AM	0.58	0.08	0.04	5 m												
Totals:	**2215.21**			**18.42**	**4.24**			**0**	Days	**0.00**		**0.000**		**4**	Days	**2.36**		**4.623**	

Typed or Printed Name and Title of Prinipal 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	04/21/22

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 3-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 60	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R2 / 5-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	***Fort Wayne***	***Page:*** ***[12] of [12]***	***Permit Number:*** ***IN0032191***
Facility:	***Fort Wayne - P.L. Brunner WWTP***	***Public Notification Requirements Met?***	Y
Monitoring Period: ***[MONTH]***	**3-2022**	***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	Wet Weather Day
07	Wet Weather Day
08	
09	
10	
11	
12	
13	
14	
15	
16	
17	
18	Wet Weather Day
19	Wet Weather Day
20	
21	
22	Wet Weather Day
23	Wet Weather Day
24	Wet Weather Day
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Prinipal 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	***04/21/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2022_03.pdf	pdf	171585.0
IN0032191_002C_CSOMRO_2022_03.pdf	pdf	482047.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	56.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.672	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	16.84	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	2.31	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.127	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	56.01	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	76.106	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	019 External Outfall	**Discharge:**	**019-C** CSO: K11-178 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-178MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K15-116MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	38.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	3.671	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	40.41	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.867	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	11.16	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.621	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	8.91	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.249	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.064	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.56	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.407	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	6.34	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.331	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.36	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	4.623	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	4.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**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 NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.08	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.096	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	053 External Outfall	**Discharge:**	**053-C** CSO: O22-094 - 200 FT E OF PARNELL AVE BRIDGE & ST JOSEPH RIVER		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-094 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	18.09	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.392	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.49	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	6.588	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR 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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		
Report Dates & Status					
Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 03/01/22 to 03/31/22**	**DMR Due Date:**	**04/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.94	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-04-21 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:	2022-04-21 13:38 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

June 17, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of May 2022

We are pleased to enclose a completed CSO MRO form for the month of May 2022. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

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

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:10 AM	2.75	0.74	0.36	5 m												
02	68.83	82.80					5 m												
03	84.17	101.06	7:30 AM	3.33	0.61	0.12	5 m												
04	96.43	101.02					5 m												
05	89.46	100.99	2:00 PM	2.75	0.42	0.14	5 m												
06	98.87	101.06	6:15 AM	1.58	0.19	0.05	5 m												
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	4:55 PM	1.00	0.17	0.16	5 m												
15	55.90	82.71					5 m												
16	65.37	90.76	12:15 AM	1.75	0.23	0.11	5 m												
17	45.64	71.84					5 m												
18	50.46	74.32	7:40 AM	1.75	0.21	0.06	5 m												
19	49.88	76.40					5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:20 AM	0.25	0.08	0.08	5 m												
22	42.44	58.08					5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:15 AM	2.00	0.40	0.13	5 m												
26	59.03	90.94	4:10 AM	1.08	0.16	0.08	5 m												
27	49.34	64.29	8:00 PM	0.67	0.08	0.07	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**18.91**	**3.29**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:10 AM	2.83	0.70	0.26	5 m												
02	68.83	82.80					5 m												
03	84.17	101.06	7:30 AM	3.25	0.57	0.12	5 m												
04	96.43	101.02					5 m												
05	89.46	100.99	1:45 PM	2.67	0.38	0.12	5 m												
06	98.87	101.06	12:20 AM	2.25	0.27	0.06	5 m												
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	4:55 PM	0.58	0.07	0.06	5 m												
15	55.90	82.71	6:40 PM	0.25	0.26	0.26	5 m												
16	65.37	90.76	12:20 AM	1.75	0.22	0.11	5 m												
17	45.64	71.84					5 m												
18	50.46	74.32	7:35 AM	1.42	0.18	0.05	5 m												
19	49.88	76.40	1:55 AM	0.08	0.01	0.01	5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:15 AM	0.33	0.17	0.17	5 m												
22	42.44	58.08					5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:10 AM	2.00	0.49	0.20	5 m												
26	59.03	90.94	4:15 AM	0.67	0.11	0.05	5 m												
27	49.34	64.29	8:00 PM	0.67	0.08	0.07	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**18.75**	**3.51**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:10 AM	2.92	0.87	0.28	5 m	12:20 AM	M	3.58	M	1.355	M	12:45 AM	M	5.42	M	0.250	M
02	68.83	82.80					5 m												
03	84.17	101.06	7:35 AM	3.33	0.61	0.13	5 m	10:10 AM	M	2.00	M	0.261	M	5:45 PM	M	0.25	M	0.001	M
04	96.43	101.02					5 m												
05	89.46	100.99	1:45 PM	2.83	0.37	0.12	5 m												
06	98.87	101.06	3:10 AM	2.42	0.29	0.05	5 m												
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	4:50 PM	0.67	0.08	0.06	5 m												
15	55.90	82.71	6:40 PM	0.33	0.16	0.16	5 m	6:55 PM	M	0.58	M	0.029	M	7:15 PM	M	0.33	M	0.004	M
16	65.37	90.76	12:20 AM	2.00	0.25	0.11	5 m	1:15 AM	M	1.83	M	0.039	M						
17	45.64	71.84					5 m												
18	50.46	74.32	9:35 AM	1.42	0.18	0.05	5 m												
19	49.88	76.40	4:20 AM	0.08	0.01	0.01	5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:15 AM	0.33	0.12	0.12	5 m	8:30 AM	M	0.50	M	0.016	M						
22	42.44	58.08					5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:10 AM	2.08	0.63	0.29	5 m	11:00 AM	M	2.25	M	0.167	M	8:05 PM	M	0.83	M	0.166	M
26	59.03	90.94	10:15 AM	0.50	0.06	0.02	5 m												
27	49.34	64.29	7:55 PM	0.67	0.08	0.05	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**19.58**	**3.71**			**6**	Days	**10.74**		**1.867**		**4**	Days	**6.83**		**0.421**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	12:30 AM	M	3.58	M	0.083	M							12:25 AM	M	3.33	M	1.180	M						
02																								
03													8:35 AM	M	1.58	M	0.160	M						
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15	7:00 PM	M	0.33	M	0.009	M							6:55 PM	M	0.50	M	0.117	M						
16													1:20 AM	M	0.33	M	0.014	M						
17																								
18																								
19																								
20																								
21													8:35 AM	M	0.33	M	0.038	M						
22																								
23																								
24																								
25	7:45 PM	M	0.83	M	0.109	M	7:40 PM	M	0.33	M	0.031	M	11:05 AM	M	1.08	M	0.613	M						
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**3**	Days	**4.74**		**0.201**		**1**	Days	**0.33**		**0.031**		**6**	Days	**7.15**		**2.122**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 5-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01	12:25 AM	M	1.25	M	0.086	M	12:20 AM	M	4.17	M	0.711	M												
02																								
03							8:20 AM	M	3.92	M	0.350	M												
04																								
05							7:35 PM	M	2.17	M	0.119	M												
06							7:00 PM	M	1.25	M	0.016	M												
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14							5:40 PM	M	0.50	M	0.012	M												
15	7:00 PM	M	0.17	M	0.023	M	6:50 PM	M	0.58	M	0.120	M												
16							1:15 AM	M	1.00	M	0.023	M												
17																								
18																								
19																								
20																								
21							8:25 AM	M	0.58	M	0.038	M												
22																								
23																								
24																								
25	7:40 PM	M	0.50	M	0.033	M	11:20 AM	M	1.75	M	0.174	M												
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**3**	Days	**1.92**		**0.142**		**9**	Days	**15.92**		**1.563**			Days						Days				

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

State Form 50546 (R4/9-15)

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] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:05 AM	2.83	0.71	0.27	5 m	12:35 AM	M	5.75	M	0.991	M	12:55 AM	M	2.92	M	0.142	M
02	68.83	82.80					5 m												
03	84.17	101.06	7:30 AM	3.33	0.65	0.14	5 m	9:15 AM	M	10.50	M	1.091	M	12:20 PM	M	0.92	M	0.073	M
04	96.43	101.02					5 m												
05	89.46	100.99	1:45 PM	2.75	0.41	0.14	5 m	8:05 PM	M	3.92	M	0.437	M						
06	98.87	101.06	12:25 AM	2.00	0.24	0.05	5 m	12:00 AM	M	0.75	M	0.032	M						
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	5:05 PM	0.33	0.04	0.04	5 m												
15	55.90	82.71					5 m												
16	65.37	90.76	12:15 AM	1.67	0.21	0.10	5 m	2:20 AM	M	1.08	M	0.021	M						
17	45.64	71.84					5 m												
18	50.46	74.32	7:45 AM	1.67	0.20	0.06	5 m												
19	49.88	76.40					5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:20 AM	0.25	0.10	0.10	5 m	9:00 AM	M	1.00	M	0.027	M						
22	42.44	58.08					5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:10 AM	2.08	0.62	0.29	5 m	11:50 AM	M	0.75	M	0.101	M	8:10 PM	M	0.17	M	0.006	M
26	59.03	90.94	11:00 AM	0.58	0.07	0.03	5 m												
27	49.34	64.29	8:00 PM	0.58	0.07	0.06	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**18.08**	**3.32**			**7**	Days	**23.75**		**2.700**		**3**	Days	**4.01**		**0.221**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

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] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20						06 - Str
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01	95.69	101.03	12:05 AM	3.00	0.75	0.26	5 m	12:10 AM	M	18.25	M	23.253	M	12:25 AM	M	5.17	M	1.071	M	
02	68.83	82.80					5 m													
03	84.17	101.06	7:30 AM	3.17	0.72	0.17	5 m	8:45 AM	M	15.25	M	41.932	M	8:40 AM	M	10.75	M	1.068	M	
04	96.43	101.02					5 m	12:00 AM	M	2.25	M	3.102	M							
05	89.46	100.99	1:45 PM	2.83	0.45	0.16	5 m	7:30 PM	M	4.50	M	12.082	M	7:35 PM	M	3.75	M	0.384	M	
06	98.87	101.06	12:25 AM	2.42	0.29	0.05	5 m	12:00 AM	M	4.42	M	6.166	M	12:15 AM	M	3.92	M	0.078	M	
07	98.62	101.04					5 m													
08	81.14	92.66					5 m													
09	56.08	93.70					5 m													
10	66.59	81.26					5 m													
11	51.91	81.18					5 m													
12	45.35	55.66					5 m													
13	48.67	74.82					5 m													
14	47.39	74.50	4:25 PM	0.33	0.04	0.02	5 m													
15	55.90	82.71	7:05 AM	0.08	0.01	0.01	5 m													
16	65.37	90.76	12:15 AM	1.58	0.21	0.09	5 m	1:05 AM	M	2.33	M	0.373	M							
17	45.64	71.84					5 m													
18	50.46	74.32	7:50 AM	1.58	0.19	0.06	5 m	4:45 PM	M	0.75	M	0.050	M							
19	49.88	76.40	2:05 AM	0.08	0.01	0.01	5 m													
20	42.26	66.12					5 m													
21	49.90	65.32	8:15 AM	0.33	0.16	0.15	5 m	8:25 AM	M	1.25	M	0.059	M	8:50 AM	M	0.33	M	0.002	M	
22	42.44	58.08					5 m													
23	46.56	60.59					5 m													
24	35.65	42.39					5 m													
25	60.85	97.88	8:05 AM	1.75	0.51	0.26	5 m	11:00 AM	M	5.08	M	2.899	M	8:00 PM	M	1.00	M	0.213	M	
26	59.03	90.94	4:05 AM	0.50	0.06	0.03	5 m													
27	49.34	64.29	7:10 PM	0.58	0.07	0.05	5 m													
28	47.85	60.08	9:50 PM	0.17	0.02	0.02	5 m													
29	42.16	58.47					5 m													
30	39.36	51.84					5 m													
31	39.70	57.07	9:00 AM	0.25	0.05	0.03	5 m													
Totals:	**1851.56**			**18.67**	**3.54**			**9**	Days	**54.08**		**89.916**		**6**	Days	**24.92**		**2.816**		

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03	10:10 AM	M	13.83	M	0.355	M																		
04																								
05	7:35 PM	M	4.42	M	0.118	M																		
06	12:00 AM	M	8.00	M	0.049	M																		
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16	1:40 AM	M	1.83	M	0.005	M																		
17																								
18	4:25 PM	M	2.08	M	0.005	M																		
19																								
20																								
21	8:55 AM	M	1.25	M	0.003	M																		
22																								
23																								
24																								
25	11:20 AM	M	3.08	M	0.038	M																		
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**7**	Days	**34.49**		**0.573**			Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:00 AM	3.08	1.02	0.33	5 m							12:25 AM	M	9.42	M	0.560	M
02	68.83	82.80					5 m												
03	84.17	101.06	7:30 AM	3.33	0.60	0.13	5 m							8:45 AM	M	12.17	M	0.405	M
04	96.43	101.02					5 m							12:00 AM	M	4.25	M	0.028	M
05	89.46	100.99	1:40 PM	3.00	0.41	0.14	5 m							7:40 PM	M	4.33	M	0.170	M
06	98.87	101.06	12:25 AM	2.42	0.29	0.05	5 m							12:00 AM	M	5.83	M	0.053	M
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	4:25 PM	0.50	0.06	0.03	5 m												
15	55.90	82.71	7:00 AM	0.42	0.13	0.11	5 m												
16	65.37	90.76	12:15 AM	2.00	0.27	0.13	5 m												
17	45.64	71.84					5 m												
18	50.46	74.32	10:05 AM	1.67	0.21	0.06	5 m												
19	49.88	76.40					5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:15 AM	0.33	0.13	0.13	5 m							8:40 AM	M	0.50	M	0.015	M
22	42.44	58.08					5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:05 AM	2.17	0.58	0.26	5 m							11:25 AM	M	2.00	M	0.096	M
26	59.03	90.94	3:50 AM	0.75	0.09	0.03	5 m												
27	49.34	64.29	8:00 PM	0.67	0.08	0.06	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**20.33**	**3.87**			**0**	Days	**0.00**		**0.000**		**7**	Days	**38.50**		**1.327**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01							2:15 AM	M	1.33	M	1.783	M							1:32 AM	M	1.19	M	1.428	M
02																								
03																			12:23 PM	M	1.35	M	1.620	M
04																								
05																			9:22 PM	M	0.18	M	0.216	M
06																			12:22 AM	M	0.51	M	0.612	M
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**	Days	**0.00**		**0.000**		**1**	Days	**1.33**		**1.783**		**0**	Days	**0.00**		**0.000**		**4**	Days	**3.23**		**3.876**	

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

State Form 50546 (R4/9-15)

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] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:10 AM	2.67	0.62	0.32	5 m												
02	68.83	82.80					5 m												
03	84.17	101.06	7:30 AM	2.92	0.58	0.16	5 m												
04	96.43	101.02					5 m												
05	89.46	100.99	1:45 PM	2.50	0.39	0.16	5 m												
06	98.87	101.06	12:00 AM	0.75	0.09	0.03	5 m												
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	5:15 PM	0.42	0.05	0.05	5 m												
15	55.90	82.71					5 m												
16	65.37	90.76	12:15 AM	1.58	0.21	0.10	5 m												
17	45.64	71.84					5 m												
18	50.46	74.32	10:05 AM	1.33	0.18	0.04	5 m												
19	49.88	76.40					5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:20 AM	0.17	0.06	0.06	5 m												
22	42.44	58.08					5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:15 AM	2.08	0.46	0.17	5 m												
26	59.03	90.94	4:15 AM	0.92	0.16	0.11	5 m												
27	49.34	64.29	8:05 PM	0.50	0.06	0.05	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**15.83**	**2.86**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

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] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 5-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:20 AM	0.83	0.24	0.18	5 m	12:46 AM	M	1.51	M	0.394	M						
02	68.83	82.80					5 m												
03	84.17	101.06	7:35 AM	3.08	0.54	0.12	5 m	10:35 AM	M	0.12	M	0.031	M						
04	96.43	101.02					5 m												
05	89.46	100.99	2:05 PM	2.42	0.30	0.08	5 m	8:48 PM	M	0.20	M	0.052	M						
06	98.87	101.06	2:30 AM	1.25	0.18	0.10	5 m												
07	98.62	101.04					5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50					5 m												
15	55.90	82.71					5 m												
16	65.37	90.76	12:40 AM	1.83	0.24	0.14	5 m												
17	45.64	71.84					5 m												
18	50.46	74.32	10:15 AM	1.50	0.19	0.05	5 m												
19	49.88	76.40					5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:20 AM	0.17	0.09	0.09	5 m												
22	42.44	58.08	7:35 AM	0.17	0.02	0.02	5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:15 AM	2.08	0.60	0.19	5 m	8:02 PM	M	0.35	M	0.091	M						
26	59.03	90.94	10:15 AM	0.83	0.15	0.08	5 m												
27	49.34	64.29	7:55 PM	0.92	0.11	0.07	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**12.00**	**2.66**			**4**	Days	**2.18**		**0.568**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 5-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 5-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 5-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	95.69	101.03	12:05 AM	3.25	1.04	0.39	5 m							1:23 AM	M	3.18	M	6.678	M
02	68.83	82.80					5 m												
03	84.17	101.06	7:35 AM	3.08	0.54	0.12	5 m							6:06 PM	M	0.20	M	0.360	M
04	96.43	101.02	4:25 AM	0.08	0.01	0.01	5 m												
05	89.46	100.99	2:00 PM	2.58	0.32	0.10	5 m												
06	98.87	101.06	2:05 AM	2.42	0.29	0.07	5 m												
07	98.62	101.04	1:10 AM	0.08	0.01	0.01	5 m												
08	81.14	92.66					5 m												
09	56.08	93.70					5 m												
10	66.59	81.26					5 m												
11	51.91	81.18					5 m												
12	45.35	55.66					5 m												
13	48.67	74.82					5 m												
14	47.39	74.50	4:40 PM	0.50	0.06	0.03	5 m												
15	55.90	82.71	6:40 PM	0.50	0.35	0.33	5 m												
16	65.37	90.76	12:20 AM	2.08	0.29	0.14	5 m												
17	45.64	71.84					5 m												
18	50.46	74.32	10:05 AM	1.75	0.21	0.05	5 m												
19	49.88	76.40					5 m												
20	42.26	66.12					5 m												
21	49.90	65.32	8:15 AM	0.25	0.10	0.10	5 m												
22	42.44	58.08	7:35 AM	0.08	0.02	0.02	5 m												
23	46.56	60.59					5 m												
24	35.65	42.39					5 m												
25	60.85	97.88	8:10 AM	2.00	0.67	0.31	5 m												
26	59.03	90.94	12:15 AM	1.08	0.31	0.23	5 m												
27	49.34	64.29	7:10 PM	0.75	0.09	0.07	5 m												
28	47.85	60.08					5 m												
29	42.16	58.47					5 m												
30	39.36	51.84					5 m												
31	39.70	57.07					5 m												
Totals:	**1851.56**			**20.50**	**4.31**			**0**	Days	**0.00**		**0.000**		**2**	Days	**3.38**		**7.038**	

Typed or Printed Name and Title of Prinipal 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	06/17/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 5-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

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]***	**5-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

Day of Month	***Comments (further explanation as to why each CSO event occurred)***
01	Wet Weather Day
02	
03	Wet Weather Day
04	Wet Weather Day
05	Wet Weather Day
06	Wet Weather Day
07	
08	
09	
10	
11	
12	
13	
14	Wet Weather Day
15	Wet Weather Day
16	Wet Weather Day
17	
18	Wet Weather Day
19	
20	
21	Wet Weather Day
22	
23	
24	
25	Wet Weather Day
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Prinipal 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	***06/17/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2022_05.pdf	pdf	179479.0
IN0032191_002C_CSOMRO_2022_05.pdf	pdf	453787.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:26 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	38.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.327	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.783	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	23.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.7	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	4.01	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.221	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	54.08	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	89.916	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	9.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	24.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.816	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	34.49	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.573	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	10.74	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.867	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	6.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.421	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	4.74	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.201	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.31	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.18	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.568	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.031	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	7.15	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.122	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	3.38	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	7.038	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	4.31	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.31	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.31	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:28 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**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 NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.31	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:28 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.142	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.86	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	15.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.563	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	9.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	3.23	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	3.876	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.51	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.29	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		
Report Dates & Status					
Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.51	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:25 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 05/01/22 to 05/31/22**	**DMR Due Date:**	**06/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:27 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-06-17 09:30 (Time Zone: -04:00)

CITY OF FORT WAYNE
THOMAS C. HENRY, MAYOR

July 22, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of June 2022

We are pleased to enclose a completed CSO MRO form for the month of June 2022. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

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

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 1 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:30 PM	0.42	0.17	0.17	5 m												
02	41.40	55.02	8:30 AM	0.08	0.01	0.01	5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	4:05 PM	0.75	0.54	0.46	5 m												
07	58.30	76.19	12:45 AM	0.42	0.05	0.01	5 m												
08	49.88	100.01	4:50 PM	1.67	0.72	0.35	5 m												
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:20 PM	0.67	0.11	0.09	5 m												
13	42.55	69.58	5:15 PM	0.67	0.70	0.59	5 m												
14	63.59	99.97					5 m												
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	3:40 AM	0.67	0.09	0.04	5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**5.35**	**2.39**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 1 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:30 PM	0.33	0.18	0.17	5 m												
02	41.40	55.02					5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	4:30 PM	0.25	0.08	0.05	5 m												
07	58.30	76.19	12:35 AM	0.58	0.07	0.02	5 m												
08	49.88	100.01	4:45 PM	1.75	0.82	0.46	5 m												
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:20 PM	0.75	0.17	0.11	5 m												
13	42.55	69.58	5:15 PM	0.58	0.76	0.69	5 m							10:55 PM	M	0.33	M	0.015	M
14	63.59	99.97					5 m												
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	3:40 AM	0.67	0.08	0.04	5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**4.92**	**2.16**			**0**	Days	**0.00**		**0.000**		**1**	Days	**0.33**		**0.015**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:25 PM	0.42	0.08	0.07	5 m	6:10 PM	M	0.08	M	0.002	M						
02	41.40	55.02	8:00 AM	0.08	0.01	0.01	5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	7:30 PM	0.17	0.02	0.02	5 m												
07	58.30	76.19	12:35 AM	0.58	0.07	0.02	5 m												
08	49.88	100.01	4:45 PM	1.75	0.77	0.46	5 m	5:15 PM	M	2.08	M	0.297	M	6:00 PM	M	2.00	M	0.261	M
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:20 PM	0.75	0.16	0.11	5 m	4:05 PM	M	0.58	M	0.014	M						
13	42.55	69.58	5:15 PM	0.67	0.72	0.56	5 m	5:25 PM	M	1.67	M	0.360	M						
14	63.59	99.97					5 m												
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	3:35 AM	0.75	0.19	0.10	5 m	4:55 AM	M	0.58	M	0.014	M						
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**5.17**	**2.02**			**5**	Days	**4.99**		**0.687**		**1**	Days	**2.00**		**0.261**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08	8:15 AM	M	1.58	M	0.078	M	5:55 PM	M	0.33	M	0.022	M	5:20 PM	M	1.92	M	0.824	M						
09																								
10																								
11																								
12													4:10 PM	M	0.17	M	0.008	M						
13	5:35 PM	M	0.75	M	0.109	M	10:40 PM	M	0.50	M	0.369	M	5:30 PM	M	1.00	M	1.060	M	11:50 PM	M	0.17	M	0.055	M
14	3:35 AM	M	0.75	M	0.002	M													12:00 AM	M	0.33	M	0.081	M
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26													5:00 AM	M	0.42	M	0.012	M						
27																								
28																								
29																								
30																								
Totals:	**3**	Days	**3.08**		**0.189**		**2**	Days	**0.83**		**0.391**		**4**	Days	**3.51**		**1.904**		**2**	Days	**0.50**		**0.136**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 6-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01							5:35 PM	M	0.33	M	0.006	M												
02																								
03																								
04																								
05																								
06																								
07																								
08	5:55 PM	M	0.67	M	0.086	M	5:10 PM	M	2.25	M	0.648	M												
09																								
10																								
11																								
12							4:10 PM	M	0.33	M	0.006	M												
13	10:45 PM	M	0.42	M	0.269	M	5:25 PM	M	1.42	M	0.591	M												
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**2**	Days	**1.09**		**0.355**		**4**	Days	**4.33**		**1.251**			Days						Days				

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

State Form 50546 (R4/9-15)

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] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:30 PM	0.25	0.14	0.13	5 m	6:15 PM	M	1.08	M	0.031	M						
02	41.40	55.02	8:10 AM	0.08	0.01	0.01	5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	4:15 PM	0.50	0.19	0.13	5 m												
07	58.30	76.19	12:30 AM	0.58	0.07	0.02	5 m												
08	49.88	100.01	4:45 PM	1.75	0.81	0.46	5 m	5 45 PM	M	2.16	M	0.561	M	5:55 PM	M	1.33	M	0.067	M
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:15 PM	0.83	0.14	0.12	5 m												
13	42.55	69.58	5:15 PM	0.83	0.84	0.72	5 m	10:50 AM	M	1.16	M	0.746	M	10:40 PM	M	1.00	M	0.259	M
14	63.59	99.97					5 m	12:00 AM	M	2.58	M	0.122	M						
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	3:35 AM	0.58	0.08	0.04	5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**5.42**	**2.28**			**4**	Days	**6.98**		**1.460**		**2**	Days	**2.33**		**0.326**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

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] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:25 PM	0.33	0.21	0.20	5 m	5:30 PM	M	1.08	M	0.108	M						
02	41.40	55.02					5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	4:15 PM	0.67	0.14	0.08	5 m	4:30 PM	M	1.92	M	0.340	M	5:05 PM	M	0.25	M	0.027	M
07	58.30	76.19	12:30 AM	0.58	0.07	0.03	5 m												
08	49.88	100.01	4:45 PM	1.67	0.85	0.46	5 m	5:35 PM	M	5.08	M	4.958	M	2:30 PM	M	2.50	M	0.795	M
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:15 PM	0.92	0.20	0.15	5 m	4:30 PM	M	1.08	M	0.127	M	5:15 PM	M	0.42	M	0.021	M
13	42.55	69.58	5:10 PM	0.75	1.24	1.13	5 m	5:50 PM	M	2.25	M	8.565	M	6:50 PM	M	0.33	M	0.020	M
14	63.59	99.97					5 m	12:00 AM	M	2.58	M	2.992	M	12:10 AM	M	1.92	M	0.304	M
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12					5 m												
27	32.56	44.06	2:00 PM	0.58	0.29	0.26	5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**6.42**	**3.00**			**6**	Days	**13.99**		**17.090**		**5**	Days	**5.42**		**1.167**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06	4:35 PM	M	0.33	M	0.022	M																		
07																								
08	5:55 PM	M	2.83	M	0.108	M																		
09																								
10																								
11																								
12																								
13	11:45 PM	M	0.25	M	0.270	M																		
14	12:00 AM	M	7.16	M	1.019	M																		
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**4**	Days	**10.57**		**1.419**			Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:25 PM	0.33	0.11	0.10	5 m							5:40 PM	M	0.50	M	0.008	M
02	41.40	55.02					5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	7:30 PM	0.08	0.04	0.04	5 m												
07	58.30	76.19	12:30 AM	0.67	0.08	0.03	5 m												
08	49.88	100.01	4:45 PM	1.50	0.76	0.47	5 m							5:20 PM	M	3.00	M	0.311	M
09	54.09	99.98					5 m											0.114	
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:15 PM	1.00	0.22	0.16	5 m							4:05 PM	M	0.83	M	0.011	M
13	42.55	69.58	5:15 PM	0.42	0.15	0.10	5 m							5:30 PM	M	1.75	M	0.734	M
14	63.59	99.97	12:00 AM	0.08	0.01	0.01	5 m							12:00 AM	M	1.08	M	0.019	M
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12					5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**4.08**	**1.37**			**0**	Days	**0.00**		**0.000**		**5**	Days	**7.16**		**1.197**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																			6:43 PM	M	0.35	M	0.420	M
09																								
10																								
11																								
12																								
13							10:51 PM	M	1.07	M	1.435	M							10:51 PM	M	0.40	M	0.460	M
14																			12:01 AM	M	0.27	M	0.260	M
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		**1**	Days	**1.07**		**1.435**		**0**	Days	**0.00**		**0.000**		**3**	Days	**1.02**		**1.140**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 8 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:25 PM	0.42	0.07	0.06	5 m												
02	41.40	55.02					5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	1:55 PM	1.00	1.05	0.67	5 m												
07	58.30	76.19	12:25 AM	0.42	0.05	0.02	5 m												
08	49.88	100.01	4:40 PM	1.75	0.56	0.37	5 m												
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:40 PM	0.42	0.10	0.08	5 m												
13	42.55	69.58	5:10 PM	0.92	0.85	0.71	5 m												
14	63.59	99.97					5 m												
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	4:55 AM	0.33	0.04	0.02	5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**5.25**	**2.72**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 8 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:30 PM	0.33	0.13	0.13	5 m												
02	41.40	55.02					5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	7:40 PM	0.17	0.08	0.08	5 m												
07	58.30	76.19	12:40 AM	0.75	0.10	0.04	5 m												
08	49.88	100.01	5:00 PM	1.67	0.69	0.37	5 m	5:54 PM	M	0.78	M	0.204	M						
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:50 PM	0.42	0.06	0.03	5 m												
13	42.55	69.58	5:25 PM	0.58	0.58	0.47	5 m	10:51 PM	M	0.46	M	0.120	M						
14	63.59	99.97					5 m												
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	4:45 AM	0.17	0.05	0.05	5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**4.08**	**1.69**			**2**	Days	**1.24**		**0.324**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 6-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	46.91	59.42	5:25 PM	0.25	0.11	0.11	5 m												
02	41.40	55.02	7:55 AM	0.08	0.01	0.01	5 m												
03	37.77	54.02					5 m												
04	32.47	37.96					5 m												
05	31.97	38.14					5 m												
06	48.55	88.06	7:35 PM	0.08	0.01	0.01	5 m												
07	58.30	76.19	12:25 AM	0.92	0.11	0.04	5 m												
08	49.88	100.01	4:50 PM	1.75	0.68	0.38	5 m							6:50 PM	M	0.63	M	1.330	M
09	54.09	99.98					5 m												
10	51.16	57.12					5 m												
11	37.56	54.50					5 m												
12	44.69	79.15	3:05 PM	0.83	0.20	0.11	5 m												
13	42.55	69.58	5:15 PM	0.58	0.73	0.65	5 m							10:55 PM	M	1.27	M	2.660	M
14	63.59	99.97					5 m												
15	46.47	57.56					5 m												
16	45.25	53.40					5 m												
17	41.65	51.80					5 m												
18	34.67	47.73					5 m												
19	43.02	50.43					5 m												
20	35.99	48.64					5 m												
21	39.63	51.75					5 m												
22	38.73	48.56					5 m												
23	40.85	45.96					5 m												
24	33.39	45.58					5 m												
25	37.85	48.18					5 m												
26	39.53	51.12	4:40 AM	0.75	0.19	0.13	5 m												
27	32.56	44.06					5 m												
28	41.94	48.14					5 m												
29	48.86	61.50					5 m												
30	52.28	63.11					5 m												
Totals:	**1293.56**			**5.25**	**2.04**			**0**	Days	**0.00**		**0.000**		**2**	Days	**1.90**		**3.990**	

Typed or Printed Name and Title of Prinipal 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	07/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 6-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

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]***	**6-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

Day of Month	***Comments (further explanation as to why each CSO event occurred)***
01	Wet Weather Day
02	
03	
04	
05	
06	Wet Weather Day
07	
08	Wet Weather Day
09	
10	
11	
12	Wet Weather Day
13	Wet Weather Day
14	Wet Weather Day
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	Wet Weather Day
27	
28	
29	
30	

Typed or Printed Name and Title of Prinipal 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	***07/22/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2022_06.pdf	pdf	461519.0
IN0032191_002C_LETTER_2022_06.pdf	pdf	158913.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	7.16	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.197	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.07	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.435	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	6.98	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.46	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.326	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.28	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	13.99	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	17.09	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	5.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.167	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	10.57	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.419	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	3.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	4.99	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.687	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:10 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.0	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.261	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:10 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	3.08	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.189	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:10 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.24	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.324	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.391	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:10 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	3.51	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.904	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.9	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	3.99	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.136	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**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 NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.09	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.355	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.72	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	4.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.251	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.02	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.02	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.14	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.37	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.16	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:09 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.39	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:08 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status					
Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.015	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.16	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:09 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 06/01/22 to 06/30/22**	**DMR Due Date:**	**07/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-07-22 09:20 (Time Zone: -04:00)

CITY OF FORT WAYNE
THOMAS C. HENRY, MAYOR

August 22, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of July 2022

We are pleased to enclose a completed CSO MRO form for the month of July 2022. 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 Cadet Dr_P26 rain gauge malfunctioned during the first part of July 2022. The City used the Ewing St_L02 rain gauge for CSO's 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81. The Brown St lift station lost power during the July 5th rain event causing the Brown St_J03 rain gauge to go down. The Ewing St_L02 rain gauge was used for CSO's 04, 05, 07, 11, 12 and 56 for July 5, 2022.
-

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 1 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22	4:15 PM	0.25	0.03	0.01	5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.83	4.05	1.03	5 m												
06	98.37	100.04	2:10 AM	2.50	1.13	0.54	5 m												
07	89.84	100.04					5 m												
08	67.80	79.29					5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	4:05 PM	2.08	0.28	0.12	5 m												
16	75.46	101.01	12:05 AM	3.00	0.68	0.28	5 m												
17	58.57	79.52	3:25 AM	1.75	0.33	0.09	5 m												
18	58.32	88.07	4:55 AM	0.08	0.01	0.01	5 m												
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	12:05 AM	0.25	0.04	0.04	5 m												
23	71.45	88.03	8:25 AM	2.33	1.02	0.57	5 m												
24	66.38	84.15	11:35 AM	0.50	0.06	0.03	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:30 PM	0.17	0.06	0.06	5 m												
28	49.45	76.97	1:20 AM	0.33	0.12	0.11	5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**18.07**	**7.81**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 1 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22	9:10 PM	0.08	0.01	0.01	5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.67	3.67	0.99	5 m							4:45 AM	M	2.58	M	0.122	M
06	98.37	100.04	2:30 AM	2.33	0.92	0.49	5 m							7:20 AM	M	0.17	M	0.004	M
07	89.84	100.04					5 m												
08	67.80	79.29	8:25 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	4:00 PM	1.92	0.25	0.11	5 m												
16	75.46	101.01	12:45 AM	2.75	0.60	0.18	5 m												
17	58.57	79.52	3:30 AM	1.08	0.18	0.05	5 m												
18	58.32	88.07	12:05 AM	0.08	0.01	0.01	5 m												
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	12:05 AM	0.17	0.08	0.08	5 m												
23	71.45	88.03	8:05 AM	2.50	1.15	0.68	5 m							9:00 AM	M	0.42	M	0.011	M
24	66.38	84.15	11:30 AM	0.58	0.07	0.03	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:25 PM	0.25	0.19	0.19	5 m												
28	49.45	76.97	1:20 AM	0.17	0.06	0.06	5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**16.67**	**7.20**			**0**	Days	**0.00**		**0.000**		**3**	Days	**3.17**		**0.137**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22	8:00 PM	0.08	0.01	0.01	5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.92	3.63	1.16	5 m	4:40 AM	M	7.00	M	2.895	M	4:45 AM	M	4.83	M	1.235	M
06	98.37	100.04	2:25 AM	2.42	0.95	0.51	5 m	7:10 AM	M	2.50	M	0.825	M	12:00 AM	M	2.58	M	0.549	M
07	89.84	100.04					5 m												
08	67.80	79.29	8:20 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	3:50 PM	1.83	0.26	0.12	5 m	6:25 PM	M	0.92	M	0.019	M						
16	75.46	101.01	12:05 AM	2.75	0.62	0.16	5 m	1:50 AM	M	3.42	M	0.082	M	4:25 AM	M	0.58	M	0.017	M
17	58.57	79.52	3:25 AM	1.50	0.26	0.10	5 m	11:30 PM	M	0.50	M	0.038	M						
18	58.32	88.07					5 m	12:00 AM	M	0.17	M	0.004	M						
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	12:05 AM	0.17	0.03	0.03	5 m												
23	71.45	88.03	8:05 AM	2.42	1.10	0.59	5 m	8:30 AM	M	2.75	M	0.913	M	8:35 AM	M	2.25	M	0.246	M
24	66.38	84.15	11:30 AM	0.58	0.07	0.03	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:25 PM	0.17	0.20	0.20	5 m	10:35 PM	M	0.58	M	0.135	M	11:00 PM	M	0.25	M	0.001	M
28	49.45	76.97	1:15 AM	0.25	0.06	0.06	5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**17.17**	**7.20**			**8**	Days	**17.84**		**4.911**		**5**	Days	**10.49**		**2.048**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05	4:45 AM	M	7.83	M	0.815	M	4:35 AM	M	3.17	M	2.055	M	4:40 AM	M	5.83	M	5.680	M	4:35 AM	M	2.50	M	0.110	M
06	12:00 AM	M	4.67	M	0.161	M	7:10 AM	M	1.00	M	0.322	M	7:10 AM	M	1.33	M	0.922	M						
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15													6:30 PM	M	0.58	M	0.013	M						
16	4:10 AM	M	0.67	M	0.009	M							2:00 AM	M	1.33	M	0.248	M						
17																								
18																								
19																								
20																								
21																								
22																								
23	8:30 AM	M	2.42	M	0.108	M	8:30 AM	M	0.67	M	0.194	M	8:30 AM	M	2.67	M	1.444	M						
24																								
25																								
26																								
27	10:40 PM	M	0.33	M	0.013	M	10:35 PM	M	0.25	M	0.003	M	10:35 PM	M	0.50	M	0.173	M						
28																								
29																								
30																								
31																								
Totals:	**5**	Days	**15.92**		**1.106**		**4**	Days	**5.09**		**2.574**		**6**	Days	**12.24**		**8.480**		**1**	Days	**2.50**		**0.110**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 7-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05	4:40 AM	M	6.42	M	1.672	M	4:30 AM	M	9.08	M	4.394	M												
06	7:05 AM	M	2.75	M	0.441	M	12:00 AM	M	5.75	M	1.148	M												
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15							4:15 PM	M	0.42	M	0.005	M												
16	4:15 AM	M	0.17	M	0.013	M	3:10 AM	M	1.83	M	0.182	M												
17							10:50 PM	M	0.58	M	0.074	M												
18																								
19																								
20																								
21																								
22							12:15 AM	M	0.33	M	0.018	M												
23	8:35 AM	M	1.58	M	0.188	M	8:30 AM	M	3.08	M	0.841	M												
24																								
25																								
26																								
27	10:35 PM	M	0.25	M	0.044	M	10:30 PM	M	0.58	M	0.091	M												
28																								
29																								
30																								
31																								
Totals:	**5**	Days	**11.17**		**2.358**		**8**	Days	**21.65**		**6.753**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 5 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22	8:25 PM	0.08	0.01	0.01	5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.83	3.50	0.98	5 m	4:45 AM	M	9.50	M	4.250	M	4:40 AM	M	5.50	M	1.031	M
06	98.37	100.04	6:40 AM	2.33	1.04	0.47	5 m	12:00 AM	M	17.17	M	2.674	M	12:00 AM	M	3.83	M	1.095	M
07	89.84	100.04					5 m												
08	67.80	79.29	6:25 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	3:55 PM	2.00	0.26	0.11	5 m	7:25 PM	M	1.08	M	0.016	M						
16	75.46	101.01	12:00 AM	2.75	0.63	0.21	5 m	2:35 AM	M	5.92	M	0.328	M						
17	58.57	79.52	3:50 AM	1.33	0.19	0.07	5 m												
18	58.32	88.07					5 m												
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20					5 m												
23	71.45	88.03	8:20 AM	2.33	0.95	0.53	5 m	8:45 AM	M	5.50	M	1.391	M	8:55 AM	M	1.42	M	0.071	M
24	66.38	84.15	11:30 AM	0.58	0.07	0.03	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:25 PM	0.17	0.10	0.10	5 m												
28	49.45	76.97	1:15 AM	0.25	0.12	0.12	5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**16.75**	**6.88**			**5**	Days	**39.17**		**8.659**		**3**	Days	**10.75**		**2.197**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 5 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22					5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.83	3.44	0.97	5 m	4:30 AM	M	16.58	M	62.026	M	4:40 AM	M	8.67	M	5.272	M
06	98.37	100.04	2:05 AM	2.17	1.03	0.44	5 m	12:00 AM	M	5.08	M	27.589	M	12:00 AM	M	12.92	M	4.362	M
07	89.84	100.04					5 m												
08	67.80	79.29					5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88	10:55 PM	0.08	0.02	0.02	5 m												
15	41.74	81.83	5:40 AM	2.50	0.34	0.12	5 m	7:10 PM	M	1.67	M	0.298	M	7:10 PM	M	0.42	M	0.009	M
16	75.46	101.01	12:00 AM	3.25	0.77	0.24	5 m	2:25 AM	M	10.83	M	6.650	M	2:20 AM	M	5.25	M	0.562	M
17	58.57	79.52	5:55 AM	2.50	0.61	0.24	5 m												
18	58.32	88.07	12:00 AM	0.08	0.01	0.01	5 m	12:00 AM	M	2.75	M	0.440	M						
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	10:50 PM	0.25	0.03	0.02	5 m												
23	71.45	88.03	5:50 AM	2.58	1.12	0.66	5 m	8:50 AM	M	9.25	M	16.733	M	8:40 AM	M	3.83	M	1.309	M
24	66.38	84.15					5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	9:35 AM	0.17	0.08	0.07	5 m												
28	49.45	76.97	1:10 AM	0.33	0.20	0.20	5 m	1:45 AM	M	1.75	M	1.422	M	1:30 AM	M	0.75	M	0.135	M
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46	9:00 AM	0.08			5 m												
Totals:	**1638.34**			**18.75**	**7.65**			**7**	Days	**47.91**		**115.158**		**6**	Days	**31.84**		**11.649**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05	4:40 AM	M	12.42	M	1.451	M																		
06	12:00 AM	M	24.00	M	1.157	M																		
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16	3:40 AM	M	8.00	M	0.149	M																		
17																								
18																								
19																								
20																								
21																								
22																								
23	8:55 AM	M	6.50	M	0.278	M																		
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**4**	Days	**50.92**		**3.035**			Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22					5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.92	3.63	1.16	5 m	8:15 AM	M	0.75	M	0.343	M	4:40 AM	M	13.58	M	1.996	M
06	98.37	100.04	2:25 AM	2.33	0.98	0.55	5 m							12:00 AM	M	22.58	M	1.130	M
07	89.84	100.04					5 m												
08	67.80	79.29	8:15 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	3:50 PM	2.17	0.27	0.10	5 m							7:05 PM	M	0.33	M	0.003	M
16	75.46	101.01	12:00 AM	2.83	0.65	0.23	5 m							2:15 AM	M	5.33	M	0.250	M
17	58.57	79.52	3:25 AM	1.67	0.27	0.08	5 m												
18	58.32	88.07					5 m												
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	12:05 AM	0.08	0.01	0.01	5 m												
23	71.45	88.03	8:00 AM	2.58	1.12	0.64	5 m							8:35 AM	M	4.92	M	0.500	M
24	66.38	84.15	11:30 AM	0.58	0.07	0.04	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:20 PM	0.17	0.16	0.16	5 m												
28	49.45	76.97	1:15 AM	0.25	0.09	0.09	5 m							1:30 AM	M	0.67	M	0.032	M
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**17.66**	**7.26**			**1**	Days	**0.75**		**0.343**		**6**	Days	**47.41**		**3.911**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05							8:20 AM	M	4.93	M	6.880	M							7:46 AM	M	2.80	M	3.360	M
06							12:00 AM	M	1.45	M	1.979	M							1:49 AM	M	2.25	M	2.700	M
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23							9:43 AM	M	0.92	M	1.233	M							9:22 AM	M	0.85	M	1.020	M
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**0**	Days	**0.00**		**0.000**		**3**	Days	**7.30**		**10.092**		**0**	Days	**0.00**		**0.000**		**3**	Days	**5.90**		**7.080**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22					5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:30 AM	5.17	3.54	1.20	5 m												
06	98.37	100.04	1:45 AM	3.25	1.19	0.32	5 m	9:40 AM	M	1.92	M	0.086	M						
07	89.84	100.04					5 m												
08	67.80	79.29	8:40 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	4:10 PM	2.33	0.36	0.17	5 m												
16	75.46	101.01	12:05 AM	3.58	0.92	0.28	5 m												
17	58.57	79.52	5:55 AM	2.50	0.61	0.24	5 m												
18	58.32	88.07	12:00 AM	0.08	0.01	0.01	5 m												
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20					5 m												
23	71.45	88.03	8:25 AM	2.42	1.17	0.62	5 m												
24	66.38	84.15	11:30 AM	0.67	0.08	0.04	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	9:15 AM	0.50	0.18	0.14	5 m												
28	49.45	76.97	12:40 AM	0.58	0.07	0.05	5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**21.17**	**8.14**			**1**	Days	**1.92**		**0.086**			Days				

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22	8:00 AM	0.08	0.01	0.10	5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:25 AM	4.92	3.93	1.16	5 m	4:49 AM	M	5.71	M	1.490	M						
06	98.37	100.04	2:25 AM	2.42	0.95	0.51	5 m	7:19 AM	M	2.28	M	0.595	M						
07	89.84	100.04					5 m												
08	67.80	79.29	8:20 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70					5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	3:50 AM	1.83	0.26	0.12	5 m												
16	75.46	101.01	12:05 AM	2.75	0.62	0.16	5 m												
17	58.57	79.52	3:25 AM	1.50	0.26	0.10	5 m												
18	58.32	88.07					5 m												
19	49.86	61.85					5 m												
20	45.06	57.41	7:10 AM	0.08	0.03	0.03	5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	12:00 AM	0.25	0.06	0.06	5 m												
23	71.45	88.03	4:05 AM	2.83	0.99	0.52	5 m	8:47 AM	M	1.45	M	0.378	M						
24	66.38	84.15	11:45 AM	0.33	0.04	0.03	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:25 PM	0.17	0.17	0.17	5 m												
28	49.45	76.97					5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			17.24	7.33			**3**	Days	**9.44**		**2.463**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05							7:25 AM	M	0.25	M	0.021	M	10:35 PM	M	0.17	M	0.002	M						
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**	Days	**0.00**		**0.000**		**1**	Days	**0.25**		**0.021**		**1**	Days	**0.17**		**0.002**			Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05	8:30 AM	M	0.92	M	0.292	M																		
06													2:26 AM	M	17.43	M	177.216	M						
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:	**1**	Days	**0.92**		**0.292**		**0**	Days	**0.00**		**0.000**		**1**	Days	**17.43**		**177.216**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 7-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05	7:15 AM	M	2.67	M	0.032	M																		
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:	**1**	Days	**2.67**		**0.032**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.00	60.22	4:10 PM	0.25	0.06	0.05	5 m												
02	34.20	44.79					5 m												
03	36.31	44.58					5 m												
04	32.30	45.54					5 m												
05	84.00	100.06	4:20 AM	4.92	4.57	1.13	5 m							7:32 AM	M	11.17	M	22.698	M
06	98.37	100.04	6:40 AM	2.25	0.67	0.39	5 m							7:22 AM	M	3.18	M	6.678	M
07	89.84	100.04					5 m												
08	67.80	79.29	9:15 AM	0.08	0.01	0.01	5 m												
09	54.59	71.06					5 m												
10	47.05	63.83					5 m												
11	45.84	61.41					5 m												
12	47.15	62.74					5 m												
13	40.24	58.70	3:00 PM	0.17	0.04	0.04	5 m												
14	43.85	59.88					5 m												
15	41.74	81.83	3:45 PM	1.92	0.27	0.11	5 m												
16	75.46	101.01	12:20 AM	2.50	0.50	0.18	5 m												
17	58.57	79.52	3:30 AM	1.00	0.36	0.29	5 m												
18	58.32	88.07					5 m												
19	49.86	61.85					5 m												
20	45.06	57.41					5 m												
21	45.34	56.12					5 m												
22	45.55	54.20	12:10 AM	0.08	0.02	0.02	5 m												
23	71.45	88.03	8:05 AM	2.67	1.12	0.60	5 m							9:13 AM	M	1.88	M	3.948	M
24	66.38	84.15	11:30 AM	0.50	0.06	0.03	5 m												
25	60.36	72.70					5 m												
26	40.82	61.51					5 m												
27	47.86	54.32	10:20 PM	0.17	0.19	0.19	5 m												
28	49.45	76.97					5 m												
29	42.56	54.85					5 m												
30	41.23	54.27					5 m												
31	37.77	47.46					5 m												
Totals:	**1638.34**			**16.50**	**7.87**			**0**	Days	**0.00**		**0.000**		**3**	Days	**16.23**		**33.324**	

Typed or Printed Name and Title of Prinipal 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	08/22/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 11 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 7-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05	9:55 AM	M	3.00	M	0.177	M																		
06	12:00 AM	M	1.00	M	0.072	M																		
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:	**2**	Days	**4.00**		**0.249**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

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]***	**7-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

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	
11	
12	
13	
14	
15	Wet Weather Day
16	Wet Weather Day
17	Wet Weather Day
18	Wet Weather Day
19	
20	
21	
22	Wet Weather Day
23	Wet Weather Day
24	
25	
26	
27	Wet Weather Day
28	Wet Weather Day
29	
30	
31	

Typed or Printed Name and Title of Prinipal 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	***08/22/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	17.43	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	177.216	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2022_07.pdf	pdf	180163.0
IN0032191_002C_CSOMRO_2022_07.pdf	pdf	469767.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.343	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.26	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	47.41	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	3.911	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.26	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.26	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	7.3	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	10.092	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.26	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.26	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	39.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	8.659	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.88	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	10.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.197	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.88	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	47.91	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	115.158	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.65	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K15-116MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	31.84	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	11.649	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.65	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	50.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	3.035	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.65	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	17.84	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	4.911	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	8.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	10.49	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.048	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	15.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.106	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	9.44	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	2.463	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.09	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.574	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	12.24	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	8.48	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	16.23	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	33.324	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	4.0	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.249	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.11	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**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 NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	11.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.358	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.25	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.021	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.086	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	8.14	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	21.65	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	6.753	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	8.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.9	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	7.08	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.26	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.002	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR 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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.292	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	3.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.137	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.2	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		
Report Dates & Status					
Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.032	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 07/01/22 to 07/31/22**	**DMR Due Date:**	**08/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	7.33	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-08-22 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:	2022-08-22 13:30 (Time Zone: -04:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

September 21, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of August 2022

We are pleased to enclose a completed CSO MRO form for the month of August 2022. 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 Cadet Dr_P26 rain gauge malfunctioned during the month of August 2022. The City used the Pemberton Dr_P10 rain gauge for CSO's 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81.
-

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:20 PM	0.83	0.16	0.13	5 m												
04	38.87	51.60	1:00 AM	0.08	0.01	0.01	5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:30 PM	0.25	0.03	0.02	5 m												
08	86.72	88.13	12:00 AM	3.50	2.28	0.98	5 m												
09	73.87	88.01	2:45 AM	0.42	0.10	0.07	5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:30 PM	0.33	0.05	0.05	5 m												
14	44.43	71.90	3:25 AM	0.67	0.12	0.09	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	9:40 AM	1.08	0.29	0.14	5 m												
21	48.97	69.41	1:20 AM	1.25	0.32	0.13	5 m												
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	3:00 AM	2.50	0.97	0.45	5 m												
30	75.52	88.03	12:00 AM	1.58	0.28	0.20	5 m												
31	55.22	60.09					5 m												
Totals:	**1540.36**			**12.49**	**4.61**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:20 PM	0.33	0.05	0.03	5 m												
04	38.87	51.60	12:35 AM	0.08	0.01	0.01	5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:20 PM	0.58	0.41	0.37	5 m												
08	86.72	88.13	12:00 AM	3.50	2.59	0.87	5 m							1:05 AM	M	1.00	M	0.095	M
09	73.87	88.01	2:50 AM	0.25	0.03	0.02	5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:30 PM	0.17	0.03	0.03	5 m												
14	44.43	71.90	3:15 AM	0.67	0.16	0.11	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	9:45 AM	1.08	0.35	0.19	5 m												
21	48.97	69.41	1:20 AM	1.08	0.33	0.19	5 m												
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	3:00 AM	3.25	1.52	0.90	5 m							7:55 AM	M	0.33	M	0.008	M
30	75.52	88.03	12:00 AM	1.58	0.26	0.18	5 m												
31	55.22	60.09					5 m												
Totals:	**1540.36**			**12.58**	**5.74**			**0**	Days	**0.00**		**0.000**		**2**	Days	**1.33**		**0.103**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:50 PM	0.25	0.03	0.02	5 m												
04	38.87	51.60	1:30 AM	0.08	0.01	0.01	5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:20 PM	0.50	0.63	0.54	5 m	3:30 PM	M	0.83	M	0.373	M	3:35 PM	M	0.58	M	0.053	M
08	86.72	88.13	12:00 AM	3.75	2.33	0.83	5 m	12:05 AM	M	5.17	M	1.351	M	12:10 AM	M	3.17	M	0.488	M
09	73.87	88.01					5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:30 PM	0.17	0.03	0.03	5 m												
14	44.43	71.90	3:10 AM	0.75	0.19	0.14	5 m	4:40 AM	M	0.58	M	0.044	M						
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	9:45 AM	0.92	0.40	0.31	5 m	12:45 PM	M	1.42	M	0.223	M	12:55 PM	M	0.75	M	0.024	M
21	48.97	69.41	12:30 AM	1.17	0.34	0.20	5 m	5:40 AM	M	0.75	M	0.111	M	1:50 PM	M	0.25	M	0.002	M
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	3:00 AM	3.58	1.94	1.13	5 m	3:10 AM	M	3.75	M	1.884	M	3:35 AM	M	1.58	M	0.210	M
30	75.52	88.03	12:00 AM	1.67	0.29	0.20	5 m	12:00 AM	M	1.17	M	0.150	M						
31	55.22	60.09					5 m												
Totals:	**1540.36**			**12.83**	**6.19**			**7**	Days	**13.67**		**4.136**		**5**	Days	**6.33**		**0.777**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07	3:30 PM	M	0.50	M	0.068	M	3:30 PM	M	0.33	M	0.158	M	3:30 PM	M	0.58	M	0.515	M						
08	12:10 AM	M	3.50	M	0.407	M	12:10 AM	M	1.75	M	0.810	M	12:10 AM	M	3.75	M	3.086	M	12:50 AM	M	1.58	M	0.021	M
09																								
10																								
11																								
12																								
13																								
14													4:45 AM	M	0.42	M	0.073	M						
15																								
16																								
17																								
18																								
19																								
20	12:55 PM	M	0.42	M	0.040	M	12:50 PM	M	0.25	M	0.003	M	12:50 PM	M	0.83	M	0.224	M						
21	1:30 PM	M	0.33	M	0.015	M							1:30 PM	M	0.42	M	0.115	M						
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29	3:20 AM	M	2.33	M	0.272	M	3:30 AM	M	1.25	M	0.582	M	3:15 AM	M	2.75	M	2.206	M						
30													12:25 AM	M	0.75	M	0.119	M						
31																								
Totals:	**5**	Days	**7.08**		**0.802**		**4**	Days	**3.58**		**1.553**		**7**	Days	**9.50**		**6.338**		**1**	Days	**1.58**		**0.021**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 8-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05																								
06																								
07	3:35 PM	M	0.25	M	0.034	M	3:30 PM	M	0.67	M	0.123	M												
08	12:10 AM	M	3.42	M	0.739	M	12:05 AM	M	7.75	M	3.024	M												
09																								
10																								
11																								
12																								
13																								
14	4:50 AM	M	0.08	M	0.002	M	4:40 AM	M	0.58	M	0.072	M												
15																								
16																								
17																								
18																								
19							6:05 PM	M	1.08	M	0.036	M												
20							1:35 PM	M	0.75	M	0.039	M												
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29	3:35 AM	M	1.67	M	0.464	M	3:25 AM	M	4.33	M	1.432	M												
30							12:00 AM	M	1.58	M	0.127	M												
31																								
Totals:	**4**	Days	**5.42**		**1.239**		**7**	Days	**16.74**		**4.853**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 5 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:15 PM	0.50	0.07	0.04	5 m												
04	38.87	51.60					5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:20 PM	0.50	0.20	0.18	5 m	3:35 PM	M	1.00	M	0.225	M	3:30 PM	M	0.25	M	0.006	M
08	86.72	88.13	12:00 AM	3.08	2.20	0.77	5 m	12:15 AM	M	10.58	M	2.622	M	12:10 AM	M	3.42	M	0.523	M
09	73.87	88.01	2:40 AM	0.33	0.11	0.09	5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:30 PM	0.08	0.01	0.01	5 m												
14	44.43	71.90	3:05 AM	0.67	0.12	0.06	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	9:40 AM	1.17	0.37	0.22	5 m	12:55 PM	M	0.83	M	0.115	M	12:55 PM	M	0.25	M	0.002	M
21	48.97	69.41	1:15 AM	0.75	0.15	0.11	5 m	6:40 AM	M	0.50	M	0.004	M						
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	2:55 AM	2.83	1.24	0.60	5 m	3:30 AM	M	4.33	M	1.330	M	3:30 AM	M	1.83	M	0.164	M
30	75.52	88.03	12:00 AM	1.50	0.24	0.17	5 m	12:30 AM	M	1.92	M	0.114	M						
31	55.22	60.09					5 m												
Totals:	**1540.36**			**11.42**	**4.71**			**6**	Days	**19.16**		**4.410**		**4**	Days	**5.75**		**0.695**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 5 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57					5 m												
04	38.87	51.60					5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:15 PM	0.50	0.23	0.15	5 m	4:00 PM	M	0.75	M	0.065	M						
08	86.72	88.13	12:00 AM	2.83	2.21	0.84	5 m	12:25 AM	M	15.58	M	30.013	M	12:15 AM	M	7.08	M	5.410	M
09	73.87	88.01	2:45 AM	0.33	0.11	0.09	5 m	12:00 AM	M	4.50	M	0.610	M						
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63					5 m												
14	44.43	71.90					5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	5:50 AM	1.17	0.44	0.30	5 m	10:25 AM	M	2.83	M	0.498	M	10:10 AM	M	1.25	M	0.073	M
21	48.97	69.41	1:15 AM	0.83	0.16	0.10	5 m	5:50 AM	M	1.17	M	0.168	M	5:35 AM	M	0.50	M	0.030	M
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	2:50 AM	3.00	1.23	0.48	5 m	3:40 AM	M	7.50	M	9.611	M	3:30 AM	M	2.42	M	0.563	M
30	75.52	88.03	12:00 AM	1.58	0.25	0.17	5 m	12:25 AM	M	4.92	M	2.286	M	12:25 AM	M	1.42	M	0.190	M
31	55.22	60.09					5 m												
Totals:	**1540.36**			**10.25**	**4.63**			**7**	Days	**37.25**		**43.251**		**5**	Days	**12.67**		**6.266**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08	1:05 AM	M	7.08	M	0.459	M																		
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29	3:35 AM	M	2.50	M	0.043	M																		
30	1:05 AM	M	1.33	M	0.011	M																		
31																								
Totals:	**3**	Days	**10.91**		**0.513**			Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:50 PM	0.25	0.03	0.02	5 m												
04	38.87	51.60	12:50 AM	0.08	0.01	0.01	5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:15 PM	0.50	0.69	0.52	5 m							3:30 PM	M	0.67	M	0.093	M
08	86.72	88.13	12:00 AM	3.17	2.11	0.69	5 m	12:00 AM	M	0.42	M	0.139	M	12:15 AM	M	8.83	M	1.478	M
09	73.87	88.01	2:50 AM	0.08	0.01	0.01	5 m							3:15 AM	M	0.58	M	0.012	M
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:30 PM	0.08	0.02	0.02	5 m												
14	44.43	71.90	3:10 AM	0.50	0.07	0.05	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	10:00 AM	1.08	0.43	0.33	5 m							12:50 PM	M	1.58	M	0.096	M
21	48.97	69.41	1:10 AM	1.17	0.20	0.09	5 m												
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97	2:35 PM	0.17	0.02	0.02	5 m												
29	77.20	88.13	2:55 AM	3.42	1.95	1.01	5 m							3:15 AM	M	4.08	M	0.489	M
30	75.52	88.03	12:00 AM	1.67	0.30	0.21	5 m							12:20 AM	M	1.67	M	0.057	M
31	55.22	60.09					5 m												
Totals:	**1540.36**			**12.17**	**5.84**			**1**	Days	**0.42**		**0.139**		**6**	Days	**17.41**		**2.225**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08							1:05 AM	M	1.17	M	1.569	M							1:08 AM	M	2.17	M	2.604	M
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																			7:44 AM	M	0.70	M	0.840	M
30																								
31																								
Totals:	**0**	Days	**0.00**		**0.000**		**1**	Days	**1.17**		**1.569**		**0**	Days	**0.00**		**0.000**		**2**	Days	**2.87**		**3.444**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:15 PM	1.17	0.42	0.34	5 m												
04	38.87	51.60	3:35 AM	0.08	0.01	0.01	5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	4:00 PM	0.08	0.01	0.01	5 m												
08	86.72	88.13	12:10 AM	2.17	1.38	0.86	5 m												
09	73.87	88.01					5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:35 PM	0.08	0.01	0.01	5 m												
14	44.43	71.90	3:15 AM	0.42	0.07	0.05	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	9:35 AM	0.92	0.15	0.08	5 m												
21	48.97	69.41	1:25 AM	0.83	0.18	0.12	5 m												
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97	3:40 PM	0.08	0.01	0.01	5 m												
29	77.20	88.13	2:55 AM	2.50	0.87	0.44	5 m												
30	75.52	88.03	12:00 AM	1.67	0.27	0.19	5 m												
31	55.22	60.09					5 m												
Totals:	**1540.36**			**10.00**	**3.38**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 8-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:20 PM	0.42	0.03	0.02	5 m												
04	38.87	51.60					5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:30 PM	0.42	0.09	0.06	5 m	3:43 PM	M	0.12	M	0.031	M						
08	86.72	88.13	9:00 PM	0.33	2.54	0.92	5 m	12:28 AM	M	2.28	M	0.595	M						
09	73.87	88.01					5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:25 PM	0.50	0.05	0.04	5 m												
14	44.43	71.90	3:20 AM	0.50	0.24	0.18	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	10:10 AM	0.42	0.25	0.11	5 m	1:10 PM	M	0.08	M	0.021	M						
21	48.97	69.41	1:20 AM	1.33	0.32	0.11	5 m												
22	46.89	58.68					5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	3:05 AM	1.42	1.75	1.05	5 m	3:39 AM	M	1.10	M	0.287	M						
30	75.52	88.03	12:00 AM	1.58	0.26	0.18	5 m	12:43 AM	M	0.13	M	0.034	M						
31	55.22	60.09					5 m												
Totals:	**1540.36**			**6.92**	**5.54**			**5**	Days	**3.71**		**0.968**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08	1:05 AM	M	0.33	M	0.001	M																		
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**1**	Days	**0.33**		**0.001**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	40.49	53.17					5 m												
02	33.70	38.23					5 m												
03	43.80	62.57	7:15 PM	0.50	0.07	0.04	5 m												
04	38.87	51.60	12:35 AM	0.08	0.01	0.01	5 m												
05	33.28	37.30					5 m												
06	32.92	39.52					5 m												
07	37.89	86.63	3:15 PM	0.58	0.31	0.23	5 m												
08	86.72	88.13	12:00 AM	2.92	1.41	0.56	5 m							1:07 AM	M	2.82	M	5.586	M
09	73.87	88.01					5 m												
10	60.77	72.17					5 m												
11	62.93	69.56					5 m												
12	60.72	65.59					5 m												
13	60.72	72.63	7:30 PM	0.17	0.02	0.02	5 m												
14	44.43	71.90	3:10 AM	0.75	0.23	0.19	5 m												
15	51.08	67.90					5 m												
16	51.50	62.09					5 m												
17	49.02	58.61					5 m												
18	33.28	37.98					5 m												
19	41.19	56.90					5 m												
20	50.96	88.01	10:00 AM	1.50	0.74	0.44	5 m												
21	48.97	69.41	12:45 AM	1.17	0.21	0.10	5 m												
22	46.89	58.68	4:20 AM	0.08	0.01	0.01	5 m												
23	37.74	59.52					5 m												
24	39.62	47.08					5 m												
25	42.67	47.57					5 m												
26	43.61	49.13					5 m												
27	43.39	50.70					5 m												
28	41.40	49.97					5 m												
29	77.20	88.13	3:00 AM	3.33	1.36	0.49	5 m							8:06 AM	M	0.85	M	1.785	M
30	75.52	88.03	12:00 AM	1.67	0.27	0.18	5 m												
31	55.22	60.09					5 m												
Totals:	**1540.36**			**12.75**	**4.64**			**0**	Days	**0.00**		**0.000**		**2**	Days	**3.67**		**7.371**	

Typed or Printed Name and Title of Prinipal 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	09/21/22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 8-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

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]***	**8-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

Day of Month	***Comments (further explanation as to why each CSO event occurred)***
01	
02	
03	
04	
05	
06	
07	Wet Weather Day
08	Wet Weather Day
09	Wet Weather Day
10	
11	
12	
13	
14	Wet Weather Day
15	
16	
17	
18	
19	Dry Weather Overflow
20	Wet Weather Day
21	Wet Weather Day
22	
23	
24	
25	
26	
27	
28	
29	Wet Weather Day
30	Wet Weather Day
31	

Typed or Printed Name and Title of Prinipal 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	***09/21/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2022_08.pdf	pdf	179642.0
IN0032191_002C_CSOMRO_2022_08.pdf	pdf	467413.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.139	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	17.41	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.225	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.569	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:34 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	19.16	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	4.41	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:32 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.695	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.71	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	37.25	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	43.251	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	4.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	12.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	6.266	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	10.91	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.513	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	4.63	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:33 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	13.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	4.136	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	6.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.777	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	7.08	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.802	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	3.71	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.968	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	3.58	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.553	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:30 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	9.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	6.338	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	3.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	7.371	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.58	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.021	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**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 NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:38 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.239	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.38	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	16.74	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	4.853	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	6.19	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:31 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.87	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	3.444	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:35 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR 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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.74	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	4.61	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR 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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		
Report Dates & Status					
Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.103	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.74	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:29 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:36 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.001	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 08/01/22 to 08/31/22**	**DMR Due Date:**	**09/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:37 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-09-21 14:39 (Time Zone: -04:00)

CITY OF FORT WAYNE
THOMAS C. HENRY, MAYOR

October 20, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of September 2022

We are pleased to enclose a completed CSO MRO form for the month of September 2022. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

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

The City is now using the following new rain gauge sites. The City has reassigned the CSOs to the rain gauges in the respective sewer shed.

- Oxford St_Q11 – CSO 60
- Wallace St E_N02 – CSO 57 and 64
- Ewing St_L02 – CSO 23, 24, 25, 29, 32, 39, 50 and 55
- Packard Ave W_L07 – CSO 13 and 17
- Old Mill Rd_K11 – CSO 18, 19, 20 and 21
- Brown St_J03 – CSO 04, 05, 07, 11, 12 and 56
- Anthony Blvd S_P27 - CSO 54
- Cadet Dr_P26 – CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81
- Jessie Ave_K14 – CSO 27, 33, 36, 44 and 45

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

Sincerely yours,

Susan Reas

Susan Reas
Program Manager
Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

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

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

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

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

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

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

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

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

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

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

FL – Flood

NM – No Meter

UD – Unable to determine

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	2:10 PM	0.33	0.04	0.04	5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:55 PM	2.25	0.59	0.33	5 m												
11	74.44	100.04	12:05 AM	4.42	0.64	0.17	5 m												
12	59.17	83.87	6:15 PM	1.25	0.28	0.18	5 m												
13	55.10	68.05	5:40 PM	0.17	0.02	0.01	5 m												
14	45.02	52.78	9:05 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:25 AM	0.50	0.07	0.04	5 m												
20	40.56	48.30	3:25 PM	0.17	0.03	0.03	5 m												
21	42.73	64.03	9:50 AM	0.67	0.21	0.12	5 m												
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:50 AM	0.17	0.02	0.01	5 m												
25	35.29	57.97	3:30 AM	0.58	0.13	0.05	5 m												
26	38.46	49.22					5 m												
27	33.22	46.80	5:10 AM	0.33	0.05	0.03	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**10.92**	**2.09**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	2:25 PM	0.17	0.02	0.02	5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:55 PM	1.58	0.45	0.17	5 m												
11	74.44	100.04	12:05 AM	4.08	0.62	0.16	5 m												
12	59.17	83.87	6:10 PM	1.08	0.29	0.20	5 m												
13	55.10	68.05	6:00 PM	0.08	0.01	0.01	5 m												
14	45.02	52.78	3:40 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:20 AM	0.42	0.05	0.04	5 m												
20	40.56	48.30	3:25 PM	0.08	0.03	0.03	5 m												
21	42.73	64.03	9:50 AM	0.75	0.23	0.12	5 m												
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:40 AM	0.17	0.02	0.02	5 m												
25	35.29	57.97	2:55 PM	0.75	0.15	0.08	5 m												
26	38.46	49.22					5 m												
27	33.22	46.80	5:05 AM	0.25	0.03	0.01	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**9.50**	**1.91**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	2:20 PM	0.25	0.03	0.03	5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:50 PM	1.42	0.55	0.30	5 m	8:00 PM	M	0.67	M	0.737	M	8:05 PM	M	0.83	M	0.115	M
11	74.44	100.04	12:00 AM	4.42	0.69	0.17	5 m	12:30 PM	M	2.92	M	0.292	M						
12	59.17	83.87	5:55 PM	1.08	0.23	0.15	5 m	6:40 PM	M	0.50	M	0.025	M						
13	55.10	68.05	4:20 AM	0.08	0.01	0.01	5 m												
14	45.02	52.78	3:40 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:25 AM	0.25	0.03	0.03	5 m												
20	40.56	48.30	3:25 PM	0.08	0.02	0.02	5 m												
21	42.73	64.03	9:50 AM	0.67	0.17	0.10	5 m	10:10 AM	M	0.42	M	0.008	M						
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:40 AM	0.17	0.02	0.02	5 m												
25	35.29	57.97	2:55 PM	0.67	0.15	0.06	5 m	3:15 PM	M	0.42	M	0.030	M						
26	38.46	49.22					5 m												
27	33.22	46.80	12:20 PM	0.08	0.01	0.01	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**9.25**	**1.92**			**5**	Days	**4.93**		**1.092**		**1**	Days	**0.83**		**0.115**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10	8:00 PM	M	0.58	M	0.066	M	8:05 PM	M	0.33	M	0.082	M	8:05 PM	M	0.58	M	0.388	M						
11													12:35 PM	M	1.33	M	0.167	M						
12													6:45 PM	M	0.42	M	0.102	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21													10:10 AM	M	0.33	M	0.011	M						
22																								
23																								
24																								
25													7:50 PM	M	0.17	M	0.002	M						
26																								
27																								
28																								
29																								
30																								
Totals:	**1**	Days	**0.58**		**0.066**		**1**	Days	**0.33**		**0.082**		**5**	Days	**2.83**		**0.670**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 9-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10	8:10 PM	M	0.25	M	0.028	M	8:05 PM	M	1.25	M	0.164	M												
11							12:00 AM	M	3.25	M	0.156	M												
12	6:50 PM	M	0.08	M	0.006	M	6:35 PM	M	0.67	M	0.115	M												
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21							10:00 AM	M	0.58	M	0.022	M												
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**2**	Days	**0.33**		**0.034**		**4**	Days	**5.75**		**0.457**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 5 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 9-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	2:25 PM	0.25	0.03	0.02	5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:45 PM	2.00	0.69	0.36	5 m	8:10 PM	M	1.00	M	0.217	M	8:10 PM	M	0.50	M	0.044	M
11	74.44	100.04	12:10 AM	4.50	0.68	0.17	5 m	12:15 AM	M	5.08	M	0.231	M						
12	59.17	83.87	6:10 PM	1.17	0.29	0.20	5 m	7:00 PM	M	0.67	M	0.065	M						
13	55.10	68.05	6:00 PM	0.08	0.01	0.01	5 m												
14	45.02	52.78	2:10 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46	8:50 AM	0.08	0.01	0.01	5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:25 AM	0.50	0.08	0.06	5 m												
20	40.56	48.30	3:25 PM	0.17	0.04	0.04	5 m												
21	42.73	64.03	9:50 AM	0.83	0.17	0.12	5 m												
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:45 AM	0.08	0.01	0.01	5 m												
25	35.29	57.97	3:20 AM	0.75	0.15	0.09	5 m												
26	38.46	49.22					5 m												
27	33.22	46.80	5:00 AM	0.25	0.04	0.02	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**10.75**	**2.21**			**3**	Days	**6.75**		**0.513**		**1**	Days	**0.50**		**0.044**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 5 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 9-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42					5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:40 PM	1.83	0.98	0.53	5 m	8:05 PM	M	3.92	M	6.724	M	8:00 PM	M	2.25	M	1.310	M
11	74.44	100.04	12:05 AM	4.42	0.69	0.17	5 m	12:00 AM	M	16.50	M	8.882	M	12:00 AM	M	5.67	M	0.646	M
12	59.17	83.87	6:00 PM	1.08	0.32	0.24	5 m	6:35 PM	M	5.08	M	1.611	M	6:45 PM	M	0.75	M	0.099	M
13	55.10	68.05	5:35 PM	0.17	0.05	0.01	5 m	12:00 AM	M	1.33	M	0.226	M						
14	45.02	52.78					5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59					5 m												
20	40.56	48.30	3:25 PM	0.25	0.03	0.01	5 m												
21	42.73	64.03	9:50 AM	0.92	0.22	0.16	5 m	10:35 AM	M	2.17	M	0.619	M	10:25 AM	M	0.75	M	0.063	M
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:45 AM	0.08	0.01	0.01	5 m												
25	35.29	57.97	3:20 AM	0.67	0.15	0.09	5 m	5:05 PM	M	0.50	M	0.027	M						
26	38.46	49.22					5 m												
27	33.22	46.80					5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**9.42**	**2.45**			**6**	Days	**29.50**		**18.089**		**4**	Days	**9.42**		**2.118**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10	8:00 PM	M	2.58	M	0.184	M																		
11	12:00 AM	M	8.67	M	0.134	M																		
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**2**	Days	**11.25**		**0.318**			Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	2:30 PM	0.25	0.03	0.02	5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:45 PM	1.42	0.35	0.19	5 m							7:55 PM	M	2.00	M	0.539	M
11	74.44	100.04	12:05 AM	4.58	0.76	0.17	5 m							12:00 AM	M	6.42	M	0.238	M
12	59.17	83.87	5:50 PM	1.08	0.26	0.17	5 m							6:45 PM	M	0.75	M	0.053	M
13	55.10	68.05	5:25 PM	0.17	0.02	0.01	5 m												
14	45.02	52.78	6:30 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:25 AM	0.42	0.06	0.06	5 m												
20	40.56	48.30	3:20 PM	0.25	0.03	0.03	5 m												
21	42.73	64.03	9:50 AM	0.75	0.15	0.08	5 m							10:20 AM	M	0.83	M	0.024	M
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:35 AM	0.25	0.03	0.03	5 m												
25	35.29	57.97	3:35 AM	0.58	0.17	0.10	5 m												
26	38.46	49.22					5 m												
27	33.22	46.80	4:55 AM	0.33	0.04	0.01	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**10.17**	**1.91**			**0**	Days	**0.00**		**0.000**		**4**	Days	**10.00**		**0.854**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 7 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10													1:35 PM	M	0.67	M	0.055	M						
11													8:10 PM	M	0.92	M	0.040	M	2:25 PM	M	0.07	M	0.080	M
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**2**	Days	**1.59**		**0.095**		**1**	Days	**0.07**		**0.080**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	6:05 PM	0.17	0.03	0.03	5 m												
05	35.94	47.21	5:00 AM	0.08	0.01	0.01	5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:50 PM	2.25	0.53	0.18	5 m												
11	74.44	100.04	12:00 AM	4.42	0.75	0.17	5 m												
12	59.17	83.87	5:35 PM	1.50	0.27	0.14	5 m												
13	55.10	68.05	6:10 PM	0.08	0.01	0.01	5 m												
14	45.02	52.78	5:05 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:25 AM	0.50	0.07	0.03	5 m												
20	40.56	48.30	3:35 PM	0.08	0.02	0.02	5 m												
21	42.73	64.03	9:55 AM	1.00	0.32	0.25	5 m												
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:55 AM	0.08	0.01	0.01	5 m												
25	35.29	57.97	3:20 AM	0.83	0.17	0.08	5 m												
26	38.46	49.22	1:15 PM	0.08	0.01	0.01	5 m												
27	33.22	46.80	5:05 AM	0.50	0.11	0.07	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**11.67**	**2.32**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 9-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42					5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:55 PM	1.83	0.50	0.04	5 m	8:13 PM	M	0.24	M	0.061	M						
11	74.44	100.04	12:00 AM	4.25	0.63	0.03	5 m	1:36 PM	M	0.16	M	0.043	M						
12	59.17	83.87					5 m												
13	55.10	68.05					5 m												
14	45.02	52.78					5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:20 AM	0.42	0.18	0.18	5 m												
20	40.56	48.30	3:55 PM	0.25	0.14	0.12	5 m												
21	42.73	64.03	9:50 AM	0.75	0.18	0.10	5 m												
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11					5 m												
25	35.29	57.97	2:40 PM	0.67	0.13	0.11	5 m												
26	38.46	49.22					5 m												
27	33.22	46.80	4:30 AM	0.92	0.13	0.04	5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**9.08**	**1.89**			**2**	Days	**0.40**		**0.104**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	51.07	58.13					5 m												
02	39.13	49.34					5 m												
03	36.81	49.48					5 m												
04	37.38	45.42	2:25 PM	0.25	0.03	0.03	5 m												
05	35.94	47.21					5 m												
06	42.08	47.76					5 m												
07	34.22	47.16					5 m												
08	39.57	46.55					5 m												
09	38.07	47.14					5 m												
10	37.86	99.89	7:45 PM	1.00	0.33	0.22	5 m												
11	74.44	100.04	12:10 AM	4.25	0.72	0.17	5 m												
12	59.17	83.87	6:05 PM	0.83	0.11	0.06	5 m												
13	55.10	68.05	5:55 PM	0.08	0.01	0.01	5 m												
14	45.02	52.78	4:40 AM	0.08	0.01	0.01	5 m												
15	41.58	51.46					5 m												
16	41.42	48.17					5 m												
17	42.11	49.97					5 m												
18	37.72	45.73					5 m												
19	34.12	48.59	3:20 AM	0.50	0.06	0.05	5 m												
20	40.56	48.30					5 m												
21	42.73	64.03	9:45 AM	0.75	0.15	0.09	5 m												
22	36.41	50.27					5 m												
23	36.79	45.08					5 m												
24	35.30	43.11	5:45 AM	0.08	0.01	0.01	5 m												
25	35.29	57.97	3:00 PM	0.75	0.14	0.11	5 m												
26	38.46	49.22					5 m												
27	33.22	46.80					5 m												
28	38.21	43.61					5 m												
29	35.34	44.32					5 m												
30	29.94	34.28					5 m												
Totals:	**1225.08**			**8.58**	**1.57**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	10-20-22

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 9-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	***Fort Wayne***	***Page:*** ***[12] of [12]***	***Permit Number:*** ***IN0032191***
Facility:	***Fort Wayne - P.L. Brunner WWTP***	***Public Notification Requirements Met?***	Y
Monitoring Period: ***[MONTH]***	**9-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

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	Wet Weather Day
13	Wet Weather Day
14	
15	
16	
17	
18	
19	
20	
21	Wet Weather Day
22	
23	
24	
25	Wet Weather Day
26	
27	
28	
29	
30	

Typed or Printed Name and Title of Prinipal 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	***10-20-22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

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: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2022_09.pdf	pdf	462531.0
IN0032191_002C_LETTER_2022_09.pdf	pdf	158941.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:24 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	10.0	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.854	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.59	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.095	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	6.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.513	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.21	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.044	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.21	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	29.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	18.089	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	9.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.118	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	11.25	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.318	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:15 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	4.93	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.092	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.115	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.58	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.066	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-202MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.57	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-238MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.4	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.104	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.082	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.67	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.57	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.57	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.57	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:20 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**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 NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.57	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:23 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.034	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:13 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	5.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.457	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.92	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:14 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.07	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.08	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:16 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT 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:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.09	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:11 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:19 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status					
Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:17 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.91	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:12 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 09/01/22 to 09/30/22**	**DMR Due Date:**	**10/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.89	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:18 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-10-20 08:25 (Time Zone: -04:00)

CITY OF FORT WAYNE
THOMAS C. HENRY, MAYOR

November 17, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of October 2022

We are pleased to enclose a completed CSO MRO form for the month of October 2022. 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 4

The City is completing a project at the intersection of Wayne St. and Anthony Blvd. The flow meter for CSO 055 is located at this respective location. The flow meter at CSO 055 had to be removed on October 17, 2022 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 055 for October 17, 2022 to October 31, 2022, on this CSO MRO report.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager -Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26	12:10 AM	0.08	0.01	0.01	5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:55 PM	0.58	0.17	0.12	5 m												
13	31.92	50.00	4:50 AM	0.17	0.02	0.01	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:25 AM	0.42	0.05	0.05	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	5:00 PM	0.50	0.06	0.03	5 m												
18	52.55	69.84	1:00 AM	4.08	0.49	0.07	5 m												
19	37.76	50.25	8:35 AM	0.08	0.01	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:40 PM	3.33	0.58	0.22	5 m												
26	53.01	88.00	3:30 AM	0.42	0.05	0.02	5 m												
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	5:55 PM	1.17	0.21	0.16	5 m												
31	51.58	71.78	12:15 AM	1.83	0.30	0.12	5 m												
Totals:	**1170.46**			**12.66**	**1.95**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26	12:05 AM	0.17	0.02	0.02	5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:55 PM	0.42	0.13	0.11	5 m												
13	31.92	50.00	4:50 AM	0.25	0.03	0.01	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:30 AM	0.42	0.06	0.05	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	5:05 PM	3.58	0.45	0.10	5 m												
18	52.55	69.84	12:05 AM	1.25	0.15	0.03	5 m												
19	37.76	50.25	7:45 AM	0.17	0.02	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:40 PM	3.33	0.58	0.21	5 m												
26	53.01	88.00	12:20 AM	0.33	0.04	0.01	5 m												
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	6:45 PM	1.00	0.13	0.10	5 m												
31	51.58	71.78	12:20 AM	1.75	0.26	0.09	5 m												
Totals:	**1170.46**			**12.67**	**1.87**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	WWTP Influent Data		Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26					5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:40 PM	0.58	0.10	0.06	5 m												
13	31.92	50.00	4:50 AM	0.25	0.03	0.01	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:25 AM	0.33	0.06	0.06	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	4:55 PM	3.67	0.56	0.12	5 m												
18	52.55	69.84	12:05 AM	1.75	0.21	0.04	5 m												
19	37.76	50.25	3:10 PM	0.08	0.01	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:40 PM	3.33	0.64	0.24	5 m	8:00 PM	M	2.92	M	0.389	M	9:00 PM	M	0.83	M	0.002	M
26	53.01	88.00	3:50 AM	0.25	0.03	0.01	5 m												
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	7:00 PM	0.67	0.09	0.07	5 m												
31	51.58	71.78	12:25 AM	1.92	0.27	0.08	5 m	4:35 PM	M	0.75	M	0.098	M						
Totals:	**1170.46**			**12.83**	**2.00**			**2**	Days	**3.67**		**0.487**		**1**	Days	**0.83**		**0.002**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12													9:20 PM	M	0.25	M	0.011	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25													8:00 PM	M	2.17	M	0.292	M						
26																								
27																								
28																								
29																								
30																								
31	4:45 PM	M	0.33	M	0.004	M							4:40 PM	M	0.50	M	0.095	M						
Totals:	**1**	Days	**0.33**		**0.004**		**0**	Days	**0.00**		**0.000**		**3**	Days	**2.92**		**0.398**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 10-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12							9:20 PM	M	0.25	M	0.003	M												
13																								
14																								
15																								
16																								
17							9:05 PM	M	1.30	M	0.050	M												
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**0**	Days	**0.00**		**0.000**		**2**	Days	**1.55**		**0.053**			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26	12:05 AM	0.17	0.02	0.02	5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:55 PM	0.33	0.08	0.06	5 m												
13	31.92	50.00	4:10 AM	0.25	0.03	0.02	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:30 AM	0.33	0.05	0.05	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	5:25 PM	2.42	0.29	0.07	5 m												
18	52.55	69.84	12:15 AM	1.58	0.19	0.06	5 m												
19	37.76	50.25	7:45 AM	0.08	0.01	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:35 PM	3.25	0.58	0.23	5 m	8:35 PM	M	3.42	M	0.238	M						
26	53.01	88.00	1:30 AM	0.17	0.02	0.01	5 m	12:15 AM	M	0.33	M	0.003	M						
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	6:55 PM	0.83	0.12	0.09	5 m												
31	51.58	71.78	12:25 AM	1.75	0.25	0.08	5 m	4:50 PM	M	1.42	M	0.033	M						
Totals:	**1170.46**			**11.17**	**1.64**			**3**	Days	**5.17**		**0.274**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 5 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26					5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	8:45 AM	0.42	0.11	0.09	5 m	9:45 PM	M	1.08	M	0.119	M	9:25 PM	M	0.50	M	0.026	M
13	31.92	50.00					5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:20 AM	0.42	0.06	0.06	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	5:10 PM	0.67	0.08	0.04	5 m	10:35 PM	M	1.42	M	0.059	M						
18	52.55	69.84	12:45 AM	5.42	0.65	0.11	5 m	12:00 AM	M	1.17	M	0.098	M						
19	37.76	50.25	6:55 AM	0.17	0.02	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:30 PM	3.33	0.60	0.22	5 m	8:35 PM	M	3.42	M	3.396	M	8:35 PM	M	2.83	M	0.292	M
26	53.01	88.00	12:15 AM	0.25	0.03	0.01	5 m	12:00 AM	M	2.50	M	0.668	M						
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	10:20 AM	1.33	0.31	1.13	5 m	8:05 PM	M	1.33	M	0.151	M						
31	51.58	71.78	12:20 AM	2.00	0.29	0.07	5 m	10:55 AM	M	3.83	M	0.559	M						
Totals:	**1170.46**			14.01	**2.15**			**7**	Days	**14.75**		**5.050**		**2**	Days	**3.33**		**0.318**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25	9:25 PM	M	2.58	M	0.047	M																		
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**1**	Days	**2.58**		**0.047**			Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26	12:00 AM	0.17	0.02	0.02	5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:35 PM	0.50	0.09	0.05	5 m												
13	31.92	50.00	4:45 AM	0.25	0.03	0.01	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:25 AM	0.33	0.06	0.06	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	4:50 PM	1.00	0.12	0.04	5 m												
18	52.55	69.84	12:10 AM	5.42	0.65	0.07	5 m												
19	37.76	50.25	7:05 AM	0.17	0.02	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:25 PM	3.58	0.65	0.23	5 m							8:35 PM	M	3.17	M	0.145	M
26	53.01	88.00	12:20 AM	0.25	0.03	0.01	5 m												
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	7:15 PM	0.58	0.07	0.05	5 m												
31	51.58	71.78	12:20 AM	2.17	0.44	0.21	5 m												
Totals:	**1170.46**			**14.42**	**2.18**			**0**	Days	**0.00**		**0.000**		**1**	Days	**3.17**		**0.145**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25													9:05 PM	M	1.33	M	0.050	M						
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	**0**	Days	**0.00**		**0.000**		0	Days	**0.00**		**0.000**		1	Days	**1.33**		**0.050**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26					5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:50 PM	0.75	0.11	0.04	5 m												
13	31.92	50.00	5:35 AM	0.17	0.02	0.01	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:35 AM	0.42	0.06	0.05	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	5:30 PM	1.92	0.23	0.09	5 m												
18	52.55	69.84	12:05 AM	2.92	0.35	0.04	5 m												
19	37.76	50.25	7:25 AM	0.17	0.02	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:35 PM	3.42	0.58	0.23	5 m												
26	53.01	88.00	3:30 AM	0.33	0.04	0.02	5 m												
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	5:45 PM	1.17	0.22	0.13	5 m												
31	51.58	71.78	12:10 AM	1.00	0.20	0.07	5 m												
Totals:	**1170.46**			**12.25**	**1.83**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 10-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26					5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23					5 m												
13	31.92	50.00					5 m												
14	35.61	42.66					5 m												
15	28.87	34.30					5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	6:15 PM	2.08	0.25	0.09	5 m												
18	52.55	69.84	12:15 AM	2.58	0.31	0.04	5 m												
19	37.76	50.25	8:15 AM	0.08	0.01	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:40 PM	3.50	0.61	0.21	5 m	8:49 PM	M	0.54	M	0.139	M						
26	53.01	88.00	12:25 AM	0.33	0.04	0.02	5 m												
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02					5 m												
31	51.58	71.78					5 m												
Totals:	**1170.46**			**8.58**	**1.22**			**1**	Days	**0.54**		**0.139**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	37.07	49.38					5 m												
02	29.17	36.47					5 m												
03	29.66	34.70					5 m												
04	34.20	48.66					5 m												
05	38.20	43.68					5 m												
06	35.68	42.69					5 m												
07	28.97	41.26					5 m												
08	35.95	45.90					5 m												
09	30.76	42.10					5 m												
10	33.27	43.70					5 m												
11	31.04	43.46					5 m												
12	35.75	44.23	7:15 PM	0.67	0.09	0.05	5 m												
13	31.92	50.00	4:20 AM	0.25	0.03	0.02	5 m												
14	35.61	42.66					5 m												
15	28.87	34.30	12:25 AM	0.50	0.06	0.05	5 m												
16	35.22	46.91					5 m												
17	35.92	69.80	4:45 PM	1.00	0.12	0.04	5 m												
18	52.55	69.84	12:00 AM	5.25	0.63	0.06	5 m												
19	37.76	50.25	7:45 AM	0.08	0.01	0.01	5 m												
20	35.86	41.61					5 m												
21	34.19	39.01					5 m												
22	33.00	39.93					5 m												
23	31.73	40.29					5 m												
24	28.73	34.13					5 m												
25	40.17	88.03	6:25 PM	3.42	0.64	0.23	5 m							10:15 PM	M	0.60	M	1.260	M
26	53.01	88.00	12:25 AM	0.33	0.04	0.01	5 m							9:48 AM	M	0.67	M	1.365	M
27	45.41	58.21					5 m												
28	55.23	61.82					5 m												
29	55.78	61.85					5 m												
30	48.21	68.02	7:25 PM	0.50	0.06	0.04	5 m												
31	51.58	71.78	12:20 AM	2.50	0.37	0.11	5 m												
Totals:	**1170.46**			**14.50**	**2.05**			**0**	Days	**0.00**		**0.000**		**2**	Days	**1.27**		**2.625**	

Typed or Printed Name and Title of Prinipal 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	11/17/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 10-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	***Fort Wayne***	***Page:*** ***[12] of [12]***	***Permit Number:*** ***IN0032191***
Facility:	***Fort Wayne - P.L. Brunner WWTP***	***Public Notification Requirements Met?***	Y
Monitoring Period: ***[MONTH]***	**10-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

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	Wet Weather Day
13	
14	
15	
16	
17	Wet Weather Day
18	Wet Weather Day
19	
20	
21	
22	
23	
24	
25	Wet Weather Day
26	Wet Weather Day
27	
28	
29	
30	Wet Weather Day
31	Wet Weather Day

Typed or Printed Name and Title of Prinipal 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	***11/17/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2022_10.pdf	pdf	188093.0
IN0032191_002C_CSOMRO_2022_10.pdf	pdf	518898.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:46 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	**004-C** CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.18	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:33 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	3.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.145	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.18	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:34 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.18	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:34 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	**011-C** CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.18	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:34 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.05	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.18	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:35 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	**013-C** CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	5.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.274	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	1.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:32 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.64	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:32 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	14.75	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	5.05	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.15	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:32 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K15-116MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	3.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.318	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.15	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:32 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.58	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.047	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.15	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:32 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	3.67	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.487	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:29 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.83	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.002	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:29 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.004	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:29 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.05	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:46 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.54	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.139	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:35 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:30 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	2.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.398	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:30 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.27	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.625	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.05	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.05	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:30 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	**044-C** CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.05	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**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 NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.05	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:44 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:30 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:44 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:45 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.83	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:35 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.55	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.053	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.0	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:31 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.18	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:35 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:29 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.95	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:28 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:45 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR 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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:45 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.87	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:29 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:45 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:46 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 10/01/22 to 10/31/22**	**DMR Due Date:**	**11/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.22	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:46 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-11-17 08:50 (Time Zone: -05:00)

CITY OF FORT WAYNE
THOMAS C. HENRY, MAYOR

December 14, 2022

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of November 2022

We are pleased to enclose a completed CSO MRO form for the month of November 2022. 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 4

The City is completing a project at the intersection of Wayne St. and Anthony Blvd. The flow meter for CSO 055 is located at this respective location. The flow meter at CSO 055 had to be removed on October 17, 2022 due to this construction project. The City then reinstalled the meter on November 30, 2022. The City temporarily used modeling to estimate overflows for CSO 055 for the entire month of November 2022, on this CSO MRO report.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager -Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38	5:40 AM	0.08	0.01	0.01	5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46					5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	1:05 PM	0.92	0.11	0.03	5 m												
13	34.61	49.87	10:45 AM	0.42	0.05	0.01	5 m												
14	38.81	48.03					5 m												
15	29.71	36.90	4:55 PM	0.42	0.05	0.01	5 m												
16	37.20	43.86	12:15 AM	0.33	0.04	0.02	5 m												
17	30.51	35.43	11:00 AM	0.08	0.01	0.01	5 m												
18	37.36	44.02					5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	6:55 PM	0.17	0.02	0.01	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:55 AM	6.17	1.35	0.42	5 m												
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:45 AM	1.00	0.17	0.11	5 m												
Totals:	**1139.63**			**9.59**	**1.81**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 1 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38	12:45 AM	0.08	0.01	0.01	5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46	10:05 AM	0.08	0.01	0.01	5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	9:25 AM	1.33	0.16	0.04	5 m												
13	34.61	49.87	9:25 AM	0.08	0.01	0.01	5 m												
14	38.81	48.03					5 m												
15	29.71	36.90	4:45 PM	0.75	0.09	0.03	5 m												
16	37.20	43.86	8:35 PM	0.08	0.01	0.01	5 m												
17	30.51	35.43	11:30 PM	0.17	0.02	0.02	5 m												
18	37.36	44.02	12:10 AM	0.33	0.04	0.02	5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	8:35 PM	0.17	0.02	0.01	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:55 AM	6.50	1.31	0.37	5 m												
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:45 AM	0.83	0.16	0.10	5 m												
Totals:	**1139.63**			**10.42**	**1.84**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 2 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	WWTP Influent Data		Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38	12:15 AM	0.17	0.01	0.01	5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46	5:40 PM	0.17	0.01	0.01	5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	9:30 AM	0.50	0.16	0.04	5 m												
13	34.61	49.87	1:35 PM	0.08	0.01	0.01	5 m												
14	38.81	48.03					5 m												
15	29.71	36.90	5:10 PM	0.25	0.09	0.03	5 m												
16	37.20	43.86					5 m												
17	30.51	35.43					5 m												
18	37.36	44.02					5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89					5 m												
25	27.86	34.83	4:20 PM	0.08	0.01	0.01	5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:55 AM	6.50	1.31	0.05	5 m	4:00 AM	M	5.25	M	0.643	M	4:35 AM	M	2.33	M	0.157	M
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:45 AM	0.83	0.16	0.10	5 m	12:05 AM	M	0.75	M	0.048	M						
Totals:	**1139.63**			**2.25**	**1.78**			**2**	Days	**6.00**		**0.691**		**1**	Days	**2.33**		**0.157**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 3 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27	4:25 AM	M	1.50	M	0.021	M							4:00 AM	M	3.33	M	0.730	M						
28																								
29																								
30													12:10 AM	M	0.67	M	0.084	M						
Totals:	**1**	Days	**1.50**		**0.021**		**0**	Days	**0.00**		**0.000**		**2**	Days	**4.00**		**0.814**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 11-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27	4:35 AM	M	1.33	M	0.063	M																		
28																								
29																								
30																								
Totals:	**1**	Days	**1.33**		**0.063**		**0**	Days	**0.00**		**0.000**			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 5 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 11-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38					5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46	10:00 AM	0.08	0.01	0.01	5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	9:45 AM	0.58	0.07	0.02	5 m												
13	34.61	49.87					5 m												
14	38.81	48.03					5 m												
15	29.71	36.90	4:55 PM	0.58	0.07	0.03	5 m												
16	37.20	43.86					5 m												
17	30.51	35.43					5 m												
18	37.36	44.02	6:00 AM	0.08	0.01	0.01	5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	8:45 PM	0.17	0.02	0.01	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:55 AM	6.42	1.33	0.40	5 m	4:25 AM	M	10.92	M	0.931	M	5:00 AM	M	1.92	M	0.072	M
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:45 AM	0.83	0.18	0.10	5 m	12:30 AM	M	2.00	M	0.064	M						
Totals:	**1139.63**			**8.75**	**1.69**			**2**	Days	**12.92**		**0.995**		**1**	Days	**1.92**		**0.072**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 5 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 11-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38	1:30 AM	0.08	0.01	0.01	5 m												
02	31.72	37.70					5 m												
03	34.41	46.33	8:50 AM	0.08	0.01	0.01	5 m												
04	37.83	46.60					5 m												
05	40.23	48.46	5:40 PM	0.08	0.02	0.02	5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	1:10 PM	0.92	0.11	0.03	5 m												
13	34.61	49.87	9:25 AM	0.50	0.06	0.01	5 m												
14	38.81	48.03	11:45 AM	0.08	0.01	0.01	5 m												
15	29.71	36.90	4:30 PM	0.42	0.05	0.01	5 m												
16	37.20	43.86	12:00 AM	0.42	0.05	0.02	5 m												
17	30.51	35.43					5 m												
18	37.36	44.02					5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01	12:20 PM	0.08	0.01	0.01	5 m												
22	35.49	43.95	1:45 PM	0.17	0.10	0.10	5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	8:30 PM	0.17	0.02	0.01	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:40 AM	6.75	1.42	0.43	5 m	4:25 AM	M	18.83	M	18.909	M	4:20 AM	M	9.17	M	1.452	M
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:40 AM	0.92	0.17	0.09	5 m	12:40 AM	M	2.33	M	0.593	M	12:35 AM	M	0.75	M	0.034	M
Totals:	**1139.63**			**10.67**	**2.04**			**2**	Days	**21.16**		**19.502**		**2**	Days	**9.92**		**1.486**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 6 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27	4:50 AM	M	13.25	M	0.314	M																		
28																								
29																								
30																								
Totals:	**1**	Days	**13.25**		**0.314**			Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38	12:20 AM	0.17	0.02	0.01	5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46	4:00 PM	0.17	0.03	0.02	5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	5:05 PM	0.92	0.11	0.04	5 m												
13	34.61	49.87	9:15 AM	0.67	0.08	0.02	5 m												
14	38.81	48.03	12:00 PM	0.25	0.03	0.02	5 m												
15	29.71	36.90	4:45 PM	0.50	0.06	0.02	5 m												
16	37.20	43.86	12:35 AM	0.42	0.05	0.01	5 m												
17	30.51	35.43	11:05 AM	0.08	0.01	0.01	5 m												
18	37.36	44.02	1:00 AM	0.25	0.03	0.01	5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	8:30 PM	0.25	0.03	0.02	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:55 AM	6.58	1.43	0.41	5 m							4:15 AM	M	10.42	M	0.499	M
28	71.92	95.41					5 m												
29	43.09	72.78	5:00 PM	0.08	0.01	0.01	5 m												
30	54.82	88.14	12:45 AM	0.83	0.23	0.13	5 m							12:25 AM	M	0.75	M	0.014	M
Totals:	**1139.63**			**11.17**	**2.12**			**0**	Days	**0.00**		**0.000**		**2**	Days	**11.17**		**0.513**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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													4:35 AM	M	4.42	M	0.367	M	6:31 AM	M	1.20	M	1.440	M
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		0	Days	**0.00**		**0.000**		1	Days	**4.42**		**0.367**		**1**	Days	**1.20**		**1.440**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38	12:45 AM	0.08	0.01	0.01	5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46	9:35 AM	0.08	0.01	0.01	5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	12:10 PM	1.17	0.14	0.05	5 m												
13	34.61	49.87	10:50 AM	0.17	0.02	0.01	5 m												
14	38.81	48.03					5 m												
15	29.71	36.90	4:35 PM	0.83	0.10	0.03	5 m												
16	37.20	43.86					5 m												
17	30.51	35.43					5 m												
18	37.36	44.02					5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	7:15 PM	0.08	0.01	0.01	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:45 AM	5.75	1.30	0.45	5 m												
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:45 AM	0.83	0.25	0.13	5 m												
Totals:	**1139.63**			**9.00**	**1.84**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38					5 m												
02	31.72	37.70					5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m	12:20 PM	M	0.61	M	0.159	M						
05	40.23	48.46	5:40 PM	0.17	0.02	0.02	5 m	12:21 AM	M	1.43	M	0.373	M						
06	33.69	44.81					5 m	12:32 AM	M	1.45	M	0.378	M						
07	36.14	44.06					5 m	12:40 AM	M	1.10	M	0.287	M						
08	31.51	43.54					5 m	12:53 AM	M	0.70	M	0.183	M						
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	5:00 PM	1.08	0.13	0.04	5 m												
13	34.61	49.87	5:20 AM	0.58	0.07	0.02	5 m												
14	38.81	48.03					5 m												
15	29.71	36.90	4:50 PM	0.75	0.09	0.02	5 m												
16	37.20	43.86	12:45 AM	0.17	0.02	0.01	5 m												
17	30.51	35.43	10:40 AM	0.08	0.01	0.01	5 m												
18	37.36	44.02					5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89					5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	4:00 AM	6.33	1.4	0.06	5 m	6:18 AM	M	0.17	M	0.044	M						
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:30 AM	1.00	0.22	0.11	5 m												
Totals:	**1139.63**			**3.83**	**1.96**			**6**	Days	**5.46**		**1.424**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 9 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 11-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	35.19	44.38					5 m												
02	31.72	37.70	8:45 AM	0.08	0.01	0.01	5 m												
03	34.41	46.33					5 m												
04	37.83	46.60					5 m												
05	40.23	48.46					5 m												
06	33.69	44.81					5 m												
07	36.14	44.06					5 m												
08	31.51	43.54					5 m												
09	30.01	41.83					5 m												
10	35.16	42.90					5 m												
11	31.21	41.80					5 m												
12	37.22	47.11	2:45 PM	1.08	0.13	0.03	5 m												
13	34.61	49.87	9:50 AM	0.50	0.06	0.02	5 m												
14	38.81	48.03	1:35 PM	0.08	0.01	0.01	5 m												
15	29.71	36.90	11:05 AM	0.42	0.05	0.01	5 m												
16	37.20	43.86	1:00 AM	0.42	0.05	0.02	5 m												
17	30.51	35.43	11:40 AM	0.08	0.01	0.01	5 m												
18	37.36	44.02					5 m												
19	29.31	36.66					5 m												
20	35.94	47.14					5 m												
21	31.90	44.01					5 m												
22	35.49	43.95					5 m												
23	29.44	35.19					5 m												
24	38.32	47.89	5:30 PM	0.25	0.03	0.01	5 m												
25	27.86	34.83					5 m												
26	35.20	47.77					5 m												
27	83.82	101.02	3:50 AM	6.75	1.35	0.36	5 m												
28	71.92	95.41					5 m												
29	43.09	72.78					5 m												
30	54.82	88.14	12:40 AM	0.92	0.25	0.14	5 m												
Totals:	**1139.63**			**10.58**	**1.95**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	12/14/22

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 11-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

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]***	**11-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

Day of Month	***Comments (further explanation as to why each CSO event occurred)***
01	
02	
03	
04	DWO
05	DWO
06	DWO
07	DWO
08	DWO
09	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	Wet Weather
28	
29	
30	Wet Weather

Typed or Printed Name and Title of Prinipal 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	***12/14/22***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2022_11.pdf	pdf	188221.0
IN0032191_002C_CSOMRO_2022_11.pdf	pdf	1096263.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:52 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	**004-C** CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											11.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											0.513	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	**011-C** CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**											4.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**											0.367	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	**013-C** CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											12.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											0.995	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K07-176MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**											1.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**											0.072	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											1.69	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											21.16	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											19.502	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											9.92	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											1.486	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample											13.25	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											0.314	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.04	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**											6.0	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**											0.691	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**											2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**											2.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**											0.157	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**											1.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**											0.021	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.95	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:53 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											5.46	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											1.424	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											4.0	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											0.814	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.95	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:53 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.95	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:54 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**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		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	**044-C** CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.95	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:54 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**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 NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.95	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:54 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**											1.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**											0.063	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.78	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample											1.2	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample											1.44	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											2.12	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample											1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR 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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR 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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.84	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample											1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:50 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:53 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		

Report Dates & Status

Monitoring Period:	**From 11/01/22 to 11/30/22**	**DMR Due Date:**	**12/28/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	1.96	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:53 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2022-12-14 13:56 (Time Zone: -05:00)

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

January 19, 2023

Indiana Department of Environmental Management
Office of Water Quality – Room 1255
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of December 2022

We are pleased to enclose a completed CSO MRO form for the month of December 2022. 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.

The City's rain gauge, Cadet Dr_P26, malfunction on December 30th and 31st. The Pemberton Dr_P10 rain gauge was used for these two days for CSO 28, 48, 51, 52, 53, 61, 62, 68, 02, 03, 80 and 81.

Sincerely yours,

Susan Reas

Susan Reas
Program Manager -Water Pollution Control Maintenance

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection
Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts
Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff
Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps
Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 1 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:30 PM	1.33	0.16	0.09	5 m												
10	38.13	48.40	8:50 PM	0.08	0.01	0.01	5 m												
11	30.48	37.63	12:45 AM	0.25	0.03	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	1:55 PM	1.50	0.22	0.15	5 m												
15	65.11	100.02	12:00 AM	2.00	0.27	0.09	5 m												
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	3:50 PM	1.33	0.16	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	8.92	1.26	0.18	5 m												
31	92.46	95.03	12:00 AM	2.42	0.29	0.08	5 m												
Totals:	**1247.57**			**17.83**	**2.40**				Days					**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 1 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 2 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57						CSO Outfall No. 64					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:50 PM	1.17	0.16	0.09	5 m												
10	38.13	48.40					5 m												
11	30.48	37.63	11:25 AM	0.17	0.02	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	8:40 PM	1.25	0.17	0.12	5 m												
15	65.11	100.02	12:00 AM	1.50	0.20	0.07	5 m												
16	37.32	45.73	4:20 PM	0.08	0.01	0.01	5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	3:50 PM	1.75	0.21	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	8.67	1.19	0.15	5 m												
31	92.46	95.03	12:05 AM	2.33	0.28	0.07	5 m												
Totals:	**1247.57**			**16.92**	**2.24**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 2 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 12-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:45 PM	1.33	0.16	0.09	5 m	2:15 PM	M	0.58	M	0.019	M						
10	38.13	48.40	9:25 PM	0.08	0.01	0.01	5 m												
11	30.48	37.63	12:10 PM	0.08	0.01	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	1:45 PM	1.33	0.20	0.14	5 m	10:35 PM	M	1.33	M	0.400	M						
15	65.11	100.02	12:00 AM	1.67	0.23	0.07	5 m	1:05 AM	M	1.00	M	0.034	M						
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	3:40 PM	1.67	0.20	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	8.92	1.24	0.18	5 m	5:45 AM	M	10.25	M	0.482	M	6:10 AM	M	1.08	M	0.011	M
31	92.46	95.03	12:00 AM	2.25	0.27	0.07	5 m	12:00 AM	M	0.33	M	0.004	M						
Totals:	**1247.57**			**17.33**	**2.32**			**5**	Days	**13.49**		**0.939**		**1**	Days	**1.08**		**0.011**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 3 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 12-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14													9:45 AM	M	0.17	M	0.007	M						
15													1:25 AM	M	0.08	M	0.007	M						
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30	6:15 AM	M	0.50	M	0.005	M							5:50 AM	M	2.25	M	0.361	M						
31																								
Totals:	**1**	Days	**0.50**		**0.005**		**0**	Days	**0.00**		**0.000**		**3**	Days	**2.50**		**0.375**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 4 of 12**	**Permit Number: IN0032191**
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH] 12-2022**	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	**85**	**Design Average Flow (MGD): 74**	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
01																								
02																								
03																								
04																								
05							9:55 AM	M	0.17	M	0.004	M												
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**	Days	**0.00**		**0.000**		**1**	Days	**0.17**		**0.004**			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 5 of 12**	**Permit Number:** IN0032191
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH]** 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13						CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:55 PM	1.00	0.14	0.08	5 m												
10	38.13	48.40	9:10 PM	0.08	0.01	0.01	5 m												
11	30.48	37.63	11:40 AM	0.08	0.01	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	1:45 PM	1.42	0.21	0.15	5 m	11:05 PM	M	0.92	M	0.051	M						
15	65.11	100.02	12:00 AM	1.67	0.24	0.09	5 m	12:05 AM	M	0.67	M	0.020	M						
16	37.32	45.73	4:05 PM	0.08	0.01	0.01	5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	3:55 PM	1.33	0.16	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	8.75	1.22	0.17	5 m	6:00 AM	M	12.75	M	0.876	M	7:40 AM	M	1.08	M	0.005	M
31	92.46	95.03	12:00 AM	2.25	0.27	0.07	5 m	12:00 AM	M	10.50	M	0.383	M						
Totals:	**1247.57**			**16.67**	**2.27**			**4**	Days	**24.84**		**1.330**		**1**	Days	**1.08**		**0.005**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Fort Wayne**	**Page 5 of 12**	**Permit Number:** IN0032191
Facility:	**Fort Wayne - P.L. Brunner WWTP**	**Public Notification Requirements Met?**	Y
Monitoring Period:	**[MONTH]** 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 12-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18						CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:40 PM	1.33	0.17	0.09	5 m	2:45 PM	M	1.08	M	0.102	M						
10	38.13	48.40	8:55 PM	0.08	0.01	0.01	5 m												
11	30.48	37.63	12:20 AM	0.17	0.06	0.05	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	6:40 AM	1.58	0.25	0.16	5 m	11:00 PM	M	1.00	M	0.598	M	10:55 PM	M	1.08	M	0.086	M
15	65.11	100.02	12:00 AM	1.67	0.25	0.09	5 m	12:00 AM	M	6.67	M	2.850	M	12:00 AM	M	2.08	M	0.082	M
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	3:40 PM	1.42	0.17	0.07	5 m	6:05 PM	M	1.50	M	0.151	M						
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68	12:10 PM	0.08	0.01	0.01	5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	9.00	1.26	0.19	5 m	5:50 AM	M	18.17	M	22.081	M	5:45 AM	M	12.75	M	2.139	M
31	92.46	95.03	12:00 AM	2.33	0.28	0.07	5 m	12:00 AM	M	24.00	M	21.926	M	12:00 AM	M	8.75	M	0.532	M
Totals:	**1247.57**			**17.67**	**2.46**			**6**	Days	**52.42**		**47.708**		**4**	Days	**24.66**		**2.839**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 6 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 12-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15	1:35 AM	M	2.33	M	0.022	M																		
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30	6:20 AM	M	16.08	M	0.515	M																		
31	12:00 AM	M	16.75	M	0.311	M																		
Totals:	**3**	Days	**35.16**		**0.848**			Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	WWTP Influent Data		Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04						CSO Outfall No. 05					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04	11:40 PM	0.08	0.01	0.01	5 m												
09	36.54	60.02	1:55 PM	1.33	0.18	0.10	5 m												
10	38.13	48.40					5 m												
11	30.48	37.63	12:10 AM	0.25	0.03	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	1:40 PM	1.42	0.22	0.15	5 m							10:55 PM	M	1.08	M	0.025	M
15	65.11	100.02	12:00 AM	1.67	0.25	0.09	5 m							12:00 AM	M	2.50	M	0.039	M
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	2:35 PM	1.42	0.17	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	9.17	1.30	0.20	5 m	8:30 PM	M	0.42	M	0.063	M	5:50 AM	M	12.75	M	0.499	M
31	92.46	95.03	12:05 AM	2.42	0.29	0.07	5 m							12:00 AM	M	12.00	M	0.217	M
Totals:	**1247.57**			**17.75**	**2.45**			**1**	Days	**0.42**		**0.063**		**4**	Days	**28.33**		**0.780**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 7 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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													6:20 AM	M	5.42	M	0.280	M	9:04 AM	M	1.15	M	1.460	M
31													12:00 AM	M	1.92	M	0.048		12:03 AM	M	1.28	M	1.536	M
Totals:	**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**2**	Days	7.34		0.328		**2**	Days	**2.43**		**2.996**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 12-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54						CSO Outfall No.					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15	2:40 AM	0.08	0.01	0.01	5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:55 PM	0.83	0.10	0.08	5 m												
10	38.13	48.40	8:50 PM	0.08	0.01	0.01	5 m												
11	30.48	37.63	11:40 AM	0.17	0.02	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	6:30 AM	1.33	0.17	0.11	5 m												
15	65.11	100.02	12:00 AM	1.58	0.22	0.07	5 m												
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	2:15 PM	1.42	0.17	0.07	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:00 AM	9.42	1.47	0.27	5 m												
31	92.46	95.03	12:00 AM	2.58	0.31	0.08	5 m												
Totals:	**1247.57**			**17.50**	**2.48**			**0**	Days	**0.00**		**0.000**			Days				

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		**Page 8 of 12**	**Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		**Public Notification Requirements Met?**	Y
Monitoring Period: [MONTH] 12-2022		**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD): 85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**	

Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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:		Days						Days						Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28						CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15					5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:55 PM	1.17	0.14	0.08	5 m												
10	38.13	48.40					5 m												
11	30.48	37.63	1:05 PM	0.08	0.01	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	2:25 PM	1.25	0.18	0.14	5 m												
15	65.11	100.02	12:00 AM	1.67	0.24	0.08	5 m												
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	2:35 PM	1.50	0.18	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68					5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:50 AM	2.67	1.270	0.21	5 m												
31	92.46	95.03	12:00 AM	2.50	0.290	0.01	5 m												
Totals:	**1247.57**			**10.83**	**2.81**			**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 9 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 10 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days						Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27						CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	39.25	59.57					5 m												
02	35.91	48.77					5 m												
03	38.16	48.15	5:50 AM	0.08	0.01	0.01	5 m												
04	33.99	49.98					5 m												
05	41.19	49.84					5 m												
06	30.68	37.60					5 m												
07	34.85	42.98					5 m												
08	33.76	43.04					5 m												
09	36.54	60.02	1:55 PM	1.25	0.16	0.10	5 m												
10	38.13	48.40	9:25 PM	0.08	0.01	0.01	5 m												
11	30.48	37.63	12:25 PM	0.08	0.01	0.01	5 m												
12	35.30	44.33					5 m												
13	32.70	44.40					5 m												
14	34.81	44.74	2:15 PM	1.25	0.18	0.13	5 m												
15	65.11	100.02	12:00 AM	1.58	0.21	0.07	5 m												
16	37.32	45.73					5 m												
17	40.29	53.66					5 m												
18	35.66	48.14					5 m												
19	34.66	48.41					5 m												
20	37.85	48.99					5 m												
21	30.91	35.64					5 m												
22	41.02	65.03	2:00 PM	1.33	0.16	0.06	5 m												
23	36.76	52.99					5 m												
24	39.66	50.02					5 m												
25	38.01	45.54					5 m												
26	33.71	42.20					5 m												
27	35.01	40.94					5 m												
28	42.93	52.68	11:30 AM	0.08	0.01	0.01	5 m												
29	36.24	46.49					5 m												
30	74.25	94.24	5:05 AM	8.67	1.26	0.21	5 m												
31	92.46	95.03	12:05 AM	2.42	0.29	0.07	5 m							12:06 AM	M	0.68	M	1.224	M
Totals:	**1247.57**			**16.83**	**2.30**			**0**	Days	**0.00**		**0.000**		**1**	Days	**0.68**		**1.224**	

Typed or Printed Name and Title of Prinipal 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	01/19/23

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Fort Wayne	**Page 11 of 12**	**Permit Number:** IN0032191
Facility:	Fort Wayne - P.L. Brunner WWTP	**Public Notification Requirements Met?**	Y
Monitoring Period:	[MONTH] 12-2022	**Check box if no CSO discharge occurred for the month:**	
Design Peak Hourly Flow (MGD):	85	**Design Average Flow (MGD):** 74	**Measured/Metered (M) or Estimated (E) must be specified**

	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**		**0**	Days	**0.00**		**0.000**			Days				

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	***Fort Wayne***	***Page:*** ***[12] of [12]***	***Permit Number:*** ***IN0032191***
Facility:	***Fort Wayne - P.L. Brunner WWTP***	***Public Notification Requirements Met?***	Y
Monitoring Period: ***[MONTH]***	**12-2022**	***Check box if no CSO discharge occurred for the month:***	
Design Peak Hourly Flow (MGD):	***85***	***Design Average Flow (MGD):*** ***74***	

Day of Month	***Comments (further explanation as to why each CSO event occurred)***
01	
02	
03	
04	
05	Dry Weather Overflow
06	
07	
08	
09	Wet Weather Day
10	
11	
12	
13	
14	Wet Weather Day
15	Wet Weather Day
16	
17	
18	
19	
20	
21	
22	Wet Weather Day
23	
24	
25	
26	
27	
28	
29	
30	Wet Weather Day
31	Wet Weather Day

Typed or Printed Name and Title of Prinipal 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	***01/19/23***

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	002 External Outfall	**Discharge:**	**002-C** CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

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: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2022_12.pdf	pdf	186811.0
IN0032191_002C_CSOMRO_2022_12.pdf	pdf	473096.0

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:49 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	**Discharge:**	**003-C** CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:44 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	004 External Outfall	**Discharge:**	**004-C** CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.063	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	005 External Outfall	**Discharge:**	**005-C** CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	28.33	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.78	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:36 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	007 External Outfall	**Discharge:**	**007-C** CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:36 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	011 External Outfall	**Discharge:**	**011-C** CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:36 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	012 External Outfall	**Discharge:**	**012-C** CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	7.34	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.328	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:36 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	**Discharge:**	**013-C** CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	24.84	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	1.33	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.27	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	**Discharge:**	**017-C** CSO: K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	1.08	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.005	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.27	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	018 External Outfall	**Discharge:**	**018-C** CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K11-165MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	52.42	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	47.708	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.46	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	020 External Outfall	**Discharge:**	**020-C** CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: K15-116MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	24.66	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.839	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.46	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	**Discharge:**	**021-C** CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	35.16	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.848	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.46	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	023 External Outfall	**Discharge:**	**023-C** CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: L06-103MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	**Sample**										=	13.49	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	**Sample**										=	0.939	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	**Sample**										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	**Sample**										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	024 External Outfall	**Discharge:**	**024-C** CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	1.08	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.011	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	**Discharge:**	**025-C** CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.005	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	027 External Outfall	**Discharge:**	**027-C** CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-202MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.3	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	028 External Outfall	**Discharge:**	**028-C** CSO: M10-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:41 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	**Discharge:**	**029-C** CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-265MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	**Discharge:**	**032-C** CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.5	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.375	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 External Outfall	**Discharge:**	**033-C** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: M10-313MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.68	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	1.224	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.3	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	036 External Outfall	**Discharge:**	**036-C** CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.3	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	039 External Outfall	**Discharge:**	**039-C** CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**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 Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	**Discharge:**	**044-C** CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.3	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	045 External Outfall	**Discharge:**	**045-C** CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**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 NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.3	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:48 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	048 External Outfall	**Discharge:**	**048-C** CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:42 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	**Discharge:**	**050-C** CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	051 External Outfall	**Discharge:**	**051-C** CSO: O22-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O22-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:42 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	052 External Outfall	**Discharge:**	**052-C** CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	054 External Outfall	**Discharge:**	**054-C** CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.48	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:39 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	055 External Outfall	**Discharge:**	**055-C** CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**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: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	0.17	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	0.004	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.32	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 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:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	056 External Outfall	**Discharge:**	**056-C** CSO: J03-313 - BROWN ST PUMP STATION		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample										=	2.43	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample										=	2.996	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.45	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:38 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	057 External Outfall	**Discharge:**	**057-C** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR 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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	060 External Outfall	**Discharge:**	**060-C** CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.4	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:23 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	061 External Outfall	**Discharge:**	**061-C** CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
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:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	**Discharge:**	**062-C** CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR 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:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	064 External Outfall	**Discharge:**	**064-C** CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.24	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:24 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	068 External Outfall	**Discharge:**	**068-C** CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:	**Title:**	**Telephone:**
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:43 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	080 External Outfall	**Discharge:**	**080-C** CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		

Report Dates & Status

Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer

First Name:		**Title:**		**Telephone:**	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:44 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0032191**	**Permittee:**	FORT WAYNE WWTP	**Facility:**	FORT WAYNE WWTP
Major:	Yes	**Permittee Address:**	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	**Facility Location:**	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	081 External Outfall	**Discharge:**	**081-C** CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.		
Report Dates & Status					
Monitoring Period:	**From 12/01/22 to 12/31/22**	**DMR Due Date:**	**01/28/23**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	**Duration**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:47 (Time Zone: -05:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Reas
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2023-01-19 13:50 (Time Zone: -05:00)