



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 26, 2024

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  
2023 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 2023 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](mailto:miranda.braun@cityoffortwayne.org).

Sincerely,

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

Kumar Menon  
City Utilities Director

Enclosures

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City of Fort Wayne, Indiana  
 2023 Great Lakes CSO Public Notification Plan Annual Report

**Annual Notice.** By May 1<sup>st</sup> 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 2023 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 six Dry Weather Overflows in 2023. These Dry Weather Overflows were reported to IDEM in accordance with the NPDES Permit requirements. These incidents, including date, location, duration, volume, and cause, are identified in Table 1 below.

Table 1

<u>CSO Discharge Point</u>	<u>Date</u>	<u>Location</u>	<u>Duration (Hours)</u>	<u>Volume (gallons)</u>	<u>Cause</u>
CSO 028	3/3/2023	M10 238	3.58	>100,000	High river levels had caused the plug in the outfall to be released from the line causing river water to enter and overload the bypass pump. This bypass pump is in place due to a break in the siphon line caused by the contractor (R.L. McCoy) on 11/04/2022.

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CSO 002	3/9/2023	Q06 104	30.17	101.08	The gate seal was found to be leaking. The seal was repaired.
CSO 023	4/10/2023	I06 103	1.83	1000	After extensive investigating, it could not be determined what contributed to the source of the water to the CSO outfall.
CSO 023	4/16/2023	I06 103	0.42	9,000	A root mass and sand from construction activities are believed to have contributed to the DWO. However, it is inclusive that either of these were the sole cause of the DWO.
CSO 028	4/20/2023	M10 238	4.93	117,000	API Construction pumped down the combination line to repair a segment of pipe that was damaged during construction. R.L. McCoy did have two 6" pumps to bypass the broken siphone line during dry weather but these were inadequate for the segment repair completion API Construction was working on. This was to prevent basement backups.
CSO 003	5/19/2023	P10 025	50.98	810	The gate seal was found to be leaking. The seal was repaired.

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.

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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
56	2023
11	2023
12	2023
23	2023
24	2023
25	2023

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.

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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 2023 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](mailto: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.

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The 2023 DMRs for all 12 months are included in Appendix 3. In addition to rain gauge data, these reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

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

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

This annual notification will be posted on City Utilities website at <https://utilities.cityoffortwayne.org/sewer-system/cso-notifications> and a link to the notification will be submitted to NPDES\_CS0@epa.gov along with contact information for the City Utilities employee who is responsible for maintaining the website. Notice that the annual report is available will also be sent via email to all subscribers to Fort Wayne's CSO notification list, to the Fort Wayne/Allen County Department of Health and to other public entities receiving CSO notification as identified elsewhere in this document.

# APPENDIX 1

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ATTACHMENT A

Precipitation Related Combined Sewer Overflow Discharge Authorization Requirements

I. Discharge Authorization

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

Outfall	Location	Receiving Water
002	Q06-104, 3,350' west of Coliseum Blvd., 3,500' south of Lake Ave 41° 04' 50" N 85° 05' 59" W	Maumee River
003	P10-025, 900' east of Pemberton Drive, 1,600' south of Lake Avenue 41° 05' 07" N 85° 06' 32" W	Wigman Drain
004	J02-90, 210' south of bridge at W. Jefferson & St. Mary's River 41° 04' 16" N 85° 09' 44" W	Saint Mary's River
005	J11-164, 210' southeast of Manito Blvd., and Indiana Village Blvd. 41° 02' 50" N 85° 09' 59" W	Saint Mary's River
007	K03-92, 250' Southeast of Electric Ave. & Brown St. 41° 03' 59" N 85° 09' 41" W	Saint Mary's River
011	K06-233, 230' Southeast of Main St. & Camp Allen Dr. 41° 04' 42" N 85° 09' 17" W	Saint Mary's River
012	K06-234, 230' Southeast of Main St. and Camp Allen Dr. 41° 04' 42" N 85° 09' 17" W	Saint Mary's River
013	K06-298, 80' North of Thieme Dr. & Berry St. 41° 04' 37" N 85° 09' 22" W	Saint Mary's River
017	K07-176, 130' Southwest of St. Mary's Pkwy & Waldron Circle 41° 03' 29" N 85° 09' 32" W	Saint Mary's River
018	K11-165, 150' West of Broadway & Rudisill Blvd. 41° 03' 00" N 85° 09' 28" W	Saint Mary's River



Outfall	Location	Receiving Water
020	K15-116, 1300' West of Hartman Rd. & Westover Rd. 41° 02' 33" N 85° 09' 41" W	Saint Mary's River
021	K19-044, 850' West of Old Mill Rd. & Fairfax Ave. 41° 01' 57" N 85° 09' 05" W	Saint Mary's River
023	L06-103, 90' Northwest of Jackson St. & Superior St. 41° 04' 47" N 85° 09' 09" W	Saint Mary's River
024	L06-420, 220' North of Superior St. & Fairfield Ave. 41° 04' 54" N 85° 08' 48" W	Saint Mary's River
025	L06-421, 220' North of Superior St. & Fairfield Ave. 41° 04' 54" N 85° 08' 49" W	Saint Mary's River
027	M10-202, 200' Southeast of Third St. & Calhoun St. 41° 05' 11" N 85° 08' 30" W	Saint Mary's River
028	M10-238, 150' East of Saint Mary's River Bridge & Spy Run Ave. 41° 05' 02" N 85° 08' 07" W	Saint Mary's River
029	M10-265, 230' East of Duck St. & Barr St. 41° 05' 02" N 85° 08' 13" W	Saint Mary's River
032	M10-306, 120' North of Clair St. & Harrison St. 41° 05' 01" N 85° 08' 33" W	Saint Mary's River
033	M10-313, 200' Southeast of Third St. & Calhoun St. 41° 05' 11" N 85° 08' 30" W	Saint Mary's River
036	M18-032, 520' North of State Blvd. & Westbrook Dr. 41° 05' 52" N 85° 08' 34" W	Spy Run Creek
039	N06-022, 120' North of Hanna St. & Berry St. 41° 04' 50" N 85° 07' 48" W	Maumee River
044	N22-93, 150' East of Dalgreen Ave & Spy Run Ave. 41° 06' 15" N 85° 08' 00" W	Saint Joseph River
045	N22-103, 100' East of Penn St. & Spy Run Ave. 41° 06' 19" N 85° 07' 58" W	Saint Joseph River

<b>Outfall</b>	<b>Location</b>	<b>Receiving Water</b>
048	O10-252, 350' West of Edgewater & Garfield 41° 05' 10" N 85° 07' 03" W	Maumee River
050	O10-277, 100' North of Coombs St. & Herbert St. 41° 05' 03" N 85° 07' 21" W	Maumee River
051	O22-002, 120' Northwest of St. Joseph Dr. & Woodrow Ave. 41° 06' 41" N 85° 07' 03" W	Saint Joseph River
052	O22-004, 370' West of N. Anthony Blvd. & St. Joseph River Dr. 41° 06' 43" N 85° 06' 32" W	Saint Joseph River
054	O23-080, 240' East of Mercer Ave. & Hollis Ln. 41° 01' 41" N 85° 07' 07" W	Natural Drain #4
055	P06-192, 430' North of N. Anthony Blvd. & Wayne St. 41° 04' 52" N 85° 06' 53" W	Maumee River
056	J03-313, Brown Street Pump Station 41° 05' 06" N 85° 06' 32" W	Saint Mary's River
057	P10-121, Stormwater Liftstation Wet Well 41° 05' 02" N 85° 06' 28" W	Maumee River
060	R06-31, 670' Northeast of Greenwalt Ave. & Maumee Ave. 41° 04' 37" N 85° 05' 39" W	Unnamed Ditch to Maumee River
061	R14-137, 200' West of Lavern Ave. & State Blvd. 41° 05' 50" N 85° 05' 40" W	Baldwin Ditch
062	R14-138, 200' West of Lavern Ave. & State Blvd. 41° 05' 50" N 85° 05' 40" W	Baldwin Ditch
064	S02-35, 610' Southeast of Coliseum Blvd. S. & New Haven Ave. 41° 04' 16" N 85° 05' 11" W	Unnamed Ditch to Maumee River
068	N18-254, 54' North of Northside Dr. & Glazier Ave. on east bank 41° 06' 03" N 85° 08' 00" W	Saint Joseph River

Outfall	Location	Receiving Water
080	P10-001, 250' East, NE of Pemberton Dr. & Niagra Dr. 41° 04' 57" N 85° 06' 44" W	Maumee River
081	R14-032, 200' North and 710' West of Nevada & Laverne Dr. 41° 05' 37" N 85° 05' 46" W	Baldwin Ditch

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

II. Wet Weather Pond Storage and Transport System

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

III. Minimum Narrative Limitations

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

# APPENDIX 2

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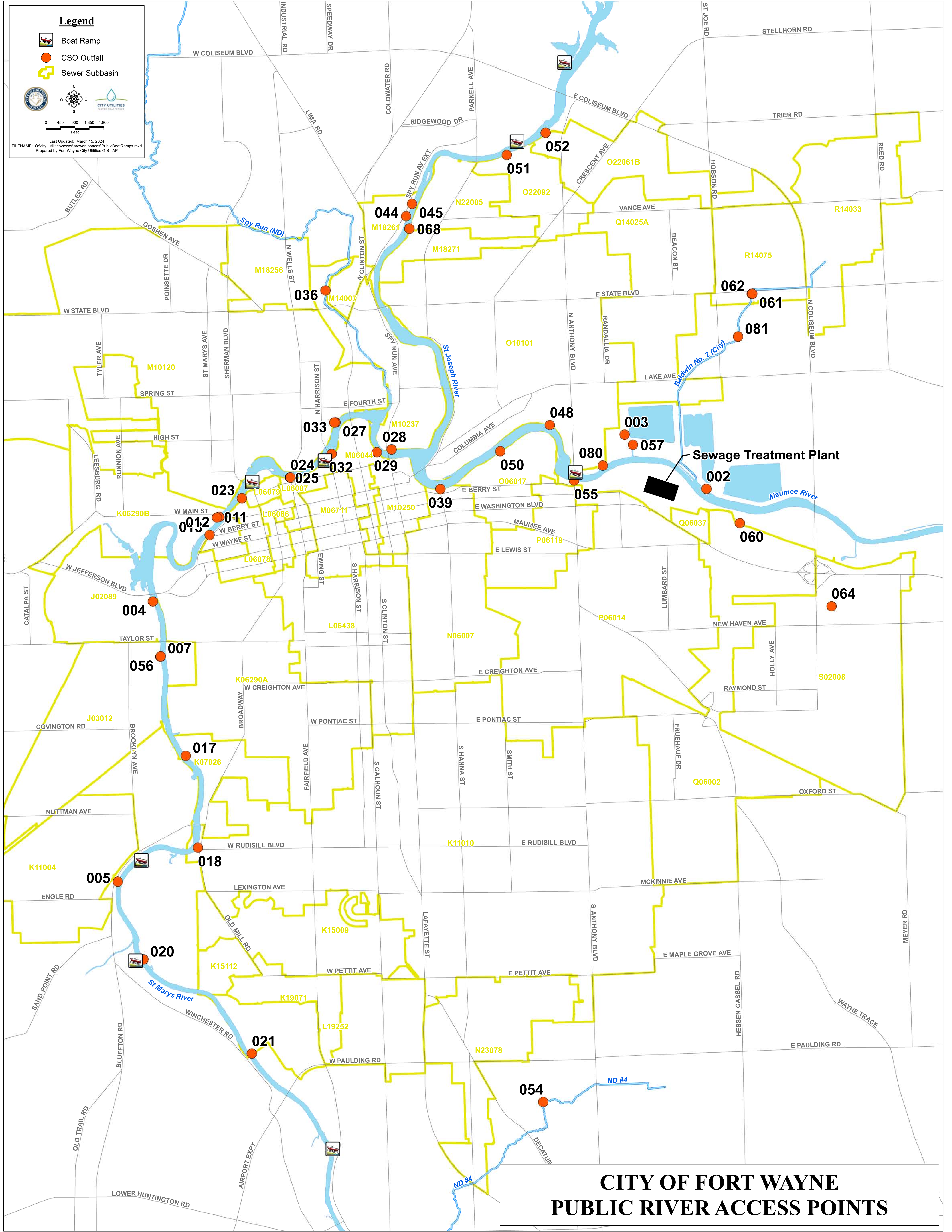
**Legend**

- Boat Ramp
- CSO Outfall
- Sewer Subbasin

City Utilities  
Water Services

Scale: 0 450 900 1350 1800 Feet

Last Updated: March 15, 2024  
 FILENAME: C:\city\_utilities\sewer\arcworkspaces\PublicBoatRamps.mxd  
 Prepared by Fort Wayne City Utilities GIS - AP



**CITY OF FORT WAYNE  
PUBLIC RIVER ACCESS POINTS**

# APPENDIX 3

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# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

February 22, 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 January 2023

We are pleased to enclose a completed CSO MRO form for the month of January 2023. 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for January 11, 2023 to January 31, 2023 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

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### **V** – Visual Inspection

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

### **C** – Model Charts

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

### **S** – Storm Runoff

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

### **P** – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine





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

Site Form 50546 (2-20-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Site Form 50546 (2-20-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191

Facility: Fort Wayne - P.L. Branner WWTP Public Notification Requirements Met?  Y

Monitoring Period: (MONTH) 1-2023 Check box if CSO discharges occurred for the month:  Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Measured (M) or Estimated (E) must be specified

Spec. Month	Time	Peak Hourly Flow (MGD)	Peak Intensity (MGD)	Peak Intensity (MGD)	Time (hh:mm)	Flow (MGD)	Time (hh:mm)	CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 69	
								M	E	M	E	M	E
01	01:00	90.07	0.08	0.01	9:25 PM	0.08	0.01						
02	02:00	85.71	0.08	0.01	9:25 PM	0.08	0.01						
03	03:00	87.12	0.08	0.01	9:25 PM	0.08	0.01						
04	04:00	70.96	0.08	0.01	9:25 PM	0.08	0.01						
05	05:00	54.77	0.08	0.01	9:25 PM	0.08	0.01						
06	06:00	50.32	0.08	0.01	9:25 PM	0.08	0.01						
07	07:00	43.93	0.08	0.01	9:25 PM	0.08	0.01						
08	08:00	47.07	0.08	0.01	9:25 PM	0.08	0.01						
09	09:00	41.21	0.08	0.01	9:25 PM	0.08	0.01						
10	10:00	39.84	0.08	0.01	9:25 PM	0.08	0.01						
11	11:00	37.38	0.08	0.01	9:25 PM	0.08	0.01						
12	12:00	41.40	0.08	0.01	9:25 PM	0.08	0.01						
13	13:00	37.66	0.08	0.01	9:25 PM	0.08	0.01						
14	14:00	34.80	0.08	0.01	9:25 PM	0.08	0.01						
15	15:00	35.00	0.08	0.01	9:25 PM	0.08	0.01						
16	16:00	51.92	0.17	0.03	1:45 PM	0.17	0.03						
17	17:00	49.28	0.17	0.03	1:45 PM	0.17	0.03						
18	18:00	40.97	0.17	0.03	1:45 PM	0.17	0.03						
19	19:00	59.36	0.25	0.05	8:30 PM	0.25	0.05						
20	20:00	87.28	0.08	0.01	1:10 AM	0.17	0.02						
21	21:00	59.09	0.17	0.03	1:10 AM	0.17	0.02						
22	22:00	51.97	0.17	0.03	1:10 AM	0.17	0.02						
23	23:00	54.92	0.17	0.03	1:10 AM	0.17	0.02						
24	24:00	47.58	0.17	0.03	1:10 AM	0.17	0.02						
25	25:00	48.53	0.17	0.03	1:10 AM	0.17	0.02						
26	26:00	57.08	0.33	0.04	12:05 AM	0.33	0.04						
27	27:00	51.11	0.33	0.04	12:05 AM	0.33	0.04						
28	28:00	50.60	0.08	0.01	1:35 PM	0.08	0.01						
29	29:00	75.72	0.08	0.01	2:25 AM	0.58	0.43						
30	30:00	62.47	0.08	0.01	2:25 AM	0.58	0.43						
31	31:00	55.99	0.08	0.01	2:25 AM	0.58	0.43						
<b>Total:</b>		<b>1738.00</b>		<b>2.27</b>		<b>16.84</b>	<b>2.27</b>						

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Ross, Manager Telephone: 330-421-4213

Signature of Principal Executive Officer or Authorized Agent: Susan Ross Date (mm/dd/yy): 02/22/23

City: Fort Wayne Permit Number: IN0032191

Facility: Fort Wayne - P.L. Branner WWTP Public Notification Requirements Met?  Y

Monitoring Period: (MONTH) 1-2023 Check box if CSO discharges occurred for the month:  Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Measured (M) or Estimated (E) must be specified

Spec. Month	Time	Peak Hourly Flow (MGD)	Peak Intensity (MGD)	Peak Intensity (MGD)	Time (hh:mm)	Flow (MGD)	Time (hh:mm)	CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 69	
								M	E	M	E	M	E
01	01:00												
02	02:00												
03	03:00												
04	04:00												
05	05:00												
06	06:00												
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22	22:00												
23	23:00												
24	24:00												
25	25:00												
26	26:00												
27	27:00												
28	28:00												
29	29:00												
30	30:00												
31	31:00												
<b>Total:</b>													

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Ross, Manager Telephone: 330-421-4213

Signature of Principal Executive Officer or Authorized Agent: Susan Ross Date (mm/dd/yy): 02/22/23

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEMS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND VALIDATE THE MAXIMUM POSSIBLE INFORMATION CONCERNING THE CSO MRO. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Ross Date (mm/dd/yy): 02/22/23





National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (04-01-15)



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (04-01-15)

City: Fort Wayne		Facility: Fort Wayne - P.L. Branner WWTP		Permit Number: IN0052191	
Monitoring Period: 1-2023		Public Notification Requirements Met?		Y	
Design Peak Hourly Flow (MGD): 1.2023		Measured/Metered (M) or Estimated (E) must be specified		CSO Overall No. 39	
Day of Month	Time of Discharge (M/D)	Flow (MGD)	Time of Discharge (M/D)	Flow (MGD)	Time of Discharge (M/D)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19	12:30 AM	0.50	M	0.001	M
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Totals:</b>				0	0.000

City: Fort Wayne		Facility: Fort Wayne - P.L. Branner WWTP		Permit Number: IN0052191	
Monitoring Period: 1-2023		Public Notification Requirements Met?		Y	
Design Peak Hourly Flow (MGD): 1.2023		Measured/Metered (M) or Estimated (E) must be specified		CSO Overall No. 39	
Day of Month	Time of Discharge (M/D)	Flow (MGD)	Time of Discharge (M/D)	Flow (MGD)	Time of Discharge (M/D)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19	12:30 AM	0.50	M	0.001	M
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Totals:</b>				0	0.000

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

Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
Date (mm/dd/yyyy): 02/22/23

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

Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
Date (mm/dd/yyyy): 02/22/23





National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 30246 (3-09-13)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 30246 (3-09-13)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 5 of 12	Permit Number: IN003191	Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: (MONTH) 1-2023	Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 74	Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 74	Design Peak Hourly Flow (MGD): 85
CSO Outlet No.	Time	Day of Discharge or Event (M/F)	Time of Discharge or Event (M/F)	Event Description (M/F)	Event Discharge or Emission (MGD) (M/F)
01	01				
02	02				
03	03				
04	04				
05	05				
06	06				
07	07				
08	08				
09	09				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17				
18	18				
19	19				
20	20				
21	21				
22	22				
23	23				
24	24				
25	25				
26	26				
27	27				
28	28				
29	29				
30	30				
31	31				
<b>Totals:</b>	<b>1729.00</b>	<b>17.33</b>	<b>2.29</b>	<b>15.00</b>	<b>0.000</b>

<b>Total:</b>	<b>1729.00</b>	<b>17.33</b>	<b>2.29</b>	<b>15.00</b>	<b>0.000</b>
<b>Total:</b>	<b>1729.00</b>	<b>17.33</b>	<b>2.29</b>	<b>15.00</b>	<b>0.000</b>
<b>Total:</b>	<b>1729.00</b>	<b>17.33</b>	<b>2.29</b>	<b>15.00</b>	<b>0.000</b>

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN, PROPERLY CATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY AS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR 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) 02/23/23

Signature of Principal Executive Officer or Authorized Agent \_\_\_\_\_ Date (mm/dd/yy) 02/23/23

Susan Reas \_\_\_\_\_ Telephone 350-477-4613



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

Site Form 50546 (8-29-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Site Form 50546 (8-29-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: D00032191	
Facility: Fort Wayne - P.L. Branner WWTPT		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2023		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified	
WWTPT Influent Data		CSO Outfall No. 74	
Date	Peak Hourly Flow (MGD)	Time	Flow
01	90.07	9:42 AM	94.02
02	85.71	9:21 AM	92.01
03	87.12	88.05	88.05
04	70.96	88.02	88.02
05	50.32	88.03	88.03
06	43.83	82.10	82.10
07	47.07	57.01	57.01
08	41.21	57.00	57.00
09	39.84	56.97	56.97
10	41.40	69.02	69.02
11	37.38	48.39	48.39
12	37.66	52.46	52.46
13	35.00	46.27	46.27
14	51.92	91.97	91.97
15	49.28	61.07	61.07
16	40.97	58.02	58.02
17	99.36	100.05	100.05
18	87.28	100.03	100.03
19	59.09	75.71	75.71
20	51.97	65.55	65.55
21	54.92	67.33	67.33
22	47.58	55.68	55.68
23	57.08	71.46	71.46
24	51.11	56.49	56.49
25	75.72	101.02	101.02
26	62.47	78.50	78.50
27	53.99	61.58	61.58
Totals:	1729.00		
		Time	Flow
		01	8:20 AM
		02	
		03	8:20 AM
		04	
		05	
		06	
		07	
		08	
		09	
		10	
		11	
		12	
		13	
		14	
		15	
		16	
		17	
		18	10:55 PM
		19	12:00 AM
		20	
		21	
		22	
		23	
		24	
		25	
		26	
		27	
		28	
		29	8:35 AM
		30	
		31	
		Totals:	4

City: Fort Wayne		Permit Number: D00032191	
Facility: Fort Wayne - P.L. Branner WWTPT		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2023		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified	
WWTPT Influent Data		CSO Outfall No. 19	
Date	Peak Hourly Flow (MGD)	Time	Flow
01	90.07	9:42 AM	94.02
02	85.71	9:21 AM	92.01
03	87.12	88.05	88.05
04	70.96	88.02	88.02
05	50.32	88.03	88.03
06	43.83	82.10	82.10
07	47.07	57.01	57.01
08	41.21	57.00	57.00
09	39.84	56.97	56.97
10	41.40	69.02	69.02
11	37.38	48.39	48.39
12	37.66	52.46	52.46
13	35.00	46.27	46.27
14	51.92	91.97	91.97
15	49.28	61.07	61.07
16	40.97	58.02	58.02
17	99.36	100.05	100.05
18	87.28	100.03	100.03
19	59.09	75.71	75.71
20	51.97	65.55	65.55
21	54.92	67.33	67.33
22	47.58	55.68	55.68
23	57.08	71.46	71.46
24	51.11	56.49	56.49
25	75.72	101.02	101.02
26	62.47	78.50	78.50
27	53.99	61.58	61.58
Totals:	1729.00		
		Time <td>Flow </td>	Flow
		01	6:35 AM
		02	
		03	6:20 AM
		04	
		05	
		06	
		07	
		08	
		09	
		10	
		11	
		12	
		13	
		14	
		15	
		16	
		17	
		18	5:55 PM
		19	12:00 AM
		20	
		21	
		22	
		23	
		24	
		25	
		26	
		27	
		28	
		29	6:45 AM
		30	
		31	
		Totals:	4

Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
 Date (mm/dd/yy): 02/23/23  
 Telephone: 530-427-6213  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

City: Fort Wayne		Permit Number: D00032191	
Facility: Fort Wayne - P.L. Branner WWTPT		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2023		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified	
WWTPT Influent Data		CSO Outfall No. 21	
Date	Peak Hourly Flow (MGD)	Time	Flow
01	90.07	9:42 AM	94.02
02	85.71	9:21 AM	92.01
03	87.12	88.05	88.05
04	70.96	88.02	88.02
05	50.32	88.03	88.03
06	43.83	82.10	82.10
07	47.07	57.01	57.01
08	41.21	57.00	57.00
09	39.84	56.97	56.97
10	41.40	69.02	69.02
11	37.38	48.39	48.39
12	37.66	52.46	52.46
13	35.00	46.27	46.27
14	51.92	91.97	91.97
15	49.28	61.07	61.07
16	40.97	58.02	58.02
17	99.36	100.05	100.05
18	87.28	100.03	100.03
19	59.09	75.71	75.71
20	51.97	65.55	65.55
21	54.92	67.33	67.33
22	47.58	55.68	55.68
23	57.08	71.46	71.46
24	51.11	56.49	56.49
25	75.72	101.02	101.02
26	62.47	78.50	78.50
27	53.99	61.58	61.58
Totals:	1729.00		
		Time <td>Flow </td>	Flow
		01	1:35 AM
		02	
		03	1:35 AM
		04	
		05	
		06	
		07	
		08	
		09	
		10	
		11	
		12	
		13	
		14	
		15	
		16	
		17	
		18	10:55 PM
		19	12:00 AM
		20	
		21	
		22	
		23	
		24	
		25	
		26	
		27	
		28	
		29	8:35 AM
		30	
		31	
		Totals:	4



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

State Form 50546 (8-06-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (8-06-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 7 of 12		Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y												
Monitoring Period: [MONTH] 1-2013		Check box if a CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		CSO Outfall No. 85												
Date of Month	Peak Hourly Flow (MGD)	Time of Peak (M:AM)	Precipitation Depth - Storm S. 300 Gauge (Inches)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hour)	Watershed Area (Sq. Miles)	CSO Outfall No. 85		CSO Outfall No. 86		CSO Outfall No. 87		CSO Outfall No. 88		CSO Outfall No. 89	
							Time of Discharge (M:AM)	Event Duration (Hours)	Event Discharge (MGD)	Time of Discharge (M:AM)	Event Duration (Hours)	Event Discharge (MGD)	Time of Discharge (M:AM)	Event Duration (Hours)	Event Discharge (MGD)	Time of Discharge (M:AM)
01	90.07	04:02														
02	85.71	92.01														
03	87.12	88.05	2:43	0.34	0.08	5 m	6:25 AM	2.00	M							
04	70.96	88.02				5 m										
05	54.77	88.03	2:10 PM	0.75	0.09	5 m										
06	50.32	76.03				5 m										
07	43.83	82.10				5 m										
08	47.07	57.01				5 m										
09	41.21	57.00				5 m										
10	59.84	56.87	9:05 AM	0.33	0.04	5 m										
11	37.38	48.59				5 m										
12	41.40	69.02				5 m										
13	37.66	52.46				5 m										
14	34.80	41.83				5 m										
15	35.00	46.27				5 m										
16	51.92	91.97	1:40 PM	2.25	0.32	0.14	3:00 PM	1.42	M							
17	49.28	61.07				5 m										
18	40.87	58.02	7:10 PM	2.33	0.30	0.11	9:40 PM	1.83	M							
19	99.36	100.05	12:05 AM	2.92	0.49	0.15	12:00 AM	1.75	M							
20	87.28	100.03	1:30 AM	0.17	0.02	0.01										
21	59.09	75.71				5 m										
22	51.97	65.55	11:30 AM	0.83	0.10	0.03										
23	54.92	67.33	2:10 AM	0.33	0.04	0.01										
24	47.58	55.68	3:25 PM	0.08	0.01	0.01										
25	48.53	57.05	12:20 AM	1.33	0.16	0.03										
26	57.08	71.46	1:00 AM	0.83	0.10	0.01										
27	51.11	56.49	12:15 AM	2.17	0.26	0.04										
28	50.60	60.49	2:10 AM	0.50	0.06	0.01										
29	75.72	101.02	2:40 AM	3.00	0.36	0.08										
30	62.47	78.50				5 m										
31	53.99	61.58				5 m										
<b>Totals:</b>	<b>1739.00</b>		<b>20.25</b>	<b>2.69</b>			<b>0</b>	<b>0.00</b>	<b>0.008</b>	<b>4</b>	<b>13.00</b>	<b>0.242</b>				

City: Fort Wayne		Page 7 of 12		Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y												
Monitoring Period: [MONTH] 1-2013		Check box if a CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		CSO Outfall No. 85												
Date of Month	Peak Hourly Flow (MGD)	Time of Peak (M:AM)	Precipitation Depth - Storm S. 300 Gauge (Inches)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hour)	Watershed Area (Sq. Miles)	CSO Outfall No. 85		CSO Outfall No. 86		CSO Outfall No. 87		CSO Outfall No. 88		CSO Outfall No. 89	
							Time of Discharge (M:AM)	Event Duration (Hours)	Event Discharge (MGD)	Time of Discharge (M:AM)	Event Duration (Hours)	Event Discharge (MGD)	Time of Discharge (M:AM)	Event Duration (Hours)	Event Discharge (MGD)	Time of Discharge (M:AM)
01	90.07	04:02														
02	85.71	92.01														
03	87.12	88.05	2:43	0.34	0.08	5 m	6:25 AM	2.00	M							
04	70.96	88.02				5 m										
05	54.77	88.03	2:10 PM	0.75	0.09	5 m										
06	50.32	76.03				5 m										
07	43.83	82.10				5 m										
08	47.07	57.01				5 m										
09	41.21	57.00				5 m										
10	59.84	56.87	9:05 AM	0.33	0.04	5 m										
11	37.38	48.59				5 m										
12	41.40	69.02				5 m										
13	37.66	52.46				5 m										
14	34.80	41.83				5 m										
15	35.00	46.27				5 m										
16	51.92	91.97	1:40 PM	2.25	0.32	0.14	3:00 PM	1.42	M							
17	49.28	61.07				5 m										
18	40.87	58.02	7:10 PM	2.33	0.30	0.11	9:40 PM	1.83	M							
19	99.36	100.05	12:05 AM	2.92	0.49	0.15	12:00 AM	1.75	M							
20	87.28	100.03	1:30 AM	0.17	0.02	0.01										
21	59.09	75.71				5 m										
22	51.97	65.55	11:30 AM	0.83	0.10	0.03										
23	54.92	67.33	2:10 AM	0.33	0.04	0.01										
24	47.58	55.68	3:25 PM	0.08	0.01	0.01										
25	48.53	57.05	12:20 AM	1.33	0.16	0.03										
26	57.08	71.46	1:00 AM	0.83	0.10	0.01										
27	51.11	56.49	12:15 AM	2.17	0.26	0.04										
28	50.60	60.49	2:10 AM	0.50	0.06	0.01										
29	75.72	101.02	2:40 AM	3.00	0.36	0.08										
30	62.47	78.50				5 m										
31	53.99	61.58				5 m										
<b>Totals:</b>	<b>1739.00</b>		<b>20.25</b>	<b>2.69</b>			<b>0</b>	<b>0.00</b>	<b>0.008</b>	<b>4</b>	<b>13.00</b>	<b>0.242</b>				

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE INFORMATION AND THAT I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Rees  
Date (mm/dd/yy): 02/22/13

Signature of Principal Executive Officer or Authorized Agent: Susan Rees  
Date (mm/dd/yy): 02/22/13

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE INFORMATION AND THAT I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Rees  
Date (mm/dd/yy): 02/22/13

Signature of Principal Executive Officer or Authorized Agent: Susan Rees  
Date (mm/dd/yy): 02/22/13



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 55246 (R-19-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 55246 (R-19-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: D00032191																						
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y																						
Monitoring Period: (MONTH) 1-2023		Check box if the CSO discharge occurred for the month:																						
Design Peak Hourly Flow (MGD): 85		Estimated (E) (must be specified)																						
WWTW Inflow Peak (MGD): 85		Estimated (E) (must be specified)																						
Design Average Flow (MGD): 74		Estimated (E) (must be specified)																						
WWTW Inflow Peak (MGD): 74		Estimated (E) (must be specified)																						
Time	Flow (MGD)	Event Discharge (MGD)	Estimated (E)	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	Event Discharge (MGD)	Estimated (E)	Dt	Yr
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								
10																								
11																								
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23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	1729.00			13.08	1.91			0	0.00	0.00	0.00													

City: Fort Wayne		Permit Number: IN003101																						
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y																						
Monitoring Period: (MONTH) 1-2023		Check box if the CSO discharge occurred for the month:																						
Design Peak Hourly Flow (MGD): 85		Estimated (E) (must be specified)																						
WWTW Inflow Peak (MGD): 85		Estimated (E) (must be specified)																						
Design Average Flow (MGD): 74		Estimated (E) (must be specified)																						
WWTW Inflow Peak (MGD): 74		Estimated (E) (must be specified)																						
Time	Flow (MGD)	Event Discharge (MGD)	Estimated (E)	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	Event Discharge (MGD)	Estimated (E)	Dt	Yr	
01	93.02																							
02	85.71	92.01	0.08	0.01	0.01	5 m																		
03	87.12	88.03	1.67	0.20	0.04	5 m																		
04	70.96	88.02				5 m																		
05	84.77	88.03	2:40 PM	0.42	0.05	0.02	5 m																	
06	50.33	76.03				5 m																		
07	43.83	82.10				5 m																		
08	47.07	57.01				5 m																		
09	41.21	57.00				5 m																		
10	59.84	56.97	9:10 AM	0.08	0.01	0.01	5 m																	
11	37.38	48.59				5 m																		
12	41.40	69.02	12:10 PM	0.33	0.04	0.02	5 m																	
13	37.66	52.46				5 m																		
14	34.80	41.83				5 m																		
15	35.00	46.27				5 m																		
16	51.92	91.97	1:45 PM	2.42	0.40	0.19	5 m																	
17	49.28	61.07	1:45 AM	0.08	0.01	0.01	5 m																	
18	40.97	88.02	8:30 PM	2.17	0.27	0.12	5 m																	
19	99.36	106.05	12:05 AM	2.67	0.54	0.16	5 m																	
20	87.28	109.03	12:20 PM	0.08	0.01	0.01	5 m																	
21	59.09	75.71				5 m																		
22	51.97	65.55	11:50 AM	0.83	0.10	0.04	5 m																	
23	54.92	67.33				5 m																		
24	47.58	55.68	12:55 PM	0.08	0.01	0.01	5 m																	
25	48.43	57.05	9:45 AM	0.92	0.11	0.04	5 m																	
26	57.08	71.46				5 m																		
27	51.11	56.49	5:30 PM	0.33	0.04	0.02	5 m																	
28	50.50	60.49				5 m																		
29	75.72	101.02	2:05 AM	0.92	0.11	0.03	5 m																	
30	62.47	78.50				5 m																		
31	53.99	61.58				5 m																		
Totals:	1729.00			13.08	1.91			0	0.00	0.00	0.00													

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER THE SUPERVISION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION ON WHICH THIS REPORT IS BASED. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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

Date (mm/dd/yyyy): 01/22/23







National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 50246 (Rev. 1-9)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 50246 (Rev. 1-9)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Branner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 1-2023 Check box if the CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Maximum/Measured (M) or Estimated (E) must be specified  
 CSO Outfall No. 42 CSO Outfall No. 74 CSO Outfall No. 85 CSO Outfall No. 89

Day of Month	CSO Outfall No. 42		CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 89	
	Time Discharge or Event	M or E	Time Discharge or Event	M or E	Time Discharge or Event	M or E	Time Discharge or Event	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	0.00	0	0.00	0	0.00	0	0.00

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Branner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 1-2023 Check box if the CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Maximum/Measured (M) or Estimated (E) must be specified  
 CSO Outfall No. 42 CSO Outfall No. 74 CSO Outfall No. 85 CSO Outfall No. 89

Day of Month	CSO Outfall No. 42		CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 89	
	Time Discharge or Event	M or E	Time Discharge or Event	M or E	Time Discharge or Event	M or E	Time Discharge or Event	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	0.00	0	0.00	0	0.00	0	0.00



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50246 (8-29-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50246 (8-29-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 1-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified.

Date (Month)	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak Discharge (Begin/End)	Precipitation (Inches)	Design Average Flow (MGD)	Measurement Interval (min)	CSO Outfall No. 74		CSO Outfall No. 44		CSO Outfall No. 45		Event Discharge (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Duration (Hours)
							Time of Discharge (Begin/End)	Event Discharge (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Duration (Hours)	Event Discharge (MGD)						
01	90.97	94.82	11:10 AM	0.08	0.01	5 m												
02	85.71	92.01				5 m												
03	87.12	88.05	2:25 AM	2.25	0.11	5 m												
04	70.96	88.02				5 m												
05	54.77	88.03	2:20 PM	0.50	0.06	0.03	5 m											
06	50.32	76.03	1:05 PM	0.08	0.01	0.01	5 m											
07	43.83	82.10				5 m												
08	47.07	57.01				5 m												
09	41.21	57.00				5 m												
10	39.84	56.97	9:10 AM	0.33	0.04	0.04	5 m											
11	37.38	48.59				5 m												
12	41.40	69.02				5 m												
13	37.66	52.46				5 m												
14	34.80	41.83				5 m												
15	35.00	46.27				5 m												
16	51.92	91.97	1:45 PM	2.00	0.32	0.16	5 m											
17	49.28	61.07	12:30 AM	0.08	0.01	0.01	5 m											
18	40.97	58.02	8:25 PM	2.00	0.24	0.07	5 m											
19	99.36	100.05	12:00 AM	2.75	0.46	0.13	5 m											
20	87.28	100.03	12:45 AM	0.17	0.02	0.01	5 m											
21	59.89	75.71				5 m												
22	51.97	65.55	11:15 AM	0.50	0.06	0.01	5 m											
23	54.92	67.33	9:25 AM	0.08	0.01	0.01	5 m											
24	47.58	55.68	1:00 PM	0.08	0.01	0.01	5 m											
25	48.53	57.05	4:15 AM	0.33	0.04	0.01	5 m											
26	57.08	71.46	12:15 AM	0.25	0.03	0.01	5 m											
27	51.11	56.49	5:30 PM	1.17	0.14	0.04	5 m											
28	50.60	60.49	12:05 AM	0.25	0.03	0.01	5 m											
29	75.72	101.02	3:20 AM	3.33	0.41	0.09	5 m											
30	62.47	78.50				5 m												
31	55.99	61.58				5 m												
<b>Totals:</b>	<b>1739.90</b>			<b>16.25</b>	<b>2.26</b>		<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Manager  
 Telephone: 260-427-6113  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
 Date (mm/dd/yyyy): 02/22/23

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



**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]	1-2023	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	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
16	Wet Weather Day
17	
18	Wet Weather Day
19	Wet Weather Day
20	Wet Weather Day
21	
22	
23	
24	
25	
26	
27	
28	
29	Wet Weather Day
30	Wet Weather Day
31	

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

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

Signature of Principal Executive Officer or Authorized Agent <i>Susan Reas</i>	Date (mm/dd/yy) <i>02/22/23</i>
---	------------------------------------

DMR Copy of Record

**Permit:**  
 Permit #: I40032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2801 DWINGER AVE  
 FORT WAYNE, IN 46803  
 Permitted Features: 002 External Outfall  
 Discharge: 800-C  
 CSO 006-04 - 002 POND - WHEN USED AS CSO ONLY - 3256 FT W OF COLISEUM BLVD  
 Report Dates & Status: 02/28/23  
 Monitoring Period: From 9/15/23 to 9/15/23  
 DMR Due Date: 02/28/23  
 Status: MacOMR Validated  
 Considerations for Permit Completion: CSO - 002 POND WHEN USED AS CSO ONLY  
 Principal Executive Officer: Susan  
 Title: Manager  
 Telephone: 252-427-6213  
 No Data Indicator (NOD): -  
 Form NOD: -

Code	Parameter Name	Monitoring Location	Session #	Permit NOD	Quantity or Loading		Quality or Concentration	# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2				
50207	Darabate	EG - Effluent Gross	0	-	Sample Permit Exp. Value NOD	Req Max MO TOTAL, EG - Inflow	WH06 - When Discharging	RT - R0070T		
74963	Overflow volume (560 volumes, CSO volumes)	EG - Effluent Gross	0	-	Sample Permit Exp. Value NOD	Req Max MO TOTAL, SH - Regal	AL0V - All Events	ES - ESTMA		
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Exp. Value NOD	EST Req Max MO TOTAL, SH - Inflow	AL0V - All Events	RT - R0070T		
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Exp. Value NOD	Req Max MO TOTAL, EG - Inflow	AL0V - All Events	RT - R0070T		

**Submission Note**  
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**Get Check Errors**  
 No errors.  
**Comments**  
 Attachments

File Name	Type	Size
I40032191_0005_LETTER_2023_01.pdf	pdf	188187.0
I40032191_0005_ACCOUNT_2023_01.pdf	pdf	785072.0

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-02-22 14:36 (Time Zone: -05:00)  
**Report Last Signed By**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-02-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	36032191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 3501 DWENGER AVE FORT WAYNE, IN 46803			
Major:	Yes	Permit Address:		Facility Location:				
Permitted Features:	003 Excessional Canal	Discharger:	665-C CSO P10-025, 001 POND - 800 FT E OF PEMBERTON DR	Status:	Not/Not Validated			
Report Dates & Status		Credit Due Date:	03262023	Telephone:				
Monitoring Period:	From 04/01/23 to 04/01/23							
Considerations for Form Completion								
CSO - 001 POND WHEN USED AS CSO ONLY								
Principal Executive Officer		Title:						
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD:								
Code	Parameter	Monitoring Location	Seasons & Periods, NDD	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
5037	Durvelin	EG - Effluent Gross	0	Sample Period Freq Value NDD	Reg Mon IAD TOTAL, EG - Inflow C - No Discharge		WWSR - When Discharging RT - RC0710T	
74053	Overflow volume (AS volume, CSO volume)	EG - Effluent Gross	0	Sample Period Freq Value NDD	Reg Mon IAD TOTAL, SR - Major C - No Discharge		AL05 - All Events ES - EST/Res	
75837	Prohibition, assembly accumulation	EG - Effluent Gross	0	Sample Period Freq Value NDD	Reg Mon IAD TOTAL, SR - Inflow C - No Discharge		AL05 - All Events RT - RC0710T AL05 - All Events RT - RC0710T	
8118	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Period Freq Value NDD	Reg Mon IAD TOTAL, EG - Inflow C - No Discharge		AL05 - All Events RT - RC0710T	
<p>Submission Note</p> <p>If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>Est Check Errors</p> <p>No errors</p> <p>Comments</p> <p>Attachments</p> <p>No attachments</p> <p>Report Last Saved By</p> <p>FORT WAYNE WWTP</p> <p>User:</p> <p>Name: susan.beck@cityoffortwayne.org</p> <p>E-Mail: susan.beck@cityoffortwayne.org</p> <p>Date/Time: 2023-02-22 14:34 (Time Zone: -05:00)</p> <p>Report Last Signed By</p> <p>User:</p> <p>Name: susan.beck@cityoffortwayne.org</p> <p>E-Mail: susan.beck@cityoffortwayne.org</p> <p>Date/Time: 2023-02-22 14:37 (Time Zone: -05:00)</p>								

DMR Copy of Record

**Permit**  
 Permit #: IN0002194  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 OWENS AVE  
 FORT WAYNE, IN 46803

Permitted Feature: 004 External Outfall  
 Discharge:

Report Date & Status: From 01/19/23 to 01/19/23  
 Monitoring Period: From 01/19/23 to 01/19/23  
 DMR Due Date: 02/28/23  
 Status: NotDMR Violated

Considerations for Form Completion  
 CSO: 00-000 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: Title:  
 Last Name:

No Data Indicator (NOD)  
 Form NOD:

Event	Parameter Name	Monitoring Location	Section # Param. NOD	Quantity or Loading			# of EL	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3			
10027	Disinfect	ES - Effluent Gross	0	-	-	-	W/CS	When Discharging RT - 1002707	
				Permit Req. Value NOD					
10053	Overflow volume (BS volume, CSO volume)	ES - Effluent Gross	0	-	-	-	ALV - All Events	ES - 10170A	
				Permit Req. Value NOD					
10057	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	-	-	ALV - All Events	RT - 1002707	
				Permit Req. Value NOD					
10115	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	-	-	ALV - All Events	RT - 1002707	
				Permit Req. Value NOD					

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

**DMR Check Errors**  
 No errors.

**Comments**

**Attachments for administrators**

Report Last Saved By: FORT WAYNE WWTP

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

Date/Time: 2023-02-02 14:33 (Time Zone: -05:00)

Report Last Signed By:

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

Date/Time: 2023-02-02 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit**  
 Permit #: 849032181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWANER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permittee: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 005-C  
 CSD: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD  
 Permittee Address:  
 Discharge:

**Report Dates & Status**  
 Monitoring Period: From 01/01/23 to 01/25/23  
 Considerations for Form Completion  
 CSD: J11-164 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:  
 No Data Indicator (NOD):  
 Form MOD:

Code	Parameter Name	Monitoring Location	Event 4 Permit MOD	Sample Permit Fls Value MOD	Quantity of Labeling	Quantity of Concentration	Units	# of EA	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-	13.0	Req Mon MD TOTAL	0	0	When Discharging	BT - R0070T
7403	Overflow volume (688 volume, CSO volume)	EG - Effluent Gross	0	-	0.242	Req Mon MD TOTAL	0	0	When Discharging	BT - R0070T
7887	Prohibition, monthly accumulation	EG - Effluent Gross	0	-	2.89	Req Mon MD TOTAL	0	0	When Discharging	BT - R0070T
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	4.0	Req Mon MD TOTAL	0	0	When Discharging	BT - R0070T

**Submission Note**  
 If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**EDR Check Errors**  
 No errors.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 14:30 (Time Zone: -05:00)  
**Report Last Signed By**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)



DMR Copy of Record

Permit Permit #: IM003181 Major: Yes	Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility: Facility Location: PORT WAYNE WWTP P.L. BRUNNER WPC 2601 DIVIDERS AVE PORT WAYNE, IN 46823							
Permitted Feature: 007 External Outfall	Discharge: 987-C C03-K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.								
Report Dates & Status Monitoring Period: From 01/01/23 to 01/01/23 Considerations for Form Completion C03-K03-092 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	DMR Due Date: 02/28/23	Status: NotDMR Validated							
First Name: Last Name: No Data Indicator (NDD)	Title:	Telephone:							
Form NDD: --									
Code	Parameter Name	Monitoring Location	Event #	Permit NDD	Quantity of Loading Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4	Quality of Concentration Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4	# of EC	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	--	Sample Permit File Value NDD	Req Max MD TOTAL, EG - Inflow C - No Discharge		WIDE - When Discharging RT - RC0707	
7083	Overflow volume [85] volume, DSO volume	EG - Effluent Gross	0	--	Sample Permit File Value NDD	Req Max MD TOTAL, In - Mgd C - No Discharge		ALD - All Events ES - ESTW	
7887	Prohibition, exceed accumulation	EG - Effluent Gross	0	--	Sample Permit File Value NDD	Req Max MD TOTAL, In - Inflow C - No Discharge		ALD - All Events RT - RC0707	
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit File Value NDD	Req Max MD TOTAL, All - Inflow C - No Discharge		ALD - All Events RT - RC0707	
<p>Submission Note If a parameter row does not contain any values for the Sample nor Effluent Totals, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>ERT Check Errors No errors.</p> <p>Comments</p> <p>Attachments No attachments.</p> <p>Report Last Saved By FORT WAYNE WWTP</p> <p>User: Name: E-Mail: Date/Time: Report Last Signed By</p> <p>User: Name: E-Mail: Date/Time:</p>									

susan.beck@cityofwayne.org  
Susan Beck  
susan.beck@cityofwayne.org  
2023-02-22 14:31 (Time Zone: -05:00)

susan.beck@cityofwayne.org  
Susan Beck  
susan.beck@cityofwayne.org  
2023-02-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

Permit #: 30032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2521 DWINGER AVE  
 FORT WAYNE, IN 46833

Permitted Features: 011  
 External Outfall  
 Discharge: 911-C  
 CID: K06-033 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status: From 6/16/23 to 9/31/23  
 Monitoring Period: DMR Due Date: 02/28/23  
 Considerations for Form Completion: NUDMR Validated  
 CSO: K06-033 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 No Data Indicator (NOD): \_\_\_\_\_  
 Form NOD: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Event #	Permit NOD	Quantity of Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value			
5007	Duration	EG - Effluent Gross	0	-	Req Min MD TOTAL, 82 - hrs				WWSR - When Discharging	RT - R02T07	
7-083	Overflow volume [688 values, CSO volume]	EG - Effluent Gross	0	-	Req Min MD TOTAL, 36 - Mgd				ALERT - All Events	ES - B07WA	
7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Min MD TOTAL, 50 - hrs				ALERT - All Events	RT - R02T07	
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Min MD TOTAL, 46 - hrs				ALERT - All Events	RT - R02T07	

Submission Note  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.  
 Edit Check Errors  
 No errors.

Comments

Attachments  
 No attachments.

Report Last Saved By  
 FORT WAYNE WWTP

User: susan.back@cityofwayne.org  
 Name: Susan Back  
 E-Mail: susan.back@cityofwayne.org  
 Date/Time: 2023-02-22 14:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.back@cityofwayne.org  
 Name: Susan Back  
 E-Mail: susan.back@cityofwayne.org  
 Date/Time: 2023-02-22 14:37 (Time Zone: -05:00)

DMIR Copy of Record

**Permit:** IN0002194  
**Permit #: Major:** IN0002194  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 3601 DRENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** D12  
 External Outfall  
**Discharge:** CEC: K06-234 - 230 FT. SE OF MAIN ST. & CAMP ALLEN DR.

**Report Dates & Status:**  
**Monitoring Period:** From 9/19/23 to 9/19/23  
**DMIS Due Date:** 9/29/23  
**Status:** NotDMIS Validated

**Considerations for Form Completion:**  
**CEC:** K06-234 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NOD):** -

Code	Parameter Name	Monitoring Location	Section #	Permit NOD	Quantity of Loading			Quality or Concentration			# of EA's	Frequency of Analyte	Sample Type	
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 1	Qualifier 2	Qualifier 3				Units
5027	Dissolved	EG - Effluent Gross	0	-	Sample	Percent Rec.	Value	NOD	1.5	Req Mon ISO TOTAL	ES - Inflow	ES - Inflow	INWDS - When Discharging	RT - RCOTOT
7063	Overflow volume (ISO volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Percent Rec.	Value	NOD	0.08	Req Mon ISO TOTAL	24 - Night	24 - Night	ALREV - All Events	ES - ESTMA
7067	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Percent Rec.	Value	NOD	3.0	Req Mon ISO TOTAL	24 - Night	24 - Night	ALREV - All Events	ES - ESTMA
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Percent Rec.	Value	NOD	3.0	Req Mon ISO TOTAL	44 - 8:00	44 - 8:00	ALREV - All Events	RT - RCOTOT

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

**Comments:** No errors.

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-03-22 14:31 (Time Zone: -05:00)

**Report Last Signed By:**  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-03-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IM002191  
**Permit #:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee:** CITY OF FORT WAYNE  
**Permittee Address:** 200 E BERRY ST  
**Facility Location:** FORT WAYNE WWTP  
**Facility:** P.L. BRUNNER WPC  
**Facility Location:** 2801 DWIGGERS AVE  
**Facility:** FORT WAYNE, IN 48803

**Permitted Feature:** D13 External Outfall  
**Discharge:** #13-C  
**CSO:** K09-208 - 80 FT N OF THEME DR & BERRY ST

**Report Dates & Status:** 03/28/23  
**Monitoring Period:** From 01/01/23 to 01/31/23  
**Status:** NetShare Validated

**Consolidation for Form Completion:** CSC: K09-208 MUNICIPAL MAJOR ALLEN COUNTY

**Principal Executive Officer:**  
**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Form NOOI:** -  
**No Data Indicator (NOD):** -

Code	Parameter Name	Monitoring Location	Season #	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
5027	Duration	EG - Effluent Gross	0	-	-	15.3	Per Min MO TOTAL	EG - None	W008 - When Discharging RT - NOOTOT W008 - When Discharging RT - NOOTOT
7403	Overflow volume (568 volume, CSO volume)	EG - Effluent Gross	0	-	-	0.00	Per Min MO TOTAL	36 - Mgal	AL0V - All Events ES - ESTMA AL0V - All Events ES - ESTMA
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	3.29	Per Min MO TOTAL	36 - in/mo	AL0V - All Events RT - NOOTOT AL0V - All Events RT - NOOTOT
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	0.0	Per Min MO TOTAL	45 - flow	AL0V - All Events RT - NOOTOT AL0V - All Events RT - NOOTOT

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

**ERT Check Errors:**  
 No errors

**Comments:**

**Attachments:**  
 No attachments

**Report Last Saved By:** susan.beck@cityofwayne.org  
**PORT WAYNE WWTP**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 14:29 (Time Zone: -05:00)

**Report Last Signed By:** susan.beck@cityofwayne.org  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 14:37 (Time Zone: -05:00)

DMIR Copy of Record

**Agency:** Permit #: 80232191 Permittee: FORT WAYNE WWTP  
 Major: Yes Permittee Address: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DIVINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 217 Discharge: 617-C  
 External Outfall  
 CSO: 603-178 - 130 FT SW OF ST. MARY'S PRORY & WALDRON CIRCLE

**Report Dates & Status:** Monitoring Period: From 01/01/23 to 01/31/23  
 DMR Due Date: 02/28/23  
 Status: NotDMR Validated

**Monitoring Period:** Considerations for Form Completion  
 CSO: 603-178/MUNICIPAL MAJOR/MALLEN COUNTY  
 Principal Executive Officer:

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

**No Data Indicator (NDD):**  
**Form NDD:**

State	Parameter Name	Monitoring Location	Season & Param. NDD	Quantity or Loading		Quality of Concentration		# of Ex.	Frequency of Analyte	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4			
50007	Durdan	EG - Effluent Grows	0	-	Req Mon IWD TOTL, EG - Inlets C - No Discharge	Req Mon IWD TOTL, EG - Inlets C - No Discharge		WQDE - When Discharging	RT - RC07107	
74063	Overflow volume (585 volume, CSO volume)	EG - Effluent Grows	0	-	Req Mon IWD TOTL, SW - Inlets C - No Discharge	Req Mon IWD TOTL, SW - Inlets C - No Discharge		ALDE - All Events	ES - ESTMA	
78867	Prohibition, monthly accumulations	EG - Effluent Grows	0	-	Req Mon IWD TOTL, SW - Inlets C - No Discharge	Req Mon IWD TOTL, SW - Inlets C - No Discharge		ALDE - All Events	RT - RC07107 RT - RC07107	
81115	Discharge event observation (Visual Monitoring)	EG - Effluent Grows	0	-	Req Mon IWD TOTL, All - Inlets C - No Discharge	Req Mon IWD TOTL, All - Inlets C - No Discharge		ALDE - All Events	RT - RC07107	

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-02-22 14:23 (Time Zone: -05:00)

**Report Last Signed By:**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-02-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNGER WPC 2601 DWIGDEN AVE FORT WAYNE, IN 46603			
Permitted Feature:	D18 External Outfall	Discharge:	918-C CSD: K11-08 - 150 FT W OF BROADWAY & RUSSELL BLVD	States:	NotDMR Validated			
Report Dates & Status	Monitoring Period:	DMR Due Date:	02/28/23					
	From 9/19/23 to 01/03/23							
	Considerations for Permit Completion							
	CSD: 411-169A(MUNICIPAL MAJORALLEN COUNTY							
	Principal Executive Officer							
First Name:		Title:		Telephone:				
Last Name:								
No Date Indicator (NODI)								
Form NODI:								
Code	Parameter Name	Monitoring Location	Station # Param. NODI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Units			
5027	Duration	EG - Effluent Gross	0	Sample Permit Ex. Value NODI	07.41	EG - 10min	1M02 - 10min Discharge RT - NODI02	RT - NODI02
				Sample Permit Ex. Value NODI	Req Hour MD TOTAL, EG - 10min	0	1M05 - 10min Discharge RT - NODI05	RT - NODI05
7403	Overflow volume (560 volume, CSD volume)	EG - Effluent Gross	0	Sample Permit Ex. Value NODI	33.13	3P - 10gal	AUEV - 42 Events	ES - ESTMA
				Sample Permit Ex. Value NODI	Req Hour MD TOTAL, 3P - 10gal	0	AUEV - 42 Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Ex. Value NODI	1.43	5W - 10min	AUEV - 42 Events	RT - NODI02
				Sample Permit Ex. Value NODI	Req Hour MD TOTAL, 5W - 10min	0	AUEV - 42 Events	RT - NODI02
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Ex. Value NODI	8.9	46 - 10min	AUEV - 42 Events	RT - NODI02
				Sample Permit Ex. Value NODI	Req Hour MD TOTAL, 46 - 10min	0	AUEV - 42 Events	RT - NODI02
Submission Note								
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.								
EIR Check Errors								
No errors.								
Comments								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP								
User:	susan.beck@cityoffortwayne.org							
Name:	Susan Beck							
E-Mail:	susan.beck@cityoffortwayne.org							
Date/Time:	2023-03-22 14:29 (Time Zone: -05:00)							
Report Last Signed By	susan.beck@cityoffortwayne.org							
User:	Susan Beck							
Name:	Susan Beck							
E-Mail:	susan.beck@cityoffortwayne.org							
Date/Time:	2023-03-22 14:37 (Time Zone: -05:00)							

**DMIR Copy of Record**

Permit	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Permit #:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46002	Facility Location:	P.L. BRUNNER WPC 2601 DWANZEL AVE FORT WAYNE, IN 46803
Permit Features:	000 External Outfall	Discharge:	003-C	Status:	MidDMR Validated
Report Dates & Status	From 01/01/23 to 01/31/23	DMR Due Date:	02/28/23	Telephone:	
Monitoring Period:	Frees 01/01/23 to 01/31/23				
Considerations for Form Completion					
CSO: K15-115MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:	--				

Sample	Parameter Name	Monitoring Location	Excess # Param NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1 Quarter 2 Value 2 Value 3 Quarter 3 Value 4	Units			
50037	Duration	EG - Effluent Gages	0	--	50.01 Req Min MD TOTAL, 00 - 10000 g			WW00 - When Discharging RT - RC0707 WW00 - When Discharging RT - RC0707
74063	Overflow volume (500 volume)	EG - Effluent Gages	0	--	5.000 Req Min MD TOTAL, 00 - 10000 g			AL0V - All Events ES - EST00A AL0V - All Events ES - EST00A
71887	Precipitation, monthly accumulation	EG - Effluent Gages	0	--	3.00 Req Min MD TOTAL, 00 - 10000 g			AL0V - All Events RT - RC0707 AL0V - All Events RT - RC0707
84185	Discharge event observation (Whead Monitoring)	EG - Effluent Gages	0	--	4.0 Req Min MD TOTAL, 00 - 10000 g			AL0V - All Events RT - RC0707 AL0V - All Events RT - RC0707

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityofwayne.org  
Date/Time: 2023-02-02 14:30 (Time Zone: -05:00)

**Report Last Signed By**  
User: susan.beck@cityofwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityofwayne.org  
Date/Time: 2023-02-02 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IN0032191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 021  
**Discharge:** 021-C  
 CSC: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

**Report Dates & Status:** 03/28/23  
**Monitoring Period:** From 01/01/23 to 01/31/23  
**DMR Due Date:** 03/28/23  
**Considerations for Form Completion:**

**CSC:** K19-044 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**No Data Indicator (NDD):**  
**Form NDD:**

Code	Parameter Name	Monitoring Location	Service #	Param. NDD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
50037	Durability	ES - Effluent Gross	0	-	24.33	ES - 1/mo	0	When Discharging	RT - RC07DT	
					Req Mon MD TOTAL, ES - 1/mo	0		When Discharging	RT - RC07DT	
74003	Overflow volume (388 volume), CSC volume	ES - Effluent Gross	0	-	6.38	24 - 1/yr	0	ALRY - All Events	ES - E879A	
					Req Mon MD TOTAL, 24 - 1/yr	0		ALRY - All Events	ES - E879A	
78887	Prohibition, monthly accumulates	ES - Effluent Gross	0	-	2.43	24 - 1/mo	0	ALRY - All Events	RT - RC07DT	
					Req Mon MD TOTAL, 24 - 1/mo	0		ALRY - All Events	RT - RC07DT	
94185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	4.0	48 - 1/yr	0	ALRY - All Events	RT - RC07DT	
					Req Mon MD TOTAL, 48 - 1/yr	0		ALRY - All Events	RT - RC07DT	

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** susan.beck@cityoffortwayne.org  
**Fort Wayne WWTP**  
**User:** Susan Beck  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 14:30 (Time Zone: -05:00)

**Report Last Signed By:** susan.beck@cityoffortwayne.org  
**User:** Susan Beck  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 14:37 (Time Zone: -05:00)



DMIR Copy of Record

**Agency:** IN0302191  
**Permit #: Major:** Yes  
**Permitted Features:** 023  
 Estimated Outlet  
**Report Dates & Status:** From 9/9/2023 to 01/03/2023  
**Monitoring Period:** From 9/9/2023 to 01/03/2023  
 Considerations for Form Completion  
**CSO: L06-0306-UNICORPAL MAJORALLEN COUNTY**  
**Principal Executive Officer:**  
 First Name:  
 Last Name:  
 No Data Indicator (NDDI)  
**Form NDDI:** -

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 202 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** Facility Location:  
**Discharge:** 633-C  
 CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST  
**States:** NewCOMB Validated  
**Telephone:**

Code	Parameter	Monitoring Location	Exceed # Permit NDDI	Quantity or Loading	Quality or Consumption	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3	Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3			
5007	Duration	EG - Effluent Gross	0	7.40 Reg Mon MD TOTAL, EG - Arns	0	0	When Discharging When Discharging	BT - ROOTDT BT - ROOTDT
7063	Overflow volume [884 volume, CSO volume]	EG - Effluent Gross	0	0.45 Reg Mon MD TOTAL, 3H - Mgal	0	0	ALRY - M Events ALRY - M Events	ES - ESTMA ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	3.3 Reg Mon MD TOTAL, 3H - in/mo	0	0	ALRY - M Events ALRY - M Events	BT - ROOTDT BT - ROOTDT
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	4.0 Reg Mon MD TOTAL, 4C - Bins	0	0	ALRY - M Events ALRY - M Events	BT - ROOTDT BT - ROOTDT

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

**Self Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** susan.lock@cityoffortwayne.org  
**PORT WAYNE WWTP**  
**User:** susan.lock@cityoffortwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityoffortwayne.org  
**Date/Time:** 2023-03-22 14:25 (Time Zone: -05:00)

**Report Last Signed By:** susan.lock@cityoffortwayne.org  
**User:** susan.lock@cityoffortwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityoffortwayne.org  
**Date/Time:** 2023-03-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit #:** IN0332191  
**Major:** Yes  
**Permitted Features:** 024  
 External Outfall  
**Report Dates & Status:**  
 From 8/19/22 to 8/19/22  
**Monitoring Period:** From 8/19/22 to 8/19/22  
 Considerations for Form Completion  
 CSO: L06-020/020PAL MAJOR/ALLEN COUNTY  
**Principal Executive Officer:**  
 First Name:  
 Last Name:  
 No Data Indicator (NODI)  
 Form NODI: -

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DIVENGER AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 024-C  
 CSO: L06-020 - 229 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
**Facility Location:**  
**Status:** NetDMR Validated  
**Title:** Telephone:

Code	Parameter Name	Monitoring Location	Screen #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
02027	Dissolved	EG - Effluent Gross	0	-	Sample Period Freq. Value NODI	EG - Inflow	Req Max MD TOTAL	EG - Inflow	0	0	WHOS - When Discharging WHOS - When Discharging BT - BOOTOFF BT - BOOTOFF		
74653	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Period Freq. Value NODI	CSO	Req Max MD TOTAL	SR - Inflow	0	0	ALUV - All Events ALUV - All Events ES - ESTMA ES - ESTMA		
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period Freq. Value NODI	SR	Req Max MD TOTAL	SR - Inflow	0	0	ALUV - All Events ALUV - All Events BT - BOOTOFF BT - BOOTOFF		
81115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Freq. Value NODI	SR	Req Max MD TOTAL	dc - Inflow	0	0	ALUV - All Events ALUV - All Events BT - BOOTOFF BT - BOOTOFF		

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**ESR Check Errors:**  
 No errors.  
**Comments:**  
 Attachments:  
 Report Last Saved By: FORT WAYNE WWTP  
 User: susan.beck@cityofcswayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofcswayne.org  
 Date/Time: 2023-03-22 14:25 (Time Zone: -05:00)  
 Report Last Signed By:  
 User: susan.beck@cityofcswayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofcswayne.org  
 Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IN0032191  
**Permit #:** IN0032191  
**Major:** Yes  
**Permitted Facility:** 025 External Outfall  
**Report Dates & Status:** From 01/01/23 to 01/31/23  
**Monitoring Period:** From 01/01/23 to 01/31/23  
**Considerations for Form Completion:**  
**CSD:** US-0421 MICHIGAN MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NOD):**  
**Form MDR:**

**Facility:** FORT WAYNE WWTP  
**Facility Address:** CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46802  
**Discharge:** CSC: L06-01 - 205 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46802  
**Quantity of Loading:** Quatier 1 Value 1 Quatier 2 Value 2 Quatier 3 Value 3 Quatier 4 Value 4  
**Quality or Concentration:** Quatier 1 Value 1 Quatier 2 Value 2 Quatier 3 Value 3 Quatier 4 Value 4  
**Frequency of Analysis:** 01 - 01/01/23, 02 - 02/01/23, 03 - 03/01/23, 04 - 04/01/23, 05 - 05/01/23, 06 - 06/01/23, 07 - 07/01/23, 08 - 08/01/23, 09 - 09/01/23, 10 - 10/01/23, 11 - 11/01/23, 12 - 12/01/23  
**Sample Type:** 01 - 01/01/23, 02 - 02/01/23, 03 - 03/01/23, 04 - 04/01/23, 05 - 05/01/23, 06 - 06/01/23, 07 - 07/01/23, 08 - 08/01/23, 09 - 09/01/23, 10 - 10/01/23, 11 - 11/01/23, 12 - 12/01/23  
**Stat:** NetDMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Event #	From	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value
5027	Durables	EG - Effluent Gross	0	-	-	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value
7083	Overflow volume (300 volume, CSO volume)	EG - Effluent Gross	0	-	-	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value
8485	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value	MO	Sample	Percent Rec	Value

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Get Check Error:**  
**No errors.**  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-02-22 14:27 (Time Zone: -05:00)  
**Report Last Signed By:**  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-02-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

Permit	IN0032191	Permittees	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENSDEN AVE FORT WAYNE, IN 46603		
Major:	Yes	Permittee Address:		Facility Location:			
Permitted Features:	027 External Outfall	Discharger:	027-C CSO: I170-023 - 200 FT SE OF THIRD ST & CALHOUN ST	Status:	NotDMR Validated		
Report Dates & Status	From 01/01/23 to 01/01/23	DMR Due Date:	03/28/23	Telephone:			
Monitoring Period:	Considerations for Form Completion						
CSO: I170-023 MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NDD)							
Form NDD:							
Code	Parameter Name	Monitoring Location	Excess # Fresh NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. Frequency of Analysis	Sample Type
9037 Sewable	ES - Effluent Gross	0	-		Res Mon MD TDS, ES - Inline C - No Discharge	10/03 - When Discharging RT - 800702	RT - 800702
7403 Overflow volume (555 volume, CSO volume)	ES - Effluent Gross	0	-		Res Mon MD TDS, 3H - Mgal C - No Discharge	ALUD - All Events ES - ESTMA	ES - ESTMA
7387 Precipitation, monthly accumulations	ES - Effluent Gross	0	-		2.38 Res Mon MD TDS, 3H - Inline C - No Discharge	ALUD - All Events RT - 800702 ALUD - All Events RT - 800702	RT - 800702
8155 Discharge event observable (Visual Monitoring)	ES - Effluent Gross	0	-		Res Mon MD TDS, 6H - Inline C - No Discharge	ALUD - All Events RT - 800702	RT - 800702
Submitter Note	If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.						
DMR Check Errors	No errors.						
Comments							
Attachments							
Report Last Saved By	susan.back@cityofwayne.org						
FORT WAYNE WWTP	Susan Back						
User:	susan.back@cityofwayne.org						
Name:	Susan Back						
E-Mail:	susan.back@cityofwayne.org						
Date/Time:	2023-02-22 14:34 (Time Zone: -05:00)						
Report Last Signed By	susan.back@cityofwayne.org						
User:	Susan Back						
Name:	Susan Back						
E-Mail:	susan.back@cityofwayne.org						
Date/Time:	2023-02-22 14:37 (Time Zone: -05:00)						

DMR Copy of Record

**Permit:** IMR021814  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Facility Location:** P.L. BILMANNES WPC  
 2601 DRENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 028  
 External Outfall  
**Discharge:** 028-C  
 CSO: 110-028 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE

**Report Dates & Status:** 02/28/23  
**Monitoring Period:** From 01/01/23 to 01/01/23  
**Consolidations for Form Completion:** No/Other Validated  
**CSO: M10-23MANIC0394L MAJORALLEN COUNTY**

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

Code	Account	Name	Monitoring Location	Excursion #	Param. NCD	Sample Period Freq. Value NCD	Quantity of Loading	Quality of Concentration	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3			
5007	Durdine		05 - Effluent Gross	0	-		Req: 100 MG TOTAL, 05 - flow C - No Discharge	WQ06 - When Discharging	MT - NCD002	
7403	Overflow volume (559 volume, CSO volume)		05 - Effluent Gross	0	-		Req: 100 MG TOTAL, 05 - flow C - No Discharge	WQ06 - When Discharging	MT - NCD002	
7887	Precipitation, monthly accumulation		05 - Effluent Gross	0	-		0.01 Req: 100 MG TOTAL, 05 - flow C - No Discharge	WQ06 - When Discharging	MT - NCD002	
8415	Discharge event observation (Visual Monitoring)		05 - Effluent Gross	0	-		Req: 100 MG TOTAL, 05 - flow C - No Discharge	WQ06 - When Discharging	MT - NCD002	

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

**Edit Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

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

**Date/Time:** 2023-02-22 14:32 (Time Zone: -05:00)

**Report Last Signed By:** susan.beck@cityoffortwayne.org  
**User:** Susan Beck  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org

**Date/Time:** 2023-02-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit #:</b> IM002181	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP							
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DIVENGER AVE FORT WAYNE, IN 46803							
<b>Permitted Feature:</b> CS External Outfall	<b>Discharge:</b> 829-C CSC: M15-285 - 230 FT E OF DUCK ST & BARR ST								
<b>Report Dates &amp; Status:</b> From 01/01/23 to 01/31/23	<b>DMR Due Date:</b> 02/28/23	<b>Status:</b> NetDMR Validated							
<b>Monitoring Period:</b> Considerations for Form Completion									
<b>CSC:</b> M15-285 MUNICIPAL MAJORALLEN COUNTY									
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>							
<b>First Name:</b>									
<b>Last Name:</b>									
<b>No Data Indicator (NDD):</b>									
<b>Form NDD:</b>									
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Division #</b>	<b>Permit NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Col.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5027	Duration	EG - Effluent Gages	0	-	Quantity	Reg Mon SD TOTN, EG - Inline C - No Discharge	1	When Discharging RT - 800T07	RT - 800T07
7403	Overflow volume (855 volume, CSO volume)	EG - Effluent Gages	0	-	Volume	Reg Mon SD TOTN, 2H - Mgal C - No Discharge	1	ALCO - All Events ES - ERTick	ES - ERTick
7887	Precipitation, monthly accumulation	EG - Effluent Gages	0	-	Sample	Reg Mon SD TOTN, 2H - Inline C - No Discharge	1	ALCO - All Events RT - 800T07	RT - 800T07
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gages	0	-	Sample	Reg Mon SD TOTN, 4H - Inline C - No Discharge	1	ALCO - All Events RT - 800T07	RT - 800T07
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>DMR Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b>	susan.beck@cityoffortwayne.org								
<b>Name:</b>	Susan Beck								
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org								
<b>Date/Time:</b>	2023-01-02 14:28 (Time Zone: -05:00)								
<b>Report Last Signed By</b>									
<b>User:</b>	susan.beck@cityoffortwayne.org								
<b>Name:</b>	Susan Beck								
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org								
<b>Date/Time:</b>	2023-01-02 14:37 (Time Zone: -05:00)								

DMR Copy of Record

**Permit #:** 34532191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BUNNER WPC  
 2501 DAMINGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Feature:** 032 **Discharge:** 932-C  
 External Outfall **CSO:** M10-308 - 120 FT N OF CLAIR ST & HARRISON ST  
**Report Date & Status:** **DMR Due Date:** 9/28/23  
**Monitoring Period:** From 9/19/23 to 9/30/23  
**Contributions for Form Completion:** **Statust:** NotDMR Validated  
**CSO:** M10-308 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:** **Title:**  
**Last Name:** **Telephone:**

**No Data Indicator (NDD)**

**Form NDD:** -

Code	Parameter Name	Monitoring Location	Session #	Form NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Units	
5037	Duration	EG - Effluent Gross	0	-			1.28	hr - min	WHDS - When Discharging RT - NOOTOT
					Permit Req. Value NDD		Reg Max MD TOTAL	RT - Min	WHDS - When Discharging RT - NOOTOT
7403	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	-			0.78	cu - ft	ALUV - All Events
					Permit Req. Value NDD		Reg Max MD TOTAL	cu - ft	ALUV - All Events
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			2.2	in - in	ALUV - All Events
					Permit Req. Value NDD		Reg Max MD TOTAL	in - in	ALUV - All Events
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-			3.2	hr - min	ALUV - All Events
					Permit Req. Value NDD		Reg Max MD TOTAL	hr - min	ALUV - All Events

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

**ERT Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 PORT WAYNE WWTP

**User:** susan.beck@cityofportwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofportwayne.org  
**Date/Time:** 2023-09-22 14:28 (Time Zone: -05:00)

**Report Last Signed By**  
**User:** susan.beck@cityofportwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofportwayne.org  
**Date/Time:** 2023-09-22 14:37 (Time Zone: -05:00)

DMIR Copy of Record

Permit #:	34032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46002	Facility Location:	P.L. BOLLINGER WPC 2651 DRENGER AVE FORT WAYNE, IN 46003
Permitted Feature:	033 External Outlet	Discharge:	933-C	Status:	Not Under Evaluation
Report Dates & Status	From 9/19/23 to 9/31/23	DMR Due Date:	9/28/23		
Monitoring Period:	From 9/19/23 to 9/31/23				
Considerations for Form Completion					
CSO: M15-013 MAUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Basins & Perms	NDD	Quantity or Loading	Quality or Concentration	# of Es.	Frequency of Analysis	Sample Type
					Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4				
5007	Duration	EG - Effluent Gross	0	-	Perms MD TOTAL, EG - 100%	Perms MD TOTAL, EG - 100%		W00E - When Discharging	BT - RC0707
					C - No Discharge				
7403	Overflow volume (MS volume)	EG - Effluent Gross	0	-	Perms MD TOTAL, 3H - 100%	Perms MD TOTAL, 3H - 100%		AL0V - All Basins	ES - 0375A
					C - No Discharge				
7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Perms MD TOTAL, 5H - 100%	Perms MD TOTAL, 5H - 100%	0	AL0V - All Basins	BT - RC0707
					C - No Discharge				
9485	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Perms MD TOTAL, 4H - 100%	Perms MD TOTAL, 4H - 100%		AL0V - All Basins	BT - RC0707
					C - No Discharge				

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

Edit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User:  
Name:  
E-Mail:  
Date/Time:  
Report Last Signed By

User:  
Name:  
E-Mail:  
Date/Time:



DMIR Copy of Record

**Permit:** 006 External Outfall  
**Permit #:** IM0022191  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2651 DRENGER AVE  
 FORT WAYNE, IN 46823

**Permitted Feature:** 006 External Outfall  
**Discharge:** 006-C  
 CSC: M18-032 - 820 FT N OF STATE BLVD & WESTBROOK DR

**Monitoring Location:** Station # Param. NOD  
**Monitoring Location:** Station # Param. NOD  
**Monitoring Location:** Station # Param. NOD

**Report Dates & Status:** From 01/01/23 to 01/01/23  
**DMIR Due Date:** 02/28/23  
**Monitoring Period:** From 01/01/23 to 01/01/23  
**Considerations for Form Completion:** None  
**CSC:** M18-032 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Date Indicator (NOD):** \_\_\_\_\_  
**Form NOD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Station # Param. NOD	Quantity or Loading	Quantity or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarrier 1 Value 1 Quarrier 2 Value 3	Value 1 Value 2 Value 3	Units		
10027	Dissolved	EG - Effluent Gross	0	-	Req Max MD TOTAL, EG - Inflow C - No Discharge	WH08 - When Discharging	RT - R007T07	
10263	Overflow volume (300 volume, CSO volume)	EG - Effluent Gross	0	-	Req Max MD TOTAL, RT - Inflow C - No Discharge	AL00 - All Events	ES - E07Tha	
13887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	228 Req Max MD TOTAL, RT - Inflow g	AL00 - All Events	RT - R007T07	
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Max MD TOTAL, RT - Inflow C - No Discharge	AL00 - All Events	RT - R007T07	

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

**Comments:** No errors.

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**Email:** susan.back@cityofwayne.org  
**Date/Time:** 2023-02-02 14:35 (Time Zone: -05:00)

**Report Last Signed By:** \_\_\_\_\_  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**Email:** susan.back@cityofwayne.org  
**Date/Time:** 2023-02-02 14:37 (Time Zone: -05:00)

DMIR Copy of Record

**Permit:** B0002191  
**Permit #: Major:** B0002191  
**Permitted Feature:** 039 External Outfall  
**Report Dates & Status:** From 01/01/23 to 01/01/23  
**Monitoring Period:** From 01/01/23 to 01/01/23  
**Considerations for Form Completion:** CSO: 109-022 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NDD):**  
**Form NDD:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 839-C  
 CSO: 109-022 - 120 FT N OF HANNA ST & BERRY ST  
**Monitoring Location:** 839-C  
**Discharge:** CSO: 109-022 - 120 FT N OF HANNA ST & BERRY ST  
**DMR Due Date:** 03/28/23  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNGER WPC  
 2021 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Status:** NotDMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Session # Permit NDD	Quantity or Loading	Quantity or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3			
50037	Duration	EG - Effluent Gross	0	Permit Rec. Value NDD	Reg Min MD TOTAL, EG - Inflow C - No Discharge	WH08 - When Discharging BT - BODT07			
71063	Overflow volume (568 volume), CSO volume	EG - Effluent Gross	0	Permit Rec. Value NDD	Reg Min MD TOTAL, BT - Inflow C - No Discharge	AL00 - All Events ES - Efflthk			
71887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Permit Rec. Value NDD	23 Reg Min MD TOTAL, BT - Inflow C - No Discharge	AL00 - All Events BT - BODT07			
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Permit Rec. Value NDD	Reg Min MD TOTAL, BK - Inflow C - No Discharge	AL00 - All Events BT - BODT07			

**Submission Note:** If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Self Check Errors:**  
 No errors.  
**Comments:**  
 Attachments:  
 No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-02-02 14:28 (Time Zone: -05:00)  
**Report Last Signed By:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-02-02 14:37 (Time Zone: -05:00)

DMR Copy of Record

Permit	IN002181	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP							
Permit Major	Yes	Permit Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BRUNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803							
Permitted Feature	644 External Outfall	Discharge	644-C CSC: 102-003 - 150 FT E OF DALGREEN AVE & SPY RUN AVE									
Report Dates & Status	From 01/01/23 to 01/01/23	Start Date	02/28/23	Status	NetDMM Validated							
Monitoring Period	Considerations for Form Completion											
CSC	102-003 MUNICIPAL MAJOR ALLEN COUNTY											
Principal Executive Officer		Title		Telephone								
First Name:												
Last Name:												
No Data Indicator (NDD)												
Form MOD:												
Form MOD:												
Code	Parameter	Monitoring Location	Event #	Param. MOD	Quantity of Loading	Quality of Concentration	Value 1	Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	--	Sample	Req Max 100 TOTAL, 40 - 1000 C - No Discharge			WWSR - When Discharging RT - 800707			
7063	Overflow volume (885 volume, CSO volume)	EG - Effluent Gross	0	--	Sample	Req Max 100 TOTAL, 30 - 1000 C - No Discharge			AL00 - All Events ES - ESTWA			
7387	Prohibition, monthly accumulation	EG - Effluent Gross	0	--	Sample	3.28 Req Max 100 TOTAL, 30 - 1000 g			AL00 - All Events RT - 800707 AL00 - All Events RT - 800707			
8185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample	Req Max 100 TOTAL, 40 - 1000 C - No Discharge			AL00 - All Events RT - 800707			
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>ERT Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE WWTP</p> <p>User: susan.beck@cityofwayne.org Name: Susan Beck E-Mail: susan.beck@cityofwayne.org Date/Time: 2023-02-22 14:35 (Time Zone: -05:00)</p> <p><b>Report Last Signed By</b></p> <p>User: susan.beck@cityofwayne.org Name: Susan Beck E-Mail: susan.beck@cityofwayne.org Date/Time: 2023-02-22 14:37 (Time Zone: -05:00)</p>												

DMR Copy of Record

<b>Permit #:</b> N6522191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP								
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b> P.L. BRUNNER WPC 3801 DAVENPORT AVE FORT WAYNE, IN 46603								
<b>Permitted Feature:</b> 943 External Outfall	<b>Discharge:</b> 945-C CSO: N22-103 - 100 FT. E OF PENN ST & SPY RUN AVE									
<b>Report Dates &amp; Status:</b> Reporting Period: From 01/01/23 to 01/31/23	<b>DMR Due Date:</b> 02/28/23	<b>Status:</b> NonDMR Validated								
<b>Monitoring Period:</b> Considerations for Permit Completion										
<b>CSO:</b> N22-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY										
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>								
<b>First Name:</b>										
<b>Last Name:</b>										
<b>No Date Indicator (NOO):</b> -										
<b>Form NOO:</b> -										
<b>Parameter Name:</b>	<b>Monitoring Location:</b>	<b>Station #</b>	<b>Permit NOO</b>	<b>Quantity or Loading</b>	<b>Qualifier 1 Value 1</b>	<b>Qualifier 2 Value 2</b>	<b>Qualifier 3 Value 3</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Domestic	ES - Effluent Gross	0	-	Req Mon MD TDIN, 85 - Inflow C - No Discharge				18408 - When Discharging	RT - NOO202
7403	Overflow volume (550 volume, CSO volume)	ES - Effluent Gross	0	-	Req Mon MD TDIN, 98 - Mgal C - No Discharge				ALRY - All Events	ES - ESTMA
7687	Prepallative, weekly accumulation	ES - Effluent Gross	0	-	328 Req Mon MD TDIN, 59 - Inflow Value NOO				ALRY - All Events ALRY - All Events	RT - NOO202 RT - NOO202
8155	Discharge event observance (Visual Monitoring)	ES - Effluent Gross	0	-	Req Mon MD TDIN, 46 - Inflow C - No Discharge				ALRY - All Events	RT - NOO202
<b>Submission Note</b>										
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.										
<b>DMR Check Errors</b>										
No errors.										
<b>Comments</b>										
Attachments										
No attachments.										
<b>Report Last Saved By</b>										
FORT WAYNE WWTP										
<b>User:</b>	susan.beck@cityoffortwayne.org									
<b>Name:</b>	Susan Beck									
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org									
<b>Date/Time:</b>	2023-02-02 14:35 (Time Zone: -05:00)									
<b>Report Last Signed By</b>	susan.beck@cityoffortwayne.org									
<b>User:</b>	Susan Beck									
<b>Name:</b>	Susan Beck									
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org									
<b>Date/Time:</b>	2023-02-02 14:37 (Time Zone: -05:00)									

DMIR Copy of Record

**Permit:**  
 Permit #: 048032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BOLANER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 048  
 External Outfall  
 Facility Location:

**Report Dates & Status:** From 01/01/23 to 04/31/23  
 Monitoring Period: 02/28/23  
 Status: NotDMIR Validated  
 Considerations for Form Completion:

**CSO:** 010-030 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

**Facility:** Telephone:

**Form NOOI:** No Data Indicator (NOOI)  
 Form NOOI:

Code	Parameter Name	Monitoring Location	Events # Permit NOOI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
50027	Durability	EG - Effluent Gross	0	-	-	-	None	None	
70053	Overflow volume (B&S volume, CSO volume)	EG - Effluent Gross	0	-	-	-	None	None	
73887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	None	None	
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	None	None	

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

**Get Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP  
 User: susan.back@cityoffortwayne.org  
 Name: Susan Back  
 E-Mail: susan.back@cityoffortwayne.org  
 Date/Time: 2023-03-22 14:32 (Time Zone: -05:00)

**Report Last Signed By:**  
 User: susan.back@cityoffortwayne.org  
 Name: Susan Back  
 E-Mail: susan.back@cityoffortwayne.org  
 Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IN0002191  
**Permit #:** IN0002191  
**Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Permittee Feature:** 000  
**External Outfall:** 000-C  
**Discharge:** CSO: 019-277 - 100 FT N OF COOMBS ST & HERBERT ST  
**Report Dates & Status:** From 01/01/23 to 01/01/23  
**Monitoring Period:** From 01/01/23 to 01/01/23  
**Considerations for Permit Completion:** 6023833  
**CSO:** 010-277 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**  
**No Data Indicator (NOD):**  
**Form NOD:** -  
**Monitoring Location:** Section # Permit NOD  
**Quantity or Loading:** Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4 Quotient 5 Value 5  
**Sample Type:** Sample Permit Req. Value NOD  
**Units:** Res Max MD TOTAL, EG - Inflow, C - No Discharge  
**Frequency of Analysis:** WQDC - When Discharging RT - RCOT/OT  
**Sample Type:** Res Max MD TOTAL, 3H - Mg/L, ALUO - All Barbs, EG - B/T/In, ALUO - All Barbs, RT - RCOT/OT, ALUO - All Barbs, RT - RCOT/OT  
**Sample Type:** Res Max MD TOTAL, 4H - Inflow, C - No Discharge  
**Sample Type:** Res Max MD TOTAL, 4H - Inflow, C - No Discharge  
**Sample Type:** Res Max MD TOTAL, 4H - Inflow, C - No Discharge  
**Sample Type:** Res Max MD TOTAL, 4H - Inflow, C - No Discharge

Code	Parameter Name	Monitoring Location	Section # Permit NOD	Quantity or Loading	Quotient 1 Value 1	Quotient 2 Value 2	Quotient 3 Value 3	Quotient 4 Value 4	Quotient 5 Value 5	# of Cs	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-								
70083	Overflow volume (BSV volume, CSO volume)	EG - Effluent Gross	0	-								
70087	Precipitation, monthly accumulation	EG - Effluent Gross	0	-								
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-								

**Submission Note:**  
 If a parameter row does not contain any values for the Sample row, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.lock@cityoffortwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityoffortwayne.org  
**Date/Time:** 2023-02-02 14:28 (Time Zone: -05:00)  
**Report Last Signed By:**  
**User:** susan.lock@cityoffortwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityoffortwayne.org  
**Date/Time:** 2023-02-02 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit:**  
 Permit #: B49502181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:**  
 051  
 Effluent Outfall  
 Discharge: 651-C  
 CSO: 022-003 - 125 FT NW OF ST. JOSEPH DR. & WOODROW AVE

**Report Dates & Status:**  
 Monitoring Period: From 8/15/23 to 8/15/23  
 DMR Due Date: 6/28/23  
 Status: NotDMR Validated

**Considerations for Form Completion:**  
 CSO: 022-003 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
		Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
5037	Dryflow	ES - Effluent Gross	0	-	Req Mon MD TD1% C - No Discharge			1M458 - When Discharging	RT - 800707
7483	Overflow volume (555 volume, CSO volume)	ES - Effluent Gross	0	-	Req Mon MD TD1% C - No Discharge			ALJW - M Events	ES - ESTMA
7887	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Req Mon MD TD1% C - No Discharge			ALJW - M Events ALJW - M Events	RT - 800707 RT - 800707
8185	Discharge event observance (Visual Monitoring)	ES - Effluent Gross	0	-	Req Mon MD TD1% C - No Discharge			ALJW - M Events	RT - 800707

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

**DMR Check Errors:**  
 No errors.

**Comments:**  
 No comments.

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 14:33 (Time Zone: -05:00)

**Report Last Signed By:**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

**Permit**  
 Permit #: M00032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 3601 DUNBAR AVE  
 FORT WAYNE, IN 46803  
 Permittee: FORT WAYNE WWTP  
 City of Fort Wayne  
 200 E SENeca ST  
 FT WAYNE, IN 46802  
 Discharge: 882-C  
 CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR  
 External Outlet  
 Report Date & Status: 8/28/03  
 Monitoring Period: From 8/19/03 to 8/19/03  
 DMR Due Date: 8/28/03  
 Status: NotDMB Validated  
 Considerations for Form Completion: No Data Indicator (NOD)  
 CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: Susan Beck  
 Title:

Code	Permittee Name	Monitoring Location	Stream & Park/NOI	Sample Permit No./Value NOD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
8037	Duration	EG - Effluent Gross	0	-	Req flow MD TOTAL, EG - inflow C - No Discharge		WQdL - When Discharging	87	RODTOT	87 - RODTOT
T603	Overflow volume (508 volume)	EG - Effluent Gross	0	-	Req flow MD TOTAL, 3R - High C - No Discharge		ALBY - All Events	83	83 - 8370A	83 - 8370A
T887	Precipitations, monthly accumulation	EG - Effluent Gross	0	-	EGP Req flow MD TOTAL, 3R - inflow, B	*	ALBY - All Events	87	RODTOT	87 - RODTOT
8185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req flow MD TOTAL, 4R - inflow C - No Discharge		ALBY - All Events	87	RODTOT	87 - RODTOT

**Submission Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**DMR Check Errors**  
 No errors.  
**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2003-09-02 14:33 (Time Zone: -05:00)  
**Report Last Signed By**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2003-09-02 14:37 (Time Zone: -05:00)



DMR Copy of Record

**Permit:** 845032191  
**Permit & Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46002  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2501 DWENGER AVE  
 FORT WAYNE, IN 46003

**Permittee Feature:** 054  
**External Outlet:**  
**Discharge:** 054-C  
 CSD: 023-085 - 240 FT E OF MERCER AVE & HOLLIS LN  
**Status:** NotDMR Validated

**Report Dates & Status:**  
**Monitoring Period:** From 05/01/23 to 07/31/23  
**DMR Due Date:** 02/28/23  
**Considerations for Form Completion:**

**CSC:** 023-080 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal/Executive Officer:**  
**First Name:**  
**Last Name:** TSK  
**Telephone:**

**No Date Indicator (NOD):** -  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Section #	Permit NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type	
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value				
5007	Duration	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOD				Det Net MD TOTAL, EG - Inflow C - No Discharge	WQSR - When Discharging RT - RC0707
7405	Overflow volume (500 volumes, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOD				Det Net MD TOTAL, 3P - Mgd C - No Discharge	ALSD - All Events ES - ESTMA
7487	Precipitation, weekly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOD				UP Det Net MD TOTAL, 3P - Inflow & C - No Discharge	ALSD - All Events RT - RC0707 ALSD - All Events RT - RC0707
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOD				Det Net MD TOTAL, 44 - Inflow C - No Discharge	ALSD - All Events RT - RC0707

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-02-02 14:33 (Time Zone: -05:00)

**Report Last Signed By:**  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-02-02 14:37 (Time Zone: -05:00)

DMIR Copy of Record

**Permit**  
 Permit #: IN002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BEUNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: C55 External Outfall  
 Discharge: 655-C  
 CSO: P96-192 - 400 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status: 6/23/23  
 Status: MCDMR Validated

Monitoring Period: From 6/19/23 to 6/19/23  
 Considerations for Form Completion: CSO: P96-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

No Data Indicator (NDD): [Blank]

Code	Parameter Name	Monitoring Location	Session # Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	65 - Effluent Gross	0	Req Min MO TOTAL, RT - Inflow C - No Discharge				WWSR - When Discharging RT - NOOTOT
7403	Overflow volume (555 volume, CSO volume)	65 - Effluent Gross	0	Req Min MO TOTAL, 24 - Inflow C - No Discharge				ALRY - All Events ES - ESTMA
7557	Precipitation, monthly accumulation	65 - Effluent Gross	0	2.5 Req Min MO TOTAL, 24 - Inflow	0			ALRY - All Events RT - NOOTOT
84165	Discharge event observation (Visual Monitoring)	65 - Effluent Gross	0	Req Min MO TOTAL, 44 - Inflow C - No Discharge				ALRY - All Events RT - NOOTOT

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

**ESR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

Report Last Saved By: FORT WAYNE WWTP  
 User: susan.beck@cityofindianapolis.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofindianapolis.org  
 Date/Time: 2023-03-02 14:29 (Time Zone: -05:00)

Report Last Signed By:  
 User: susan.beck@cityofindianapolis.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofindianapolis.org  
 Date/Time: 2023-03-02 14:37 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit #:</b> 80052151	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DOBENDER AVE FORT WAYNE, IN 46803
<b>Permitted Feature:</b> 055 External Outfall	<b>Discharge:</b> CSC: J03-313 - BROWN ST PUMP STATION	
<b>Report Dates &amp; Status:</b> Monitoring Period: From 01/01/23 to 01/31/23	<b>DMR Due Date:</b> 02/28/23	<b>Status:</b> Network Validated
<b>Considerations for Form Completion:</b> CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY		
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>
<b>First Name:</b>		
<b>Last Name:</b>		
<b>No Data Indicator (NOD):</b>		
<b>Form NOD:</b>		

Code	Parameter Name	Monitoring Location	Sensor # Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4	Value 1	Value 2			
80307	Duration	EG - Effluent Gross	0	--					0.3	Reg Min MD TOTAL, 03 - Invo	03 - Invo	MD08 - When Discharging RT - NOD0707 W008 - When Discharging RT - NOD0707
74263	Overflow volume (500 volume, CSO volume)	EG - Effluent Gross	0	--					0.3	Reg Min MD TOTAL, 03 - Invo	03 - Invo	ALUV - All Events ALUV - All Events ES - ESTMA ES - ESTMA
78807	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					3.0	Reg Min MD TOTAL, 03 - Invo	03 - Invo	ALUV - All Events ALUV - All Events RT - NOD0707 RT - NOD0707
84103	Discharge event observation (Flow Monitoring)	EG - Effluent Gross	0	--					1.0	Reg Min MD TOTAL, 03 - Invo	03 - Invo	ALUV - All Events ALUV - All Events RT - NOD0707 RT - NOD0707

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

**ERI Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 14:31 (Time Zone: -05:00)

**Report Last Signed By**

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 14:37 (Time Zone: -05:00)

DMIR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2601 DIVINGER AVE  
 FORT WAYNE, IN 46803

Permit Feature: 027 External Outfall  
 Discharge: CSD P19-121 - STORMWATER LIFTSTATION WEST WELL  
 Status: NotDMR Validated

Report Dates & Status: From 3/19/23 to 9/13/23  
 Monitoring Period: 6/23/23  
 Considerations for Permit Completion:

CSD P19-121 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NDD):  
 Form NDD: -

Event	Parameter Name	Monitoring Location	Station # Permit NDD	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analyte	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50207	Duration	ES - Effluent Gross	0	-	-	Req Non MD TOTAL	ES - Inms	Units	WHOLE - When Discharging	BT - RCOTOT		
		ES - Effluent Gross	0	-	-	Req Non MD TOTAL	SH - Inms		ALRY - M Events	ES - ESTMA		
		ES - Effluent Gross	0	-	-	Req Non MD TOTAL	SH - Inms		ALRY - M Events	BT - RCOTOT		
		ES - Effluent Gross	0	-	-	Req Non MD TOTAL	SH - Inms		ALRY - M Events	BT - RCOTOT		
		ES - Effluent Gross	0	-	-	Req Non MD TOTAL	SH - Inms		ALRY - M Events	BT - RCOTOT		
		ES - Effluent Gross	0	-	-	Req Non MD TOTAL	SH - Inms		ALRY - M Events	BT - RCOTOT		

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

**ERC Check Errors**  
 No errors.

**Comments**

**Attachments**  
 An attachment

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: susan.beck@cityofwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofwayne.org  
 Date/Time: 2023-03-02 14:24 (Time Zone: -05:00)

**Report Last Signed By**  
 User: susan.beck@cityofwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofwayne.org  
 Date/Time: 2023-03-02 14:37 (Time Zone: -05:00)

DMIR Copy of Record

<b>Permit</b>		<b>Permit #:</b> 80032191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
		<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DWYDGER AVE FORT WAYNE, IN 46823	
<b>Permitted Features:</b> 360 External Outfall		<b>Discharge:</b>		<b>Discharge:</b> 066-C			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 02/28/23		<b>Status:</b>		<b>NetDMR Valdates:</b>	
<b>Monitoring Period:</b> From 01/01/23 to 01/31/23							
<b>Considerations for Future Completion</b>							
<b>CEC: 006-001 MUNICIPAL MAJOR ALLEN COUNTY</b>							
<b>Principal Executive Officer</b>							
<b>First Name:</b>		<b>Title:</b>					
<b>Last Name:</b>							
<b>No Data Indicator (NDD)</b>							
<b>Form NDD:</b>							
<b>Code</b>	<b>Description</b>	<b>Monitoring Location</b>	<b>Reason # From NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Consumption</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>
				<b>Qualifier 1 (Value 1 Qualifier 1)</b>	<b>Qualifier 2 (Value 2 Qualifier 2)</b>	<b>Qualifier 3 (Value 3 Qualifier 3)</b>	<b>Sample Type</b>
50207	Duration	EG - Effluent Gross	0	Sample Permit Qty Value NDD	Reg Mon MD TOTAL, EG - Inm		WWS - When Discharging RT - SCOTDT
				Sample Permit Qty Value NDD	C - No Discharge		
70053	Overflow volume [385 volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Qty Value NDD	Reg Mon MD TOTAL, 3P - Mgal		ALXV - All Events EG - ESTWA
				Sample Permit Qty Value NDD	C - No Discharge		
70087	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Qty Value NDD	3P		ALXV - All Events RT - SCOTDT
				Sample Permit Qty Value NDD	Reg Mon MD TOTAL, 3P - yds		ALXV - All Events RT - SCOTDT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Qty Value NDD	Reg Mon MD TOTAL, 4P - Inm		ALXV - All Events RT - SCOTDT
				Sample Permit Qty Value NDD	C - No Discharge		
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>Edit Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
<b>User:</b> susan.beck@cityofwayne.org							
<b>Name:</b> Susan Beck							
<b>E-Mail:</b> susan.beck@cityofwayne.org							
<b>Date/Time:</b> 2023-03-22 14:24 (Time Zone: -05:00)							
<b>Report Last Signed By</b>							
<b>User:</b> susan.beck@cityofwayne.org							
<b>Name:</b> Susan Beck							
<b>E-Mail:</b> susan.beck@cityofwayne.org							
<b>Date/Time:</b> 2023-03-22 14:37 (Time Zone: -05:00)							

DMR Copy of Record

<b>Permit</b>	Permit #:	IN6002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
	Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BELINGER WPC 2601 DAWGNER AVE FORT WAYNE, IN 46803				
	Permitted Features:	001 External Outfall	Discharge:	001-C CSO: R14-137 - 200 FT W OF LAVERNE AVE S STATE BLVD						
	Report Dates & Status		DMR Due Date:	02/28/23	Status:	NotDMR Validated				
	Monitoring Period:	From 01/01/23 to 01/01/23								
	Considerations for Form Completion									
	Principal Executive Officer		TELE:		Telephone:					
	First Name:									
	Last Name:									
	No Data Indicator (NDD)									
	Form NDD:									
	Code	Parameter Name	Monitoring Location	Basins & Perm. NDD	Quantity or Loading	Quality or Concentration	# of CL	Frequency of Analysis	Sample Type	
	8037	Duration	EG - Effluent Gross	0	Sample Permit Rev. Value NDD	Opt Max MD TOTAL, EG - flow G - No Discharge	Units	WVDC - When Discharging RT - NDDTOT	RT - NDDTOT	
	7053	Overflow volume (\$55 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Rev. Value NDD	Opt Max MD TOTAL, 3H - Mgal G - No Discharge	Units	AUXV - All Events ES - ESTMA	ES - ESTMA	
	7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rev. Value NDD	EGP Opt Max MD TOTAL, 3H - flow \$	Units	AUXV - All Events RT - NDDTOT	RT - NDDTOT	
	8455	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Rev. Value NDD	Opt Max MD TOTAL, 4K - flow G - No Discharge	Units	AUXV - All Events RT - NDDTOT	RT - NDDTOT	
	<b>Submission Note</b>									
	If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
	<b>EG Check Errors</b>									
	No errors.									
	<b>Comments</b>									
	Attachments									
	No attachments.									
	<b>Report Last Saved By</b>									
	PORT WAYNE WWTP									
	User:	susan.beck@cityofwayne.org								
	Name:	Susan Beck								
	E-Mail:	susan.beck@cityofwayne.org								
	Date/Time:	2023-02-02 14:35 (Time Zone: -05:00)								
	<b>Report Last Signed By</b>									
	User:	susan.beck@cityofwayne.org								
	Name:	Susan Beck								
	E-Mail:	susan.beck@cityofwayne.org								
	Date/Time:	2023-02-02 14:37 (Time Zone: -05:00)								

DMR Copy of Record

Permit #	IN0002191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802	Facility Location	FORT WAYNE WWTP P.L. BOLINGER WPC 2601 DAVENGER AVE FORT WAYNE, IN 46803		
Major	Yes	Permittee Address					
Permitted Features	002 External Outfall	Discharge	960-C CSO: R14-138 - 200 FT W OF LAVERNE AVE & STATE BLVD	Status	Not DMR Validated		
Report Dates & Status		DMR Due Date	02/28/23	Telephone			
Monitoring Period	From 9/2/91/23 to 8/31/23						
Considerations for Permit Completion							
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:		TFC:					
Last Name:							
No Data Indicator (NDD)							
Form NOC:							
Code	Permittee Name	Monitoring Location	Stream # Permit NOC	Quantity of Loading Overfall 1 (Value 1) Overfall 2 (Value 2) Underfall 1 (Value 1) Underfall 2 (Value 2) Underfall 3 (Value 3)	Quality of Concentration	# of Ex. Frequency of Analysis	Sample Type
50007	Sanitation	IS - Effluent Gross	0	Sample Permit Rpt Value NOC	Opt Min MO TDS, SS - Inflow C - No Discharge	WAG04 - Silver Discharging RT - ACC0102	
71003	Overflow volume (588 volumes, CSO volume)	IS - Effluent Gross	0	Sample Permit Rpt Value NOC	Opt Min MO TDS, SS - Inflow C - No Discharge	AUVY - All Events ES - ESTMA	
71887	Precipitation, monthly accumulations	IS - Effluent Gross	0	Sample Permit Rpt Value NOC	Opt Min MO TDS, SS - Inflow C - No Discharge	AUVY - All Events RT - ACC0102	
84100	Discharge event observation (Visual Monitoring)	IS - Effluent Gross	0	Sample Permit Rpt Value NOC	Opt Min MO TDS, SS - Inflow C - No Discharge	AUVY - All Events RT - ACC0102	
<p>Submission Note If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>EDT Check Errors No errors.</p> <p>Comments</p> <p>Attachments No attachments.</p> <p>Report Last Saved By FORT WAYNE WWTP</p> <p>User: susan.beck@cityofindianapolis.org Name: Susan Beck E-Mail: susan.beck@cityofindianapolis.org Date/Time: 2023-03-22 14:33 (Time Zone: -05:00)</p> <p>Report Last Signed By User: susan.beck@cityofindianapolis.org Name: Susan Beck E-Mail: susan.beck@cityofindianapolis.org Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)</p>							

DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IM9032191	<b>Permittee:</b> FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility:</b> FORT WAYNE WWTP P.L. BRUNNER WPC 2001 DWINGER AVE FORT WAYNE, IN 46803					
	<b>Major:</b> Yes	<b>Discharge:</b> 564-C	<b>Facility Location:</b>					
<b>Permitted Features:</b> 004 External Outfall								
<b>Report Dates &amp; Status</b>	<b>DMR Due Date:</b> 03/28/23	<b>Status:</b> MUDMR Validated						
<b>Monitoring Period:</b> From 9/19/23 to 9/19/23								
<b>Considerations for Permit Completion:</b>								
<b>CSO: 003-005 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>						
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (NDDI):</b> -								
<b>Form NDDI:</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session # Param. NDDI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Duration	EG - Effluent Gross	0	Sample Permit Rec. Value NDDI	Req for MD TOTAL, #E - #Ins C - No Discharge		WWSR - When Discharging	RT - RCOTDT
7003	Overflow volume (SSC volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Rec. Value NDDI	Req for MD TOTAL, #E - #Ins C - No Discharge		ALEBY - All Events	ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec. Value NDDI	Req for MD TOTAL, #E - #Ins C - No Discharge	0	ALEBY - All Events	RT - RCOTDT
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Rec. Value NDDI	Req for MD TOTAL, #E - #Ins C - No Discharge		ALEBY - All Events	RT - RCOTDT
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Durations, Frequency of Analysis, and Sample Type.								
<b>EG Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> susan.beck@cityofwayne.org								
<b>Name:</b> Susan Beck								
<b>E-Mail:</b> susan.beck@cityofwayne.org								
<b>Date/Time:</b> 2023-03-22 14:24 (Time Zone: -05:00)								
<b>Report Last Signed By</b>								
<b>User:</b> susan.beck@cityofwayne.org								
<b>Name:</b> Susan Beck								
<b>E-Mail:</b> susan.beck@cityofwayne.org								
<b>Date/Time:</b> 2023-03-22 14:37 (Time Zone: -05:00)								



DMR Copy of Record

<b>Permit #:</b> 80302181	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP										
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNSER WPC 2601 DRISSENGER AVE FORT WAYNE, IN 46803										
<b>Permitted Features:</b> 008 External Outfall	<b>Discharge:</b> 048-C											
<b>Report Dates &amp; Status</b>	<b>DMR Due Date:</b> 02/28/23	<b>Status:</b> NoDMR Validated										
<b>Monitoring Period:</b> From 01/01/23 to 01/01/23												
<b>Considerations for Form Completion</b>												
<b>CSO: N18-354 MUNICIPAL MAJOR ALLEN COUNTY</b>												
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>										
<b>First Name:</b>												
<b>Last Name:</b>												
<b>No. Data Indicator (NDOI):</b> --												
<b>Form NDOI:</b> --												
<b>Code</b>	<b>Permittee Name</b>	<b>Numbering Location</b>	<b>Session #</b>	<b>Permit. NDOI</b>	<b>Sample Permit No.</b>	<b>Sample Value NDOI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b>Units</b>	<b># of EA's</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Duration	ED - Effluent Cross	0	--			Res Mon MO TOTM, 4E - 3hrs C - No Discharge				WWQs - What Discharging RT - RCOTDT	
7003	Overflow volume (\$\$\$ volume, CSO volume)	ED - Effluent Cross	0	--			Res Mon MO TOTM, 3R - 1gal C - No Discharge				ALBY - AM Events	ES - ESTMA
7007	Prescription, monthly accumulation	ED - Effluent Cross	0	--			Res Mon MO TOTM, 3R - 1000 C - No Discharge				ALBY - AM Events	RT - RCOTDT
8-155	Discharge event observation (Visual Monitoring)	ED - Effluent Cross	0	--			Res Mon MO TOTM, 4E - 3hrs C - No Discharge				ALBY - AM Events	RT - RCOTDT
<b>Submission Note</b>												
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.												
<b>DMR Check Errors</b>												
No errors.												
<b>Comments</b>												
Attachments												
Report Last Saved By												
PORT WAYNE WWTP												
User: sscan.beck@cityoffortwayne.org												
Name: Susan Beck												
E-Mail: sscan.beck@cityoffortwayne.org												
Date/Time: 2023-03-22 14:33 (Time Zone: -05:00)												
Report Last Signed By												
User: sscan.beck@cityoffortwayne.org												
Name: Susan Beck												
E-Mail: sscan.beck@cityoffortwayne.org												
Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)												

DMR Copy of Record

**Permit**  
 Permit #: 86032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: 060  
 External Outfall  
 Discharge:

Report Dates & Status  
 Monitoring Period: From 5/13/23 to 6/13/23  
 DMR Due Date: 8/28/23  
 Status: NotDMR Validated

Considerations for Permit Completion  
 CSO - P14-001 250' EAST, NE OF PEMBERTON DR & NAAGRA DR  
 Principal Executive Officer  
 First Name: Title:  
 Last Name:

No Data Indicator (NDD)  
 Form NDD: -  
 Monitoring Location: Station # Param. NDD  
 Name:

Code	Parameter Name	Monitoring Location	Station # Param. NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units		
8037	Duration	05 - Effluent Gross	0	-	Reg Min MO TOTAL, 82 - min C - No Discharge	Reg Min MO TOTAL, 82 - min C - No Discharge	WY06 - When Discharging BT - R00707	
7403	Overflow volume (SS volume, CSO volume)	05 - Effluent Gross	0	-	Reg Min MO TOTAL, 38 - legal C - No Discharge	Reg Min MO TOTAL, 38 - legal C - No Discharge	ALEN - All Events ES - ESTMA	
7887	Precipitation, monthly accumulation	05 - Effluent Gross	0	-	0.91 Reg Min MO TOTAL, 89 - min C - No Discharge	0.91 Reg Min MO TOTAL, 89 - min C - No Discharge	ALEN - All Events BT - R00707	
8410	Discharge event observation (Visual Monitoring)	05 - Effluent Gross	0	-	Reg Min MO TOTAL, 44 - min C - No Discharge	Reg Min MO TOTAL, 44 - min C - No Discharge	ALEN - All Events BT - R00707	

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

**Exit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

Report Last Saved By  
 FORT WAYNE WWTP  
 User: susan.baco@cityofwayne.org  
 Name: Susan Baco  
 E-Mail: susan.baco@cityofwayne.org  
 Date/Time: 2023-03-22 14:34 (Time Zone: -05:00)

Report Last Signed By  
 User: susan.baco@cityofwayne.org  
 Name: Susan Baco  
 E-Mail: susan.baco@cityofwayne.org  
 Date/Time: 2023-03-22 14:37 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN0002101		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP		
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BRUNNER WPC 2801 DIMENGER AVE FORT WAYNE, IN 46803		
<b>Permitted Features:</b> 081 External Outfall		<b>Discharge:</b>		<b>081-C</b>		<b>Status:</b> NotDMR Validated		
<b>Report Dates &amp; Status</b>		<b>CSO: R14-032, 2007 NORTH AND 710 WEST OF NEVADA &amp; LAVERNE DR.</b>		<b>CSO: R14-032, 2007 NORTH AND 710 WEST OF NEVADA &amp; LAVERNE DR.</b>				
<b>Monitoring Period:</b> From 6/19/123 To 6/13/123		<b>DMR Due Date:</b> 02/28/23						
<b>Considerations for Permit Completion</b>		<b>CSO - R14-032, 2007 NORTH AND 710 WEST OF NEVADA &amp; LAVERNE DR.</b>						
<b>Principal Executive Officer</b>		<b>Title:</b>						
<b>First Name:</b>		<b>Last Name:</b>						
<b>No Data Indicator (NDD)</b>								
<b>Form NDD:</b> --								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Series # Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8007	Duration	EO - Effluent Gross	0	Sample Permit Req. Value NDD	Req for MD TOTAL, BE - Inflow C - No Discharge	Units	WY05 - When Discharging	RT - RCOTOT
7003	Overflow volume [SS volume, CSO volume]	EO - Effluent Gross	0	Sample Permit Req. Value NDD	Req for MD TOTAL, BE - Inflow C - No Discharge	Units	ALRY - All Events	ES - ESTMA
7007	Precipitation, monthly accumulative	EO - Effluent Gross	0	Sample Permit Req. Value NDD	CSO Req for MD TOTAL, BE - Inflow	Units	ALRY - All Events	RT - RCOTOT
84105	Discharge event observation [Visual Monitoring]	EO - Effluent Gross	0	Sample Permit Req. Value NDD	Req for MD TOTAL, BE - Inflow C - No Discharge	Units	ALRY - All Events	RT - RCOTOT
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Exit Check Errors</b>								
No errors.								
<b>Comments</b>								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
PORT WAYNE WWTP								
<b>User:</b> susan.bech@cityofwayne.org								
<b>Name:</b> Susan Bech								
<b>E-Mail:</b> susan.bech@cityofwayne.org								
<b>Date/Time:</b> 2023-02-22 14:34 (Time Zone: -05:00)								
<b>Report Last Signed By</b>								
<b>User:</b> susan.bech@cityofwayne.org								
<b>Name:</b> Susan Bech								
<b>E-Mail:</b> susan.bech@cityofwayne.org								
<b>Date/Time:</b> 2023-02-22 14:37 (Time Zone: -05:00)								



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 22, 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 February 2023

We are pleased to enclose a completed CSO MRO form for the month of February 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of February on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned for the entire month of February. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21.

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  
Program Manager -Water Pollution Control Maintenance

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200 E. Berry St. • Fort Wayne, Indiana • 46802 • [www.cityoffortwayne.org](http://www.cityoffortwayne.org)

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### **V** – Visual Inspection

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

### **C** – Model Charts

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

### **S** – Storm Runoff

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

### **P** – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine







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

State Form 2656 (04/95-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 2656 (04/95-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 13		Permit Number: IN0002191	
Facility: Fort Wayne - P.L. Bruner WWTWP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH: 2-2023		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:	
WWTWP Inflow Date	Time	Peak Flow (MGD)	Time	Flow (MGD)	CSO Outfall No.
01	46:78	54.92			
02	43:58	51.86	2:15 PM	0.17	0.01
03	40:52	47.86			
04	39:92	49.17	2:50 PM	0.33	0.04
05	45:07	63.15	8:10 AM	1.00	0.12
06	48:24	63.02			
07	52:88	63.39			
08	47:82	56.21	9:55 PM	0.42	0.05
09	86:50	95.03	12:10 AM	4.33	0.90
10	94:01	95.04			
11	76:10	86.62			
12	68:77	76.17			
13	48:80	60.67			
14	44:65	52.22	9:20 PM	0.17	0.02
15	44:13	49.62			
16	45:78	61.87	6:15 PM	0.42	0.05
17	45:09	57.40	12:10 AM	0.08	0.01
18	40:82	48.29			
19	40:32	47.87			
20	38:56	45.22			
21	37:14	43.38			
22	76:50	100.04	5:30 AM	8.83	2.51
23	100:00	100.04	12:15 AM	0.08	0.01
24	96:82	100.03			
25	96:45	100.07			
26	93:34	100.07			
27	93:94	100.21	5:50 AM	5.00	1.05
28	100:87	101.04			
<b>Totals:</b>	<b>1738.90</b>			<b>20.83</b>	<b>4.78</b>

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Manager  
 Telephone: 250-477-6113  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TRUE AND CORRECT. I AM NOT PROVIDING ANY INFORMATION THAT WOULD BE SUBJECT TO A SIGNIFICANT PENALTY FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
 Date (month/day): 05/22/23

City: Fort Wayne		Page 3 of 12		Permit Number: IN0002191	
Facility: Fort Wayne - P.L. Bruner WWTWP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH: 2-2023		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:	
WWTWP Inflow Date	Time	Peak Flow (MGD)	Time	Flow (MGD)	CSO Outfall No.
01	46:78	54.92			
02	43:58	51.86	2:15 PM	0.17	0.01
03	40:52	47.86			
04	39:92	49.17	2:50 PM	0.33	0.04
05	45:07	63.15	8:10 AM	1.00	0.12
06	48:24	63.02			
07	52:88	63.39			
08	47:82	56.21	9:55 PM	0.42	0.05
09	86:50	95.03	12:10 AM	4.33	0.90
10	94:01	95.04			
11	76:10	86.62			
12	68:77	76.17			
13	48:80	60.67			
14	44:65	52.22	9:20 PM	0.17	0.02
15	44:13	49.62			
16	45:78	61.87	6:15 PM	0.42	0.05
17	45:09	57.40	12:10 AM	0.08	0.01
18	40:82	48.29			
19	40:32	47.87			
20	38:56	45.22			
21	37:14	43.38			
22	76:50	100.04	5:30 AM	8.83	2.51
23	100:00	100.04	12:15 AM	0.08	0.01
24	96:82	100.03			
25	96:45	100.07			
26	93:34	100.07			
27	93:94	100.21	5:50 AM	5.00	1.05
28	100:87	101.04			
<b>Totals:</b>	<b>1738.90</b>			<b>20.83</b>	<b>4.78</b>

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Manager  
 Telephone: 250-477-6113  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TRUE AND CORRECT. I AM NOT PROVIDING ANY INFORMATION THAT WOULD BE SUBJECT TO A SIGNIFICANT PENALTY FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
 Date (month/day): 05/22/23





National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 56-16 (8-6-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: MONTH 2-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74  
 CSO Outfall No. 85 CSO Outfall No. 74  
 CSO Outfall No. 85 CSO Outfall No. 74

Date of Month	CSO Outfall No. 85		CSO Outfall No. 74		CSO Outfall No.		CSO Outfall No.	
	Time of Discharge (Hour)	Flow (MGD)	Time of Discharge (Hour)	Flow (MGD)	Time of Discharge (Hour)	Flow (MGD)	Time of Discharge (Hour)	Flow (MGD)
01								
02								
03								
04								
05								
06								
07								
08								
09	3:00 AM	1.17 M	0:05 M					
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22	9:10 AM	7.53 M	1.243 M	4.17 M	0.136 M			
23								
24								
25								
26								
27	10:40 AM	0.17 M	0.004 M					
28								
Totals:	3	8.67	1.332	1	4.17	0.136		



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
Form 004 (04-08)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
Form 004 (04-08)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 8 of 12		Form Number: D0002101													
Facility: Fort Wayne - P.L. Sawyer WWTP		Public Notification Requirements Met?		Y													
Monitoring Period: 04/01/2012 - 04/30/2012		Check box if no CSO discharges occurred for the month:		Y													
Design Peak Hourly Flow (MGD): 0.00		Measured/Reported CSO or Effluent (E) used to specify:		Y													
WWTW Inflow Data		Design Average Flow (MGD): 0.00		CSO Inflow No.													
Average Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Flow (MGD)	Time	M	T	W	Th	F	S	S							
01 44.78	54.92																
02 43.08	31.26																
03 40.92	47.28																
04 39.02	49.17																
05 45.07	63.13																
06 48.34	63.02																
07 52.88	63.39																
08 47.82	55.21	0.00 PM	0.42	0.25	0.43												
09 56.30	95.02	12:05 AM	4.42	0.27	0.27	3:00 AM	M	0.668	M	3:00 AM	M	2.67	M	0.171	M		
10 94.01	95.04																
11 78.19	85.42																
12 68.77	78.17																
13 48.89	68.87																
14 44.45	52.21	9:25 PM	0.17	0.02	0.02												
15 44.13	49.42	12:36 AM	0.06	0.01	0.01												
16 45.78	63.87	6:15 PM	0.42	0.06	0.03												
17 43.09	37.40																
18 46.82	48.29																
19 46.32	47.87																
20 38.90	45.22																
21 37.54	43.38																
22 79.09	100.04	5:20 AM	0.42	2.28	0.42	9:35 AM	M	17.08	M	4.184	M	6:15 AM	M	0.58	M	1.203	M
23 100.00	100.04																
24 98.82	100.03																
25 96.45	100.07																
26 93.34	100.07																
27 93.94	100.33	6:15 AM	0.17	0.05	0.23							6:55 AM	M	1.33	M	0.588	M
28 100.47	101.04																
<b>Total:</b>	<b>1728.59</b>			<b>19.86</b>	<b>4.25</b>			<b>3</b>	<b>19</b>	<b>23.09</b>	<b>6.992</b>		<b>3</b>	<b>31</b>	<b>13.58</b>	<b>1.462</b>	

City: Fort Wayne		Page 9 of 12		Form Number: D0002101													
Facility: Fort Wayne - P.L. Sawyer WWTP		Public Notification Requirements Met?		Y													
Monitoring Period: 04/01/2012 - 04/30/2012		Check box if no CSO discharges occurred for the month:		Y													
Design Peak Hourly Flow (MGD): 0.00		Measured/Reported CSO or Effluent (E) used to specify:		Y													
WWTW Inflow Data		Design Average Flow (MGD): 0.00		CSO Inflow No.													
Average Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Flow (MGD)	Time	M	T	W	Th	F	S	S							
01 44.78	54.92																
02 43.08	31.26																
03 40.92	47.28																
04 39.02	49.17																
05 45.07	63.13																
06 48.34	63.02																
07 52.88	63.39																
08 47.82	55.21	0.00 PM	0.42	0.25	0.43												
09 56.30	95.02	12:05 AM	4.42	0.27	0.27	3:00 AM	M	0.668	M	3:00 AM	M	2.67	M	0.171	M		
10 94.01	95.04																
11 78.19	85.42																
12 68.77	78.17																
13 48.89	68.87																
14 44.45	52.21	9:25 PM	0.17	0.02	0.02												
15 44.13	49.42	12:36 AM	0.06	0.01	0.01												
16 45.78	63.87	6:15 PM	0.42	0.06	0.03												
17 43.09	37.40																
18 46.82	48.29																
19 46.32	47.87																
20 38.90	45.22																
21 37.54	43.38																
22 79.09	100.04	5:20 AM	0.42	2.28	0.42	9:35 AM	M	17.08	M	4.184	M	6:15 AM	M	0.58	M	1.203	M
23 100.00	100.04																
24 98.82	100.03																
25 96.45	100.07																
26 93.34	100.07																
27 93.94	100.33	6:15 AM	0.17	0.05	0.23							6:55 AM	M	1.33	M	0.588	M
28 100.47	101.04																
<b>Total:</b>	<b>1728.59</b>			<b>19.86</b>	<b>4.25</b>			<b>3</b>	<b>19</b>	<b>23.09</b>	<b>6.992</b>		<b>3</b>	<b>31</b>	<b>13.58</b>	<b>1.462</b>	

Signatures of Principal Executive Officer or Authorized Agent  
 Date: 04/30/2012  
 Title: Supervisor

Signatures of Principal Executive Officer or Authorized Agent  
 Date: 04/30/2012  
 Title: Supervisor

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ACCURATE AND COMPLETE INFORMATION HAS BEEN SUBMITTED AND THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF LOSS AND IMPROBABILITY FOR IMPROPER INFORMATION.

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ACCURATE AND COMPLETE INFORMATION HAS BEEN SUBMITTED AND THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF LOSS AND IMPROBABILITY FOR IMPROPER INFORMATION.



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5834 (Rev. 15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5834 (Rev. 15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Remit Number: 158023191		Public Notification Requirements Met?		Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 2-2023		Check box if no CSO discharge occurred for the month:		Y		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measure/Measured (M) or Estimated (E) must be specified		CSO Outfall No.		20	
Date of Month	Average Flow (MGD)	Time	Precip. (Inches)	Treat Daily Precip. (Inches)	Peak Flow (MGD)	Time of Peak Flow	Time of Discharge (M/D)	Event Discharge (MGD)	Event Discharge (MGD)
01	46.78	54.92							
02	43.98	51.86							
03	40.92	47.86							
04	39.92	49.17							
05	45.07	63.15							
06	48.24	63.02							
07	52.88	63.39							
08	47.82	56.21	9:50 PM	0.42	0.05				
09	86.30	95.02	12:05 AM	4.42	0.87	0.27	5 m	12:25 AM	M
10	94.01	95.04							
11	76.10	86.62							
12	68.77	76.17							
13	48.80	60.67							
14	44.65	52.22	9:25 PM	0.17	0.02	0.01	5 m	9:10 PM	M
15	44.13	49.62	12:30 AM	0.08	0.01	0.01	5 m		
16	45.78	61.87	6:15 PM	0.42	0.06	0.03	5 m		
17	45.09	57.40							
18	46.82	46.29							
19	40.32	47.87							
20	38.56	45.22							
21	37.14	43.38							
22	79.59	100.04	5:30 AM	8.42	2.39	0.42	5 m	5:10 AM	M
23	100.00	100.04						5:25 AM	M
24	98.82	100.03						12:00 AM	M
25	96.45	100.07							
26	93.34	100.07							
27	93.94	100.21	6:15 AM	5.17	0.95	0.23	5 m	5:30 AM	M
28	100.67	101.04						12:00 AM	M
Totals:	1738.90		19.08	4.25				256.203	17.514

City: Fort Wayne		Page 9 of 12		Remit Number: 158023191		Public Notification Requirements Met?		Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 2-2023		Check box if no CSO discharge occurred for the month:		Y		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measure/Measured (M) or Estimated (E) must be specified		CSO Outfall No.		21	
Date of Month	Average Flow (MGD)	Time	Precip. (Inches)	Treat Daily Precip. (Inches)	Peak Flow (MGD)	Time of Peak Flow	Time of Discharge (M/D)	Event Discharge (MGD)	Event Discharge (MGD)
01									
02									
03									
04									
05									
06									
07									
08									
09	3.00 AM	M	1.50	M	0.103	M			
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22	6:10 AM	M	17.83	M	1.687	M			
23	12:00 AM	M	23.83	M	0.257	M			
24	12:00 AM	M	7.58	M	0.941	M			
25									
26									
27	6:45 AM	M	17.25	M	0.573	M			
28	12:00 AM	M	34.00	M	0.263	M			
Totals:	6		91.99		2.564				

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Rene, Manager  
Telephone: 768-477-6113

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

Signature of Principal Executive Officer or Authorized Agent: Susan Rene  
Date (mm/dd/yyyy): 03/22/23

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

State Form 55546 (Rev. 1/15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55546 (Rev. 1/15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN902191  
 Facility: Fort Wayne - P.L. Brunner WWTTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 2-2023 Check box if no CSO discharge occurred for the month:  Y  
 Design Peak Hourly Flow (MGD): 85 Precipitation Data - 30 Day Comp. Measured/Estimated (M) or Estimated (E) must be specified. CSO Outfall No. 14  
 WWTTP Influent Data: Average Daily Flow (MGD) 54.92 Peak Hourly Flow (MGD) 51.86 Peak Interval (hr, 30 min, 15 min) 5 m  
 Discharge Average Flow (MGD): 74 Total Daily Precip. (inches) 0.42 Peak Inflow (MGD) 0.02 CSO Outfall No. 15  
 Discharge Peak Hourly Flow (MGD): 85 Precip. Duration (Hours) 4.42 Peak Inflow (MGD) 0.27 CSO Outfall No. 16  
 Discharge Peak Hourly Flow (MGD): 85 Precip. Duration (Hours) 4.42 Peak Inflow (MGD) 0.27 CSO Outfall No. 16

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (M/F/Hours)	Event Discharge (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (M/F/Hours)	Event Discharge (MGD)	
01	46:78	54:92	5 m						
02	43:98	51:86	5 m						
03	40:92	47:86	5 m						
04	39:92	49:17	5 m						
05	45:07	63:15	5 m						
06	48:24	63:02	5 m						
07	52:38	63:39	5 m						
08	47:82	56:21	9:50 PM	0.42	0.05	0.02	5 m		
09	86:30	95:02	12:05 AM	4.42	0.87	0.27	5 m		
10	94:01	95:04	5 m		2:50 AM	19:08	M	0.599	
11	76:10	86:62	5 m						
12	68:77	76:17	5 m						
13	48:80	60:67	5 m						
14	44:65	52:22	8:50 PM	0.33	0.04	0.03	5 m		
15	44:13	49:62	5 m						
16	45:78	61:87	6:15 PM	0.50	0.06	0.02	5 m		
17	45:09	57:40	5 m						
18	40:82	48:29	5 m						
19	40:32	47:87	5 m						
20	38:56	45:22	5 m						
21	37:14	43:38	5 m						
22	79:59	100:04	5:50 AM	9.08	2.55	0.50	5 m	2:54 M	
23	100:00	100:04	12:10 AM	0.17	0.02	0.01	5 m		
24	96:82	100:03	5 m						
25	96:45	100:07	5 m						
26	93:34	100:07	5 m						
27	93:94	100:21	5:50 AM	4.92	1.07	0.21	5 m	6:15 AM M	
28	100:67	101:04	5 m						
Totals:	3798.90		19.83	4.66	1	0.595	3	48.33	3.980

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Manager Telephone: 360-272-6313  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas Date (mm/dd/yyyy): 03/27/23

City: Fort Wayne Permit Number: IN902191  
 Facility: Fort Wayne - P.L. Brunner WWTTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 2-2023 Check box if no CSO discharge occurred for the month:  Y  
 Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified. CSO Outfall No. 11  
 WWTTP Influent Data: Average Daily Flow (MGD) 54.92 Peak Hourly Flow (MGD) 51.86 Peak Interval (hr, 30 min, 15 min) 5 m  
 Discharge Average Flow (MGD): 74 Total Daily Precip. (inches) 0.42 Peak Inflow (MGD) 0.02 CSO Outfall No. 12  
 Discharge Peak Hourly Flow (MGD): 85 Precip. Duration (Hours) 4.42 Peak Inflow (MGD) 0.27 CSO Outfall No. 13  
 Discharge Peak Hourly Flow (MGD): 85 Precip. Duration (Hours) 4.42 Peak Inflow (MGD) 0.27 CSO Outfall No. 13

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (M/F/Hours)	Event Discharge (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (M/F/Hours)	Event Discharge (MGD)	
01	46:78	54:92	5 m						
02	43:98	51:86	5 m						
03	40:92	47:86	5 m						
04	39:92	49:17	5 m						
05	45:07	63:15	5 m						
06	48:24	63:02	5 m						
07	52:38	63:39	5 m						
08	47:82	56:21	9:50 PM	0.42	0.05	0.02	5 m		
09	86:30	95:02	12:05 AM	4.42	0.87	0.27	5 m		
10	94:01	95:04	5 m		3:10 AM	3:42	M	0.406	
11	76:10	86:62	5 m						
12	68:77	76:17	5 m						
13	48:80	60:67	5 m						
14	44:65	52:22	8:50 PM	0.33	0.04	0.03	5 m		
15	44:13	49:62	5 m						
16	45:78	61:87	6:15 PM	0.50	0.06	0.02	5 m		
17	45:09	57:40	5 m						
18	40:82	48:29	5 m						
19	40:32	47:87	5 m						
20	38:56	45:22	5 m						
21	37:14	43:38	5 m						
22	79:59	100:04	5:50 AM	9.08	2.55	0.50	5 m	5:50 AM M	
23	100:00	100:04	12:10 AM	0.17	0.02	0.01	5 m	12:02 AM M	
24	96:82	100:03	5 m						
25	96:45	100:07	5 m						
26	93:34	100:07	5 m						
27	93:94	100:21	5:50 AM	4.92	1.07	0.21	5 m	6:50 AM M	
28	100:67	101:04	5 m						
Totals:	3798.90		19.83	4.66	1	0.595	3	48.33	3.980

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Manager Telephone: 360-272-6313  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas Date (mm/dd/yyyy): 03/27/23

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT. I AM AWARE THAT THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



Indiana Department of Environmental Management  
National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 2046 (6-8-15)



Indiana Department of Environmental Management  
National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 2046 (6-8-15)

City: Fort Wayne Permit Numbers: IN0032191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
Monitoring Period: (MONTH) 2-2023 Check box if no CSO discharge occurred for the month:   
Design Peak Hourly Flow (MGD): 88 Design Average Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified

Time of Day	CSO Inflow Dis		Prescribed Dis - Antley Blvd SPT Gauge		Design Average Flow (MGD)		CSO Inflow Dis		Design Average Flow (MGD)		CSO Inflow Dis		Design Average Flow (MGD)		CSO Inflow Dis	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)
01	46.78	54.92		5 m												
02	43.98	51.86		5 m												
03	40.92	47.86		5 m												
04	39.92	49.17		5 m												
05	43.07	63.15		5 m												
06	48.24	63.02		5 m												
07	52.88	63.39		5 m												
08	47.82	56.21	9:55 PM	0.50	0.06											
09	86.30	95.02	12:05 AM	4.58	0.91											
10	94.01	95.04		5 m												
11	76.10	86.62		5 m												
12	68.77	76.17		5 m												
13	48.80	60.67		5 m												
14	44.65	52.22	10:05 PM	0.17	0.02											
15	44.13	49.62	12:50 AM	0.08	0.01											
16	45.78	61.87	6:10 PM	0.42	0.10											
17	45.09	57.40		5 m												
18	40.82	48.29		5 m												
19	40.32	47.87		5 m												
20	38.56	45.22		5 m												
21	37.14	45.38		5 m												
22	79.59	100.04	5:15 AM	7.92	1.87											
23	100.00	100.04		5 m												
24	98.82	100.03		5 m												
25	96.45	100.07		5 m												
26	93.34	100.07		5 m												
27	93.94	100.21	5:55 AM	5.08	1.07											
28	100.87	101.04		5 m												
<b>Totals:</b>	<b>1738.90</b>					<b>18.75</b>	<b>4.04</b>				<b>6.42</b>					

Typical or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Peck, Manager Telephone: 261-477-6213

City: Fort Wayne Permit Numbers: IN0032191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
Monitoring Period: (MONTH) 2-2023 Check box if no CSO discharge occurred for the month:   
Design Peak Hourly Flow (MGD): 74 Design Average Flow (MGD): 88 Measured/Metered (M) or Estimated (E) must be specified

Time of Day	CSO Inflow Dis		Prescribed Dis - Antley Blvd SPT Gauge		Design Average Flow (MGD)		CSO Inflow Dis		Design Average Flow (MGD)		CSO Inflow Dis		Design Average Flow (MGD)		CSO Inflow Dis	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)	Time of Day (M/F)	Flow (MGD)
01	46.78	54.92		5 m												
02	43.98	51.86		5 m												
03	40.92	47.86		5 m												
04	39.92	49.17		5 m												
05	43.07	63.15		5 m												
06	48.24	63.02		5 m												
07	52.88	63.39		5 m												
08	47.82	56.21	9:55 PM	0.50	0.06											
09	86.30	95.02	12:05 AM	4.58	0.91											
10	94.01	95.04		5 m												
11	76.10	86.62		5 m												
12	68.77	76.17		5 m												
13	48.80	60.67		5 m												
14	44.65	52.22	10:05 PM	0.17	0.02											
15	44.13	49.62	12:50 AM	0.08	0.01											
16	45.78	61.87	6:10 PM	0.42	0.10											
17	45.09	57.40		5 m												
18	40.82	48.29		5 m												
19	40.32	47.87		5 m												
20	38.56	45.22		5 m												
21	37.14	45.38		5 m												
22	79.59	100.04	5:15 AM	7.92	1.87											
23	100.00	100.04		5 m												
24	98.82	100.03		5 m												
25	96.45	100.07		5 m												
26	93.34	100.07		5 m												
27	93.94	100.21	5:55 AM	5.08	1.07											
28	100.87	101.04		5 m												
<b>Totals:</b>	<b>1738.90</b>					<b>18.75</b>	<b>4.04</b>				<b>6.42</b>					

Typical or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Peck, Manager Telephone: 261-477-6213

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

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 02/22/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 3656 (04-04-05)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 3656 (04-04-05)  
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) 2-2023		Check box if no CSO discharge occurred for the month:					
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		CSO Outfall No. 74			
Time	Peak Flow (MGD)	Time	Average Flow (MGD)	Event Discharge (MG)	Event Duration (Hours)		
01	46.78	54.92	5 m				
02	43.98	51.86	5 m				
03	40.92	47.86	5 m				
04	39.92	49.17	5 m				
05	45.07	63.15	5 m				
06	48.24	65.02	5 m				
07	52.88	63.39	5 m				
08	47.82	56.21	0.25	0.03	0.02	5 m	
09	86.30	95.02	12:10 AM	4.50	0.85	0.27	5 m
10	94.01	95.04	5:22 AM	0.35	M	0.091	M
11	76.10	86.62					
12	65.77	76.17					
13	48.80	60.67					
14	44.65	52.22	9:35 PM	0.08	0.01	0.01	5 m
15	44.13	49.62	12:35 AM	0.08	0.01	0.01	5 m
16	45.78	61.87	7:00 PM	0.33	0.04	0.02	5 m
17	45.09	57.40	12:10 AM	0.08	0.01	0.01	5 m
18	40.82	48.29					
19	40.32	47.87					
20	38.56	45.22					
21	37.14	43.38					
22	79.59	100.04	5:50 AM	8.58	2.29	0.39	5 m
23	100.00	100.04		8:20 AM	M	0.647	M
24	96.82	100.03					
25	96.45	100.07					
26	93.34	100.07					
27	93.94	100.21	6:00 AM	4.67	0.94	0.22	5 m
28	100.67	101.04		8:25 AM	M	0.334	M
				6:46 AM	M	0.109	M
<b>Totals:</b>	<b>1736.90</b>			<b>18.58</b>	<b>4.18</b>	<b>0.45</b>	
				<b>4</b>	<b>1.81</b>	<b>0.000</b>	

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Peck, Manager Telephone: 260-427-6513

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE, AND COMPLETELY UNBIASED INFORMATION IS CONTAINED HEREIN. I AM NOT PROVIDING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Peck Date (mm/dd/yyyy): 02/27/23

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) 2-2023		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		CSO Outfall No. 74	
Time	Peak Flow (MGD)	Time	Average Flow (MGD)	Event Discharge (MG)	Event Duration (Hours)
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					
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0</b>	<b>0.000</b>

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

State Form 50246 (R-06-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50246 (R-06-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP Permit Number: N0032191

Monitoring Period: [MONTH] 2-2023 Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Averaged (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No. 85			CSO Outfall No. 74			CSO Outfall No. 88			CSO Outfall No. 81			CSO Outfall No. 80		
	Time Discharge or Begin	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Begin	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Begin	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Begin	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Begin	Event Discharge or Duration	Event Discharge or Duration
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
Totals:	0	0	0.000	0	0	0.000	0	0	0.000	0	0	0.000	0	0	0.000



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

State Form 5524 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5524 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 12		Permit Number: IN003191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: (MONTH) 2-2023		Check box if no CSO discharge occurred for the month:		Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified		
Day of Month	Peak Hourly Flow (MGD)	Time of Day (mm/dd/yyyy)	Precipitation Data - Joint Ave. #14 Gauge	Time of Day (mm/dd/yyyy)	CSO Outfall No.	CSO Outfall No.
01	43.98	51.86				
02	40.92	47.86				
03	39.92	49.17	7:05 PM 0.08	0.01	0.01	5 m
04	45.07	65.15	9:10 AM 0.58	0.07	0.02	5 m
05	48.24	63.02				5 m
06	52.88	63.39				5 m
07	47.82	56.21	10:00 PM 0.33	0.04	0.03	5 m
08	86.30	95.02	12:10 AM 4.42	0.80	0.24	5 m
09	94.01	95.04				5 m
10	76.10	86.62				5 m
11	68.77	76.17				5 m
12	48.80	60.67				5 m
13	44.65	52.22	9:05 PM 0.55	0.03	0.02	5 m
14	44.13	49.62	12:50 AM 0.08	0.01	0.01	5 m
15	45.78	61.87	6:40 PM 0.33	0.04	0.01	5 m
16	45.09	57.40	12:00 AM 0.08	0.01	0.01	5 m
17	40.32	47.87				5 m
18	38.56	45.22				5 m
19	37.14	43.38				5 m
20	79.59	100.04	5:25 AM 8.92	2.25	0.38	5 m
21	100.00	100.04	2:30 AM 0.08	0.01	0.01	5 m
22	98.82	100.03				5 m
23	96.45	100.07				5 m
24	93.34	106.07				5 m
25	93.94	100.21	5:55 AM 4.75	0.92	0.20	5 m
26	100.07	101.04				5 m
27	1738.90		19:92	4.19		
28						
Totals:						

City: Fort Wayne		Page 11 of 12		Permit Number: IN003191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: (MONTH) 2-2023		Check box if no CSO discharge occurred for the month:		Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified		
Day of Month	Peak Hourly Flow (MGD)	Time of Day (mm/dd/yyyy)	Precipitation Data - Joint Ave. #14 Gauge	Time of Day (mm/dd/yyyy)	CSO Outfall No.	CSO Outfall No.
01	43.98	51.86				
02	40.92	47.86				
03	39.92	49.17	7:05 PM 0.08	0.01	0.01	5 m
04	45.07	65.15	9:10 AM 0.58	0.07	0.02	5 m
05	48.24	63.02				5 m
06	52.88	63.39				5 m
07	47.82	56.21	10:00 PM 0.33	0.04	0.03	5 m
08	86.30	95.02	12:10 AM 4.42	0.80	0.24	5 m
09	94.01	95.04				5 m
10	76.10	86.62				5 m
11	68.77	76.17				5 m
12	48.80	60.67				5 m
13	44.65	52.22	9:05 PM 0.55	0.03	0.02	5 m
14	44.13	49.62	12:50 AM 0.08	0.01	0.01	5 m
15	45.78	61.87	6:40 PM 0.33	0.04	0.01	5 m
16	45.09	57.40	12:00 AM 0.08	0.01	0.01	5 m
17	40.32	47.87				5 m
18	38.56	45.22				5 m
19	37.14	43.38				5 m
20	79.59	100.04	5:25 AM 8.92	2.25	0.38	5 m
21	100.00	100.04	2:30 AM 0.08	0.01	0.01	5 m
22	98.82	100.03				5 m
23	96.45	100.07				5 m
24	93.34	106.07				5 m
25	93.94	100.21	5:55 AM 4.75	0.92	0.20	5 m
26	100.07	101.04				5 m
27	1738.90		19:92	4.19		
28						
Totals:						

Type of Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Russ, Manager  
 Telephone: 260-477-6513  
 Signature of Principal Executive Officer or Authorized Agent: Susan Russ  
 Date (month/day): 05/22/23

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

Type of Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Russ, Manager  
 Telephone: 260-477-6513  
 Signature of Principal Executive Officer or Authorized Agent: Susan Russ  
 Date (month/day): 05/22/23

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





# National Pollutant Discharge Elimination System (NPDES)

## CSO Monthly Report of Operation (CSO MRO)

State Form 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] 2-2023	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	Wet Weather Day
10	
11	
12	
13	
14	Wet Weather Day
15	
16	
17	
18	
19	
20	
21	
22	Wet Weather Day
23	
24	
25	
26	
27	Wet Weather Day
28	Wet Weather Day

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

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

Signature of Principal Executive Officer or Authorized Agent Susan Reas	Date (mm/dd/yy) 03/22/23
--	-----------------------------

DMR Copy of Record

**Permit:** IN0032195  
**Permit #:** IN0032195  
**Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE IN 46802  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 002-C  
**Discharge:** CSO 006-04 - 002 POND - WHEN USED AS CSO ONLY - 3000 FT W OF COLEBURN BLVD  
**Status:** MCDMR Validated  
**Report Dates & Status:**  
**Monitoring Period:** From 02/01/23 to 02/28/23  
**DMR Due Date:** 02/28/23  
**Considerations for Form Completion:**  
 CSO - 002 POND WHEN USED AS CSO ONLY  
**Principal Executive Officer:**  
**First Name:** Susan  
**Last Name:** Russ  
**Title:** Manager  
**Telephone:** 302-427-0213  
**No Data Indicator (NDDI):** -  
**Form NDDI:** -

Code	Permittee Name	Monitoring Location	Sample & Permit NDDI	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 1 Value 2	Quarter 2 Value 1	Quarter 2 Value 2	Units
5037	Durbin	ES - Effluent Grass	0	-				
7003	Overflow volume (BS volume, CSO volume)	ES - Effluent Grass	0	-				
7007	Prescription, monthly accumulation	ES - Effluent Grass	0	-				
8410	Discharge event observation (Miscellaneous)	ES - Effluent Grass	0	-				

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

**DMR Check Errors:** No errors  
**Comments:**  
**Attachments:**

Name	Type	Size
IN0032195_002_CSOWRO_2023_02.pdf	pdf	456128.0
IN0032195_002_LETTER_2023_02.pdf	pdf	159036.0

**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Russ  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 12:59 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Russ  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN0002191	<b>Permittee:</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46602	<b>Facility:</b>	FORT WAYNE WWTP P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46603			
<b>Major:</b>	Yes	<b>Permittee Address:</b>		<b>Facility Location:</b>				
<b>Permitted Features:</b>	003 Edemat Outfall	<b>Discharge:</b>	600-G CSO #10-025, 001 POND - 900 FT E OF PEMBERTON DR	<b>Status:</b>	NotDMR Validated			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	6/3/2023	<b>Telephone:</b>				
<b>Monitoring Period:</b>	From 02/01/23 to 02/28/23							
Considerations for Form Completion								
CSO - 001 POND WHEN USED AS CSO ONLY								
Principal Executive Officer								
<b>First Name:</b>		<b>Title:</b>						
<b>Last Name:</b>								
<b>No Data Indicator (NDDI)</b>								
<b>Form NDDI</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Section 8 Permit NDDI</b>	<b>Quantity of Loading</b> Quarter 1 Value 1 Quarter 2 Value 3 Value 4 Quarter 1 Value 1 Quarter 2 Value 3 Quarter 4 Value 4	<b>Quality of Concentration</b> Value 1 Value 2 Value 3 Value 4	<b># of Ex.</b>	<b>Frequency of Analytes</b>	<b>Sample Type</b>
50037	Dynalite	IS - Effluent Cross	0	Sample Permit Ex. Value NDDI	Req Min MD TOTAL, IS - Inflow C - No Discharge	0	MSDS - When Discharging IS - MS0702	IS - MS0702
14053	Overflow volume (SSO volume, CSO volume)	IS - Effluent Cross	0	Sample Permit Ex. Value NDDI	Req Min MD TOTAL, IS - Inflow C - No Discharge	0	ALDU - All Events	IS - ESTMA
15887	Precipitation, usually accumulation	IS - Effluent Cross	0	Sample Permit Ex. Value NDDI	4.15 Req Min MD TOTAL, SW - Inflow C - No Discharge	0	ALDU - All Events	IS - MS0702 IS - MS0702
84155	Discharge event observations (Visual Monitoring)	IS - Effluent Cross	0	Sample Permit Ex. Value NDDI	Req Min MD TOTAL, 4L - Inflow C - No Discharge	0	ALDU - All Events	IS - MS0702
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for Wait row, Units, Number of Excursions, Frequency of Analytes, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	susan.beck@cityoffortwayne.org							
<b>Name:</b>	Susan Beck							
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org							
<b>Date/Time:</b>	2023-03-22 13:56 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	susan.beck@cityoffortwayne.org							
<b>Name:</b>	Susan Beck							
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org							
<b>Date/Time:</b>	2023-03-22 13:55 (Time Zone: -04:00)							

DMR Copy of Record

**Permit**  
 Permit #: 89002101  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 City of Fort Wayne  
 20 E Berry St  
 Ft Wayne, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2801 DIVENGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: 004  
 External Outfall  
 Discharge: 894-C  
 CSD: 203-095, 210 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER  
 Report Dates & Status: 8928823  
 Status: NetDMR Validated  
 Monitoring Period: From 03/01/23 to 03/28/23  
 Considerations for Form Completion: CSD: 203-090 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 No Data Indicator (NDDI) \_\_\_\_\_  
 Form NDDI: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Seasons of Param. NDDI	Quantity of Compliance			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50237	Burdish	ED - Effluent Gross	0	-	-	0	7.5	Req Min-MD TOTAL, 85 - 100% g	85 - 100% WWSW - When Discharging RT - NDDI/TOT WWSW - When Discharging RT - NDDI/TOT
71053	Overflow volume (300 volumes, CSD volume)	ED - Effluent Gross	0	-	-	0	0.035	Req Min-MD TOTAL, 35 - 100% g	35 - 100% ALRY - All Events ALRY - All Events
78827	Precipitation, monthly accumulation	ED - Effluent Gross	0	-	-	0	4.08	Req Min-MD TOTAL, 50 - 100% g	50 - 100% ALRY - All Events ALRY - All Events
84165	Discharge event observation (Visual Monitoring)	ED - Effluent Gross	0	-	-	0	1.2	Req Min-MD TOTAL, 45 - 80% g	45 - 80% ALRY - All Events ALRY - All Events

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

**Ball Check Errors**  
No errors.

**Comments**  
No comments.

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
Susan Beck

**E-Mail:** susan.beck@cityoffortwayne.org

**Date/Time:** 2023-03-22 12:53 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityoffortwayne.org  
Susan Beck

**Name:** susan.beck@cityoffortwayne.org

**E-Mail:** susan.beck@cityoffortwayne.org

**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** 86032191  
**Major:** Yes  
**Permitted Feature:** 005 External Outfall  
**Report Dates & Status:** From 02/01/23 to 02/28/23  
**Monitoring Period:** From 02/01/23 to 02/28/23  
**Considerations for Permit Completion:** CSO J15-164 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**Field Name:**  
**Last Name:**  
**No Data Indicator (NDD):**  
**Form NDD:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 686-C  
 CSO J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P. L. BLUNGER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Status:** NotCMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Season of Permit NDD	Quantity of Concentration				Units	# of Ft.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 1	Qualifier 3 Value 1	Qualifier 2 Value 2				
50027	Duration	ED - Effluent Gross	0	-	48.33	Req Min	MD TOTAL	ED - 6mins	WINGS - When Discharging	RT - NDDTOT	
74050	Overflow volume (300 volume, CSO volume)	ED - Effluent Gross	0	-	3.9	Req Min	MD TOTAL	30 - 1Mgal	ALERT - All Events	ES - EBTMA	
76887	Precipitation, monthly accumulation	ED - Effluent Gross	0	-	4.88	Req Min	MD TOTAL	30 - 1mins	ALERT - All Events	RT - NDDTOT	
84165	Discharge event observation (Visual Monitoring)	ED - Effluent Gross	0	-	3.9	Req Min	MD TOTAL	48 - 1mins	ALERT - All Events	RT - NDDTOT	

**Submission Note**

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

**Field Check Errors**

No errors

**Comments**

**Attachments**

No attachments

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.bark@cityofwayne.org  
**Name:** Susan Bark  
**E-Mail:** susan.bark@cityofwayne.org  
**Date/Time:** 2023-03-22 12:53 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.bark@cityofwayne.org  
**Name:** Susan Bark  
**E-Mail:** susan.bark@cityofwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0032191  
**Permittee:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2021 DWENGER AVE  
 FORT WAYNE, IN 46823  
**Permitted Features:** 007 External Outfall  
**Discharger:** 007-C  
 CSC: 103-000, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Permittee Contact:** 802-325-2200  
**Permittee Email:** susan.beck@cityoffortwayne.org

**Report Dates & Status:** From 02/01/23 to 02/28/23  
**Monitoring Period:** From 02/01/23 to 02/28/23  
**Consolidations for Form Completion:** CSC: 103-000 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Status:** NoDMR Violated

Field	Parameter Name	Monitoring Location	Session #	Param. MOU	Sample Period Start Value MOU	Sample Period End Value MOU	Quality of Concentration	Quantity of Loading	Quarantine 1 Value 1	Quarantine 2 Value 2	Quarantine 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50337	Dissolved	ES - Effluent Gross	0	-			Req Item MO TOTAL, ES - Inline C - No Discharge						WHSDE - Inline Discharging RT - 1002707	
74083	Overflow volume (SSD volume, CSO volume)	ES - Effluent Gross	0	-			Req Item MO TOTAL, SS - Inflow C - No Discharge						ALBY - All Events ES - ESTMA	
78987	Prohibitive, monthly accumulation	ES - Effluent Gross	0	-			4.08 Req Item MO TOTAL, SS - Inflow C - No Discharge						ALBY - All Events RT - 1002707 ALBY - All Events RT - 1002707	
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-			Req Item MO TOTAL, etc - Inflow C - No Discharge						ALBY - All Events RT - 1002707	

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

**ESR Check Errors:** No errors

**Comments:** No attachments

**Attachments:** No attachments

**Report Last Saved By:** FORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck

**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 12:53 (Time Zone: -04:00)

**Report Last Signed By:** susan.beck@cityoffortwayne.org  
**User:** Susan Beck

**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	96522191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2621 DIVISIDER AVE FORT WAYNE, IN 46803
Permitted Features:	011 External Outfall	Discharge:	011-C CSO: HQ-233 - SE OF MAIN ST. & CAMP ALLEN DR.		
Report Dates & Status		DMR Due Date:	03/28/23	Status:	NeedDMR Validated
Monitoring Period:	From 02/01/23 to 02/28/23				
Considerations for Form Completion					
CSO: HQ-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
We Data Indicator (NDD)					
Firm NDD:					
Code	Parameter Name	Monitoring Location	Season # Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. Frequency of Analysis Sample Type
50387	Surfactin	ED - Effluent Gross	0	Permit Ex. Value NDD	Req Min MD TOTAL, 0 - 1000 C - No Discharge
74553	Overflow volume (300 volumes, CSO volume)	ED - Effluent Gross	0	Permit Ex. Value NDD	Req Min MD TOTAL, 0K - 1Mgal C - No Discharge
78887	Precipitation, monthly accumulation	ED - Effluent Gross	0	Permit Ex. Value NDD	4.00 Req Min MD TOTAL, 0K - 2000, G C - No Discharge
84105	Discharge event observations (Flow Monitoring)	ED - Effluent Gross	0	Permit Ex. Value NDD	Req Min MD TOTAL, 0K - 6000 C - No Discharge
<p><b>Submission Note</b></p> <p>If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>DMR Check Errors</b></p> <p>No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b></p> <p>No attachments.</p> <p><b>Report Last Saved By</b></p> <p>PORT WAYNE WWTP</p> <p>User: susan.beck@cityoffortwayne.org Name: Susan Beck E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2023-03-22 12:54 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b></p> <p>User: susan.beck@cityoffortwayne.org Name: Susan Beck E-Mail: susan.beck@cityoffortwayne.org Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)</p>					

DMIR Copy of Record

**Permit**  
 Permit #: 96032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2501 DIVINGER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permittee: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 913-C  
 CSO: K06-034 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.  
 Status: NotDMIR Validated

**Report Dates & Status**  
 Monitoring Period: From 02/01/23 to 02/28/23  
 Considerations for Form Completion  
 CSO: K06-034 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NOD) -  
 Farm NOD:

Code	Parameter Name	Monitoring Location	Source # Param. NOD	Quantity or Labeling		Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Surfline	EG - Effluent Gross	0	-	11.17 Reg Min MD 100%L	0	0	0	0	EG - 100%L Reg Min MD 100%L
74063	Overflow volume (560 volume, CSO volume)	EG - Effluent Gross	0	-	1.832 Reg Min MD 100%L	0	0	0	0	3R - Mg/L Reg Min MD 100%L
75567	Precipitation, monthly accumulations	EG - Effluent Gross	0	-	4.18 Reg Min MD 100%L	0	0	0	0	3R - mg/L Reg Min MD 100%L
84145	Discharge event observation (Wast Monitoring)	EG - Effluent Gross	0	-	3.3 Reg Min MD 100%L	0	0	0	0	4L - mg/L Reg Min MD 100%L

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

**ERT Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org  
 Name: Susan Beck  
 Email: susan.beck@cityofwayne.org  
 Date/Time: 2023-03-22 12:54 (Time Zone: -04:00)

**Report Last Signed By**  
 User: susan.beck@cityofwayne.org  
 Name: Susan Beck  
 Email: susan.beck@cityofwayne.org  
 Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)



**DMR Copy of Record**

<b>Permit</b>	IN0203191	<b>Permittee</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility</b>	FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803
<b>Permit #:</b>	IN0203191	<b>Permittee Address:</b>		<b>Facility Location:</b>	
<b>Mejeri:</b>	Yes	<b>Discharge:</b>	911-C CSO: K09-096 - 60 FT N OF THREME DR & BERRY ST	<b>Status:</b>	NotDMR Validated
<b>Permitted Features:</b>	911 External Outfall	<b>DMR Due Date:</b>	030823	<b>Telephone:</b>	
<b>Report Date &amp; Status</b>	From 02/01/23 to 02/28/23				
<b>Monitoring Period:</b>	Considerations for Pump Commission				
<b>CSO:</b>	K09-096 MUNICIPAL MAJOR ALLEN COUNTY				
<b>Principal Executive Officer</b>		<b>Title:</b>			
<b>First Name:</b>					
<b>Last Name:</b>					
<b>Alt Date Indicator (NDOB)</b>					
<b>Form NDOB:</b>					
<b>Form Number</b>	--	<b>Monitoring Location</b>	Station # Point, NDOB	<b>Quantity or Loading</b>	<b># of D., Frequency of Analysis</b>
<b>Code</b>	<b>Name</b>	<b>Qualifier 1</b>	<b>Qualifier 2</b>	<b>Qualifier 3</b>	<b>Qualifier 4</b>
50237	Sanflow	EG - Effluent Gross	0	0	0
74303	Overflow volume (800 volume, CSO volume)	EG - Effluent Gross	0	0	0
76807	Prohibition, monthly accumulation	EG - Effluent Gross	0	0	0
81185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0
<b>Submittable Note</b>					
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>Add Check Errors</b>					
No errors.					
<b>Comments</b>					
Attachments					
By attachment					
<b>Report Last Signed By</b>					
FORT WAYNE WWTP					
<b>User:</b>	susan.beck@cityofwv.com	<b>Name:</b>	Susan Beck	<b>E-Mail:</b>	susan.beck@cityofwv.com
<b>Date/Time:</b>	2023-03-02 12:31 (Time Zone: -04:00)	<b>Report Last Signed By</b>		<b>User:</b>	susan.beck@cityofwv.com
<b>Name:</b>	Susan Beck	<b>Name:</b>	Susan Beck	<b>E-Mail:</b>	susan.beck@cityofwv.com
<b>Date/Time:</b>	2023-03-02 13:00 (Time Zone: -04:00)	<b>Date/Time:</b>			

DMR Copy of Record

Permit Permit #: IN032191 Major: Yes	Permittee: Address: City: State: Zip:	Facility: Facility Location: Facility Name:	Permit Type						
Permitted Features: 017 External Outfall	Discharge: CDD: RST-178 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE		PORT WAYNE WWTP P.L. BRUNNER WPC 2601 DIVENGER AVE PORT WAYNE, IN 46083						
Report Dates & Status Monitoring Period: Consolidations for Pumps Completion CDD: 037-178 MUNICIPAL MAJ-DALLIN COUNTY	DMR Due Date: 03/28/23	Stakes: NetDMR Validated							
Principal Name: First Name: Last Name: No Data Indicator (NDD) Form NDD:	TIC: Telephone:								
Parameter Name	Monitoring Location	Source #	Permit NDD	Quantity of Loading Quarter 1 Quarter 2 Quarter 3 Quarter 4	Quality of Consumption Value 1 Value 2 Value 3 Value 4	# of EC	Frequency of Analysis	Sample Type	
50307	Duration	EG - Effluent Gross	0	0	13.88 Reg Min Reg Max	0	0	WHDS - When Discharging WHDS - When Discharging	07 - R020707 07 - R020707
74083	Overflow volume [550 volume, CSD volume]	EG - Effluent Gross	0	0	1.483 Reg Min Reg Max	0	0	ALJY - All Events ALJY - All Events	03 - E07MA 03 - E07MA
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	4.25 Reg Min Reg Max	0	0	ALJY - All Events ALJY - All Events	07 - R020707 07 - R020707
84115	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	3.0 Reg Min Reg Max	0	0	ALJY - All Events ALJY - All Events	07 - R020707 07 - R020707
<p>Submission Mail</p> <p>If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>Edit Check Errors</p> <p>No errors.</p> <p>Comments</p> <p>Attachments</p> <p>No attachments.</p> <p>Report Last Saved By PORT WAYNE WWTP</p> <p>User: Name: E-Mail: Date/Time:</p> <p>Report Last Signed By</p> <p>User: Name: E-Mail: Date/Time:</p>									

DMR Copy of Record

**Permit #:** IN0022191  
**Major:** Yes  
**Permitted Features:** 018  
 Effluent Outlet  
**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DAVENGER AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 818-C  
 CSC: K11-185 - 150 FT W OF BROADWAY & RUDSILL BLVD  
**Facility Status:** NetDMR Validated  
**Telephone:**

**Report Dates & Status:**  
**Monitoring Period:** From 03/01/23 to 03/28/23  
**DMR Due Date:** 03/28/23  
**Considerations for Permit Compliance:**  
 CSC: K11-169A/NC/PAL MAJORHALLDEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Date Indicator (NODI):**  
**Form NODI:**

Code	Parameter Name	Monitoring Location	Session #	Percent NODI	Quantity of Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1	Quarter 2	Quarter 3				
50007	Durables	ES - Effluent Gross	0	-	Permit Fee Value NODI	0	71.88	0	ES - 8hrs	WHOS - When Discharging RT - RC00107 WHOS - When Discharging RT - RC00107	
74903	Overflow volume (558 volume, CSO volume)	ES - Effluent Gross	0	-	Permit Fee Value NODI	0	256.223	0	ES - 1 Mgr	ALRY - All Events ES - ES17MA	
78887	Prohibitions, monthly accumulation	ES - Effluent Gross	0	-	Permit Fee Value NODI	0	4.25	0	ES - 15mins	ALRY - All Events RT - RC00107	
94165	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	Permit Fee Value NODI	0	6.3	0	ES - 60 - 8hrs	ALRY - All Events RT - RC00107	

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Field Check Errors:**  
 No errors.  
**Comments:**  
 Attachments: No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-23 12:53 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-23 13:00 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0002191  
**Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 300 E. BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 020 External Outfall  
**Discharge:** 020-C  
 CSO: 415-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD  
**Report Dates & Status:** 03/28/23  
**Monitoring Period:** From 02/01/23 to 02/28/23  
**DMR Due Date:** 03/28/23  
**Considerations for Farm Completion:** NoDMR Validated  
**CSC:** K15-115 MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**  
**Form NOC:** -

Code	Parameter Name	Monitoring Location	Success # Param. NOC	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1	Value 1	Units			
8037	Duration	EG - Effluent Gross	0	0	0	0	0	0	0
74203	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0	0	0
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	0	0
8406	Discharge event observation (Pneum Monitoring)	EG - Effluent Gross	0	0	0	0	0	0	0

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Exit Check Errors:**  
 No errors.  
**Comments:**  
 Attachments:  
 No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 12:52 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: 860032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 City of Fort Wayne  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWANER AVE  
 FORT WAYNE, IN 46803

**Permit Details:**  
 Discharge: 021  
 External Outfall  
 DMR Due Date: 03/28/23  
 Status: Not DMR Validated

**Monitoring Location:** Season 9 Permit, MON  
 Monitoring Location: 921-C  
 City of Fort Wayne  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Telephone:

Code	Parameter Name	Monitoring Location	Season 9 Permit, MON	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
5037	Durbsion	EG - Effluent Gross	0	0	0	0	0	0
7403	Overflow volume (566 volume, C80 volume)	EG - Effluent Gross	0	0	0	0	0	0
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	0
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0	0

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**ERT Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 Report Last Saved By: FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 12:52 (Time Zone: -4:00)

**Report Last Signed By:**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 13:00 (Time Zone: -4:00)

DMIR Copy of Record

**Permit:** IM0002191  
**Major:** Yes  
**Permitted Feature:** 003 External Outfall  
**Report Date & Status:** From 02/17/23 to 02/28/23  
**Monitoring Period:** From 02/17/23 to 02/28/23  
**Considerations for Permit Completion:** CSC: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 823-C  
 CSC: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2651 DUNGER AVENUE  
 FORT WAYNE, IN 46803  
**DMR Due Date:** 03/28/23  
**Status:** NotDMR Violated  
**Permit Number:** -  
**Monitoring Location:** Reason # Permit, MDS  
**Quantity of Loading:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Reason # Permit, MDS:** 00 - No Data Indicator (NOD)  
**First Name:** -  
**Last Name:** -  
**Title:** -  
**Telephone:** -

Code	Parameter Name	Monitoring Location	Reason # Permit, MDS	Sample Permit Pass Value NOD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	03 - Effluent Gross	0	-	13.50 Net Ion MO TOTAL, ES - 1000	0	ES - 1000	ES - 1000
7003	Overflow volume (566 volume, CEO volume)	03 - Effluent Gross	0	-	1.00 Net Ion MO TOTAL, SH - 1000	0	SH - 1000	ES - 1000
7007	Precipitation, monthly accumulation	03 - Effluent Gross	0	-	4.70 Net Ion MO TOTAL, SH - 1000	0	SH - 1000	ES - 1000
8415	Discharge event observation (Visual Monitoring)	03 - Effluent Gross	0	-	3.0 Net Ion MO TOTAL, 40 - 1000	0	40 - 1000	ES - 1000

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**DMR Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: susan.beck@cityofwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofwayne.org  
 Date/Time: 2023-03-22 12:46 (Time Zone: -04:00)  
**Report Last Signed By:**  
 User: susan.beck@cityofwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofwayne.org  
 Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

**Permits**  
 Permit#: IN0002194  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 City of Fort Wayne  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DIVENGER AVE  
 FORT WAYNE, IN 46803

Permit Features: 024 External Outfall  
 Discharge: 884C  
 CEC: L08-000 - 200 FT. N OF SUPERIOR ST. & FAIRFIELD AVE  
 Report Dates & Status: 8/3/2023  
 Monitoring Period: From 8/29/23 to 02/28/23  
 Considerations for Form Completion: NADMR VARIATION

CEC: L08-000/MICHAEL MAJORALLEN COUNTY  
 Principal Executive Officer:  
 First Name:  
 Last Name:  
 Title:  
 Telephone:  
 No Data Indicator (NDD):  
 Form NDD:

Code	Parameter Name	Monitoring Location	Station # Propri. NDD	Quantity or Loading				# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value			
5057	Duration	EG - Effluent Gages	0	-	-	-	0	0	WV05 - When Discharging RT - RC070T WV05 - When Discharging RT - RC070T	
7403	Overflow volume (388 volume, CEC volume)	EG - Effluent Gages	0	-	-	-	0	0	AL05 - All Events ES - ES7MA AL05 - All Events ES - ES7MA	
7587	Precipitation, monthly accumulation	EG - Effluent Gages	0	-	-	-	0	0	AL05 - All Events RT - RC070T AL05 - All Events RT - RC070T	
8495	Discharge event observation (Wheat Monitoring)	EG - Effluent Gages	0	-	-	-	0	0	AL05 - All Events RT - RC070T AL05 - All Events RT - RC070T	

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

User: susan.back@cityofwayne.org  
 Name: Susan Back  
 E-Mail: susan.back@cityofwayne.org  
 Date/Time: 2023-03-22 12:48 (Time Zone: -04:00)

**Report Last Signed By**  
 User: susan.back@cityofwayne.org  
 Name: Susan Back  
 E-Mail: susan.back@cityofwayne.org  
 Date/Time: 2023-03-22 13:33 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	Permit #: IM002181	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP								
	Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803								
<b>Permitted Feature:</b>	005 External Outfall	Discharge: 005-C CS2: 006-021 - 200 FT N OF SUPERIOR ST. & FAIRFIELD AVE									
<b>Report Dates &amp; Status</b>	From 02/01/23 to 02/28/23	00503923	Status: NotClear Validated								
<b>Monitoring Period:</b>	Considerations for Future Completion										
<b>CEO: 006-021 MUNICIPAL MAJOR ALLEN COUNTY</b>											
<b>Principal Executive Officer</b>											
<b>First Name:</b>		Title:	Telephone:								
<b>Last Name:</b>											
<b>No Data Indicator (NDD)</b>											
<b>Form NDD:</b>											
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Station &amp; Permit NDD</b>	<b>Quality or Consumption</b>	<b>Quarter 1 Units (Quarter 3)</b>	<b>Quarter 2 Units (Quarter 3)</b>	<b>Quarter 3 Units (Quarter 3)</b>	<b>Units</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
50037	Duration	05 - Effluent Gross	0 -	Sample Permit Fee Value NDD	13.3			0	0	1W008 - When Discharging 1W008 - When Discharging 0	0
70650	Overflow volume (568 volumes, CEO volume)	05 - Effluent Gross	0 -	Sample Permit Fee Value NDD	2.409			0	0	AL001 - All Events AL001 - All Events 0	0
70887	Precipitation, monthly accumulation	05 - Effluent Gross	0 -	Sample Permit Fee Value NDD	4.178			0	0	AL001 - All Events AL001 - All Events 0	0
84155	Discharge event observation (Visual Monitoring)	05 - Effluent Gross	0 -	Sample Permit Fee Value NDD	2.0			0	0	AL001 - All Events AL001 - All Events 0	0
<b>Submission Note</b>											
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.											
<b>ERC Check Errors</b>											
No errors.											
<b>Comments</b>											
Attachments											
No attachments.											
<b>Report Last Saved By</b>											
FORT WAYNE WWTP											
User: susan.beck@cityofwayne.org											
Name: Susan Beck											
E-Mail: susan.beck@cityofwayne.org											
Date/Time: 2023-03-22 12:48 (Time Zone: -04:00)											
<b>Report Last Signed By</b>											
User: susan.beck@cityofwayne.org											
Name: Susan Beck											
E-Mail: susan.beck@cityofwayne.org											
Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)											



DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IN8032191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP				
	<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803				
<b>Permitted Feature:</b>	<b>Discharge:</b> 027 Effluent Outfall						
<b>Report Dates &amp; Status</b>	<b>DMR Due Date:</b> 03/28/23	<b>Status:</b> NewDMR Validated					
<b>Monitoring Period:</b>	From 03/01/23 to 03/28/23						
<b>Considerations for Form Completion</b>							
CSO: M10-2020UNICIPAL MAJORALLEN COUNTY							
<b>Principal Executive Officer</b>							
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>					
<b>Last Name:</b>							
<b>No Data Indicator (NDD)</b>							
<b>Form NDD:</b>							
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location: Station # Permit NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Durillon	05 - Effluent Grass 0 -	Sample Permit Riv. Value NDD	Req flow MD TOTAL, 05 - Inlets C - No Discharge		WH05 - when Discharging 05 - 002023	
7493	Overflow volume (SSO volume, CSO volume)	05 - Effluent Grass 0 -	Sample Permit Riv. Value NDD	Req flow MD TOTAL, 05 - Inlets C - No Discharge		AL05 - All Events 05 - 0375MA	
7697	Precipitation, monthly accumulation	05 - Effluent Grass 0 -	Sample Permit Riv. Value NDD	4.18 Req flow MD TOTAL, 05 - Inlets, 0		AL05 - All Events 05 - 002023 AL05 - All Events 05 - 002023	
8416	Discharge event observation (Visual Monitoring)	05 - Effluent Grass 0 -	Sample Permit Riv. Value NDD	Req flow MD TOTAL, 05 - Inlets C - No Discharge		AL05 - All Events 05 - 002023	
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>DMR Check Errors</b>							
No errors.							
<b>Comments</b>							
<b>Attachments</b>							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
<b>User:</b>	susan.beck@cityoffortwayne.org						
<b>Name:</b>	Susan Beck						
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org						
<b>Date/Time:</b>	2023-03-22 13:57 (Time Zone: -04:00)						
<b>Report Last Signed By</b>							
<b>User:</b>	susan.beck@cityoffortwayne.org						
<b>Name:</b>	Susan Beck						
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org						
<b>Date/Time:</b>	2023-03-22 13:50 (Time Zone: -04:00)						

DMR Copy of Record

**Permit:** IN0002191  
**Permit Major:** Yes  
**Permitted Feature:** 038 External Outfall  
**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46602  
**Discharge:** 038-C  
 CSO: 110-028 - 160 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 3851 DIVISOR AVE  
 FORT WAYNE, IN 46803

**Report Dates & Status:**  
**Monitoring Period:** From 02/01/23 to 02/28/23  
**DMR Due Date:** 03/28/23  
**Status:** NYSIDMR Validated  
**Consolidations for Permit Completion:**  
 CSO: 110-038/MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**Form NODE:** -  
**No Data Indicator (NDDI):**

Code	Parameter Name	Monitoring Location	Session # Param. NODE	Session 1 Value 1	Session 2 Value 2	Session 3 Value 3	Quality or Compliance	Units	# of Ex.	Frequency of Analysis	Sample Type
50027	Duration	EG - Effluent Cross	0	-	-	-	4.0 Req Mon WD T01N, 02 - 01ms	02 - 01ms	0	W000 - When Discharging W000 - When Discharging	RT - R007T01 RT - R007T01
74003	Overflow volume (355 volume, CSO volume)	EG - Effluent Cross	0	-	-	-	1.181 Req Mon WD T01N, 34 - 0gal	34 - 0gal	0	AL00 - All Events AL00 - All Events	ES - E07MA ES - E07MA
78887	Precipitation, monthly accumulation	EG - Effluent Cross	0	-	-	-	4.18 Req Mon WD T01N, 34 - 0ms	34 - 0ms	0	AL00 - All Events AL00 - All Events	RT - R007T01 RT - R007T01
84005	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	-	-	-	4.0 Req Mon WD T01N, 46 - 0ms	46 - 0ms	0	AL00 - All Events AL00 - All Events	RT - R007T01 RT - R007T01

**Subscription Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** susan.beck@cityofcswayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofcswayne.org  
**Date/Time:** 2023-03-22 12:55 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan.beck@cityofcswayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofcswayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMIR Copy of Record

**Permit**  
 Permit #: MW032151  
 Major: Yes  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DWINGER AVE  
 FORT WAYNE, IN 46803  
 Permitted Features: 009 External Outfall  
 Discharge: MCHMR Validated  
 Report Dates & Status: 6284C  
 CEC: M10-265 - 250 FT E OF DUCK ST & BARR ST  
 Reporting Period: From 6/28/23 to 9/28/23  
 Status: MCHMR Validated  
 Considerations for Form Completion: 9/28/23  
 CEC: M10-265/MUNICIPAL MAJORALLEN COUNTY  
 Principal Executive Officer: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Form NO2: \_\_\_\_\_  
 Title: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Seasons & Pervis, NO2	Quantity of Concentration				# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 1	Quarter 3 Value 1	Quarter 4 Value 1			
5037	Durability	ES - Effluent Cross	0	0	0	0	0.25	Req. Min MO TOTAL, ES - 10mg/g	MO28 - When Discharging RT - SCOTDT MO29 - When Discharging RT - SCOTDT	
14203	Overflow volume (300 volume, C50 volume)	ES - Effluent Cross	0	0	0	0	0.05	Req. Min MO TOTAL, SE - 10gal/g	AL27 - All Events ES - ESTBA AL28 - All Events ES - ESTBA	
15817	Precipitation, monthly accumulation	ES - Effluent Cross	0	0	0	0	4.78	Req. Min MO TOTAL, SW - 10mg/g	AL27 - All Events RT - SCOTDT AL28 - All Events RT - SCOTDT	
81155	Discharge event observation (Visual Monitoring)	ES - Effluent Cross	0	0	0	0	1.0	Req. Min MO TOTAL, 45 - 8mg/g	AL27 - All Events RT - SCOTDT AL28 - All Events RT - SCOTDT	

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** susan.beco@cityoffortwayne.org  
**Name:** Susan Beco  
**E-Mail:** susan.beco@cityoffortwayne.org  
**Date/Time:** 2023-09-22 12:48 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beco@cityoffortwayne.org  
**Name:** Susan Beco  
**E-Mail:** susan.beco@cityoffortwayne.org  
**Date/Time:** 2023-09-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

Permit #: 80032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER VAPC 2601 DWINGER AVE FORT WAYNE, IN 46803
Permitted Feature: 032 Storm Sewer	Discharge: 032-C CSO: M13-308 - 120 FT N OF CLAIR ST & HARRISON ST	Status: Not DMR Validated
Report Dates & Status	DMR Due Date: 03/28/23	
Monitoring Period: From 03/01/23 to 03/28/23		
Considerations for Future Completion		
CSO: M13-308 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
MS Data Indicator (NDR)		
Form NDR:		

Code	Parameter Name	Monitoring Location	Session # Param. NDR	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
50387	Burdock	ES - Effluent Cross	0	0	0.42 Reg Min MO TOTAL, 03 - 03ms	0	03 - 03ms	MS03 - 03ms Discharge RT - 800707 MS03 - 03ms Discharge RT - 800707
74503	Overflow volume (500 volume, CSO volume)	ES - Effluent Cross	0	0	3.228 Reg Min MO TOTAL, 36 - 03ms	0	36 - 03ms	AL03 - 03ms AL03 - 03ms
76887	Precipitation, monthly accumulation	ES - Effluent Cross	0	0	4.78 Reg Min MO TOTAL, 36 - 03ms	0	36 - 03ms	AL03 - 03ms AL03 - 03ms
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Cross	0	0	3.2 Reg Min MO TOTAL, 44 - 03ms	0	44 - 03ms	AL03 - 03ms AL03 - 03ms

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exemptions, Frequency of Analysis, and Sample Type.	
Error Check Errors	
No errors.	
Comments	
Attachments	
no attachments	
Report Last Saved By	submit.back@cityofwayne.org
Report Last Saved By	Susan Ross
Report Last Saved By	submit.back@cityofwayne.org
Report Last Saved By	Susan Ross
Report Last Signed By	submit.back@cityofwayne.org
Report Last Signed By	Susan Ross
Report Last Signed By	submit.back@cityofwayne.org
Report Last Signed By	Susan Ross
Date/Time:	2023-03-22 13:00 (Time Zone: -04:00)

DMIR Copy of Record

Permit:	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Permit Major:	Yes	Permitter Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BILMNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	033 Excess Discharge	Discharge:		Status:	NotDMR Validated
Report Dates & Status:		DMR Due Date:	03/28/23	Telephones:	
Monitoring Period:	From 03/01/23 to 03/28/23				
Consent/Conditions for Form Completion:	CSO: M10-133/MUNICIPAL MAJORALLEN COUNTY				
Principal/Executive Officer:					
First Name:		Title:			
Last Name:					
No Data Indicator (NDDI):					
Form NDDI:					

Code	Parameter Name	Monitoring Location	Status	Fresh	NDDI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
						Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
6007	Durthest	65 - Effluent Gross	0	-	-	Sample	12.48	0	0	0	BT - 6007
						Percent Prev	Req Mon 160 TOTAL	BT - 6007			BT - 6007
						Value NDDI					BT - 6007
7003	Overflow volume (568 volume, CSO volume)	65 - Effluent Gross	0	-	-	Sample	25.545	0	0	0	ES - 607MA
						Percent Prev	Req Mon 160 TOTAL	ES - 607MA			ES - 607MA
						Value NDDI					ES - 607MA
7007	Precipitation, monthly accumulation	65 - Effluent Gross	0	-	-	Sample	4.18	0	0	0	BT - 6007
						Percent Prev	Req Mon 160 TOTAL	BT - 6007			BT - 6007
						Value NDDI					BT - 6007
8415	Discharge event observation (Visual Monitoring)	65 - Effluent Gross	0	-	-	Sample	3.0	0	0	0	BT - 6007
						Percent Prev	Req Mon 160 TOTAL	BT - 6007			BT - 6007
						Value NDDI					BT - 6007

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

DMIR Check Errors  
No errors

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User:  
susan.beck@cityofwayne.org  
Susan Beck

E-Mail:  
susan.beck@cityofwayne.org

Date/Time:  
2023-03-22 13:57 (Time Zone: -04:00)

Report Last Signed By

User:  
susan.beck@cityofwayne.org  
Susan Beck

Name:  
Susan Beck

E-Mail:  
susan.beck@cityofwayne.org

Date/Time:  
2023-03-22 13:06 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0022181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E SHERY ST FT WAYNE, IN 46802	Facility Location:	P. L. BRUNNER WPC 2801 DIVIDEN AVENUE FORT WAYNE, IN 46803
Permittee Feature:	CSE External Outfall	Discharge:	598-C CSE: 0118-032 - 559 FT N OF STATE BLVD & WESTBROOK DR	Status:	NotDMR Validated
Report Dates & Status		Start Date:	02/28/23	Telephone:	
Monitoring Period:	From 02/29/23 to 02/29/23				
Considerations for Future Completion					
CSE: 0118-032 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Season # Param. NDD	Quantity or Loading	Quality or Concentration	# of E.C.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Quantity 1 Units 1	Qualifier 2 Value 2 Quantity 2 Units 2			
50037	Duration	ES - Effluent Gross	0	Sample Permit Fee Value NDD	7.28 Req Mon IAD TOTAL, SE - none	0	WHOS - when Discharging WHOS - when Discharging	BT - R00703 BT - R00703
74053	Overflow volume (385 volume, CSD volume)	ES - Effluent Gross	0	Sample Permit Fee Value NDD	2.071 Req Mon IAD TOTAL, SE - legal	0	ALOV - all Events ALOV - all Events	ES - ESTMA ES - ESTMA
70887	Prescription, monthly accumulation	ES - Effluent Gross	0	Sample Permit Fee Value NDD	4.19 Req Mon IAD TOTAL, SE - none	0	ALOV - all Events ALOV - all Events	BT - R00703 BT - R00703
84155	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	Sample Permit Fee Value NDD	1.0 Req Mon IAD TOTAL, SE - none	0	ALOV - all Events ALOV - all Events	BT - R00703 BT - R00703

Submitter Note

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

Est Check Errors

No errors.

Comments

Attachments

No attachment.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.back@cityofwayne.org

Name:

Susan Back

E-Mail:

susan.back@cityofwayne.org

Date/Time:

2023-03-22 13:57 (Time Zone: -04:00)

Report Last Signed By

User:

susan.back@cityofwayne.org

Name:

Susan Back

E-Mail:

susan.back@cityofwayne.org

Date/Time:

2023-03-22 13:00 (Time Zone: -04:00)

DMIR Copy of Record

**Permit**  
 Permit #: 06032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWANZER AVE  
 FORT WAYNE, IN 46803

Permitted Feature: 009  
 External Outfall  
 Discharge:

Report Dates & Status: From 02/01/22 to 02/28/22  
 Monitoring Period: 02/28/22  
 DMR Due Date: 02/28/22  
 Status: NonDMR Validated

Considerations for Form Completion: CS0: 006-022 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: Title:  
 Last Name: Telephone:

No Data Indicator (NOD):  
 Farm NOD:

Code	Parameter Name	Monitoring Location	Season # Permit NOD	Quantity or Loading			# of Ex.	Frequency of Analytes	Sample Type
				Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
50207	Durables	EG - Effluent Disch	0	-	-	-	0.17	Req Min MD TSS/L, 82 - Injls	82 - Injls 82 - Injls
74263	Overflow volume (850 volume, CS0 volume)	EG - Effluent Disch	0	-	-	-	0.00	Req Min MD TSS/L, 24 - Mg/L	24 - Mg/L 24 - Mg/L
78867	Precipitation, monthly accumulation	EG - Effluent Disch	0	-	-	-	4.78	Req Min MD TSS/L, 500 - Injls	500 - Injls 500 - Injls
84155	Discharge event observations (Peak Monitoring)	EG - Effluent Disch	0	-	-	-	1.2	Req Min MD TSS/L, 48 - Injls	48 - Injls 48 - Injls

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

**Self Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** susan.lock@cityofwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityofwayne.org  
**Date/Time:** 2023-03-22 12:48 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** susan.lock@cityofwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityofwayne.org  
**Date/Time:** 2023-03-22 13:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IR002191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 45802	Facility Location	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 45803
Permitted Features	944 External Outfall	Discharge	944-G CSD: 002-003 - 150 FT E OF DALGREEN AVE & SPY RUN AVE	State	NotDMR Validated
Report Dates & Status	From 03/01/23 to 03/26/23	DMR Due Date	03/28/23		
Monitoring Period	Considerations for Form Completion				
CSD: 002-003 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title		Telephone	
First Name:					
Last Name:					
No Data Indicator (NDDI)					
Form NDDI:	--				

Code	Parameter Name	Monitoring Location	Station # Param. NDDI	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4	Units
50037	Surfactin	EG - Effluent Gross	0	-				mg/L
				Req Min MD TOTN, ES - Inflow				MDCL - When Discharging RT - RC07107
				C - No Discharge				
74003	Overflow volume (885 volume, CSD volume)	EG - Effluent Gross	0	-				MGAL
				Req Min MD TOTN, SR - Mgal				ALSD - All Events ES - EST16A
				C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				INCH
				Req Min MD TOTN, SR - Inflow				ALSD - All Events RT - RC07107
				C - No Discharge				ALSD - All Events RT - RC07107
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-				EVENT
				Req Min MD TOTN, SR - Inflow				ALSD - All Events RT - RC07107
				C - No Discharge				

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityoffortwayne.org  
Date/Time: 2023-03-22 13:57 (Time Zone: -04:00)

**Report Last Signed By**  
User: susan.beck@cityoffortwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityoffortwayne.org  
Date/Time: 2023-03-22 13:56 (Time Zone: -04:00)



DMR Copy of Record

<b>Permit #:</b> 04002191 <b>Major:</b> Yes <b>Permitted Features:</b> O&E External Outfall <b>Report Dates &amp; Status:</b> Monitoring Period: From 02/01/23 to 02/28/23 Considerations for Permit Completion CSO: N02-100, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	<b>Permittee:</b> FORT WAYNE WWTP CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46802 <b>Discharger:</b> 040-C CSO: N02-100 - 100 FT E OF PENN ST & SPY RUN AVE <b>Call Date:</b> 03/28/23 <b>Call Date Date:</b> 03/28/23	<b>Facility:</b> FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DIVIDDER AVE FORT WAYNE, IN 46803
<b>First Name:</b> <b>Last Name:</b> <b>No. Data Indicator (WDD):</b> <b>Firm NOD:</b> --	<b>Title:</b> <b>Title:</b>	<b>Status:</b> NewDMR Validated <b>Telephone:</b>
<b>Permittee Name:</b>	<b>Monitoring Location:</b> Session 8 Permit, NOD	<b>Quantity or Loading:</b>
<b>Code:</b>	<b>Qualifier 1</b> <b>Qualifier 2</b> <b>Qualifier 3</b> <b>Qualifier 4</b> <b>Qualifier 5</b> <b>Qualifier 6</b> <b>Qualifier 7</b> <b>Qualifier 8</b> <b>Qualifier 9</b> <b>Qualifier 10</b>	<b>Quality or Concentration:</b> <b>Units:</b>
<b>5027</b> Duration	ED - Effluent Gross 0 -	Reg Mon MD Total, 05 - 1/mo C - No Discharge
<b>7105</b> Overflow volume (500 volumes, CSO volume)	ED - Effluent Gross 0 -	Reg Mon MD Total, 05 - 1/mo C - No Discharge
<b>7887</b> Precipitation, monthly accumulation	ED - Effluent Gross 0 -	K19 Reg Mon MD Total, 05 - 1/mo C - No Discharge
<b>8105</b> Discharge event (sewerline (Permit Monitoring))	ED - Effluent Gross 0 -	Reg Mon MD Total, 04 - 1/mo C - No Discharge
<b>Submission Note:</b> If a permittee row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. Edit Check Errors No errors. Comments Attachments No attachments. Report Last Saved By FORT WAYNE WWTP User: Name: E-Mail: Date/Time: Report Last Signed By User: Name: E-Mail: Date/Time:	www.beco@cityofcolumbus.org Susan Reiss susan.beco@cityofcolumbus.org 2023-03-22 12:27 (Time Zone: 04:00)	www.beco@cityofcolumbus.org Susan Reiss susan.beco@cityofcolumbus.org 2023-03-22 13:00 (Time Zone: 04:00)

DMIR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN6032191		<b>Permitter:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
		Yes		CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNSER WPC 2601 DWIGGERS AVE FORT WAYNE, IN 46803	
<b>Permitted Feature:</b>		<b>Discharge:</b>		<b>Discharge:</b>			
048 External Outlet				048-C			
<b>Report Date &amp; Status</b>		<b>Monitoring Location:</b> Section 9 Permit NOD		<b>Quantity of Loading:</b>		<b>Frequency of Analysis:</b>	
From 02/01/23 to 02/28/23				Quarter 1 (Value 1) Quarter 2 (Value 2) Quarter 3 (Value 3) Quarter 4 (Value 4)		Value 1 Value 2 Value 3 Value 4	
<b>Monitoring Period:</b>		<b>DMS Due Date:</b> 03/28/23		<b>Quality of Concentration:</b>		<b>Sample Type:</b>	
Considerations for Form Completion				Req Min MD TOTAL, EQ - Inms C - No Discharge		WQSE - When Discharging RT - RCDDTOT	
<b>CSD:</b> 019-332 MUNICIPAL MAJOR ALLEN COUNTY				Req Min MD TOTAL, SP - Mgd C - No Discharge		ALJBY - All Events ES - EPTMA	
<b>Principal Executive Officer</b>		<b>Trick:</b>		4.18 Req Min MD TOTAL, BR - Inms Req Min MD TOTAL, BR - Inms		ALJBY - All Events RT - RCDDTOT	
<b>First Name:</b>				Req Min MD TOTAL, RC - Inms C - No Discharge		ALJBY - All Events RT - RCDDTOT	
<b>Last Name:</b>							
<b>Form NOD:</b>							
<b>Code</b>		<b>Name</b>		<b>Sample</b>		<b>Sample Type</b>	
S0027 Duration		EQ - Effluent Gross 0 -		Permit Fee Value NOD			
74023 Overflow volume (BSI volume, CSD volume)		EQ - Effluent Gross 0 -		Permit Fee Value NOD			
75587 Precipitation, monthly accumulation		EQ - Effluent Gross 0 -		Permit Fee Value NOD			
81155 Discharge event observation (Visual Monitoring)		EQ - Effluent Gross 0 -		Permit Fee Value NOD			
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>Exit Check Errors</b>							
No errors.							
<b>Comments</b>							
<b>Attachments</b>							
No attachments.							
<b>Report Last Saved By</b>							
PORT WAYNE WWTP							
<b>User:</b>		susan.lock@cityofwayne.org					
<b>Name:</b>		Susan Lock					
<b>E-Mail:</b>		susan.lock@cityofwayne.org					
<b>Date/Time:</b>		2023-03-02 12:55 (Time Zone: -04:00)					
<b>Report Last Signed By</b>							
<b>User:</b>		susan.lock@cityofwayne.org					
<b>Name:</b>		Susan Lock					
<b>E-Mail:</b>		susan.lock@cityofwayne.org					
<b>Date/Time:</b>		2023-03-02 13:00 (Time Zone: -04:00)					



DMR Copy of Record

<b>Permit #:</b> 86932191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP						
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DAVENPORT AVE FORT WAYNE, IN 46803						
<b>Permitted Features:</b> 051 External Outfall	<b>Discharger:</b> 881-C CSO: 002-002 - 125 FT NW OF ST. JOSEPH DR. & WOODROW AVE							
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 8/28/23	<b>Status:</b> MCDMR Validated						
<b>Monitoring Period:</b> From 02/01/23 to 02/28/23								
<b>Considerations for Permit Completion:</b>								
<b>CSO:</b> 002-002 MUNICIPAL MAJOR ALLEN COUNTY								
<b>Principal Executive Officer:</b>								
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>						
<b>Last Name:</b>								
<b>No Data Indicator (NDDI):</b>								
<b>Form NDDI:</b> -								
<b>Code:</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Seasons &amp; Permit NDDI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8007	Duration	EG - Effluent Gross	0 -	Quarter 1 Value 1 Quarter 2 Value 2 Units	Req Non MD TOTAL, EG - Inflow C - No Discharge	WV05E - When Discharging	BT - R00702	BT - R00702
7003	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0 -	Sample Permit Req Value NDDI	Req Non MD TOTAL, 24 - Inflow C - No Discharge	ALIEV - All Events	ES - ESTMA	ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0 -	Sample Permit Req Value NDDI	4.18 Req Non MD TOTAL, 24 - Inflow C - No Discharge	ALIEV - All Events	BT - R00702	BT - R00702
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 -	Sample Permit Req Value NDDI	Req Non MD TOTAL, 48 - Inflow C - No Discharge	ALIEV - All Events	BT - R00702	BT - R00702
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.								
<b>Self Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> susan.back@cityoffortwayne.org								
<b>Name:</b> Susan Back								
<b>E-Mail:</b> susan.back@cityoffortwayne.org								
<b>Date/Time:</b> 2023-03-22 12:55 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
<b>User:</b> susan.back@cityoffortwayne.org								
<b>Name:</b> Susan Back								
<b>E-Mail:</b> susan.back@cityoffortwayne.org								
<b>Date/Time:</b> 2023-03-22 13:00 (Time Zone: -04:00)								

DMR Copy of Record

**Permit**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2501 DWISCHER AVE  
 FORT WAYNE, IN 46803

Permitted Features: CS2 External Outfall  
 Discharge: Discharge  
 Facility Location:

Report Date & Status: 03/28/23  
 Status: NotDMR Validated

Monitoring Period: From 02/01/23 to 02/28/23  
 Considerations for Permit Completion:

CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Form MO09: No Data Indicator (MO09)

Code	Parameter Name	Monitoring Location	Session #	Permit MO09	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
EG037	Sewerline	EG - Effluent Gross	0	-	Sample Permit Req. Value MO09	Req Mon MO TOTAL, EG - Sewerline G - No Discharge	Value 2	Value 3	gms	WH004 - When Discharging RT - SC07DT
74003	Overflow volume (350 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value MO09	Req Mon MO TOTAL, 354 - Mgal C - No Discharge				AL00V - All Events GS - ESTWA
74007	Precipitation, weekly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value MO09	4.18 Req Mon MO TOTAL, 564 - mm g				AL00V - All Events RT - SC07DT AL00V - All Events RT - SC07DT
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value MO09	Req Mon MO TOTAL, 444 - flow C - No Discharge				AL00V - All Events RT - SC07DT

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

**Exit Check Errors**  
 No errors

**Comments**

**Attachments**  
 No attachments

**Report Last Saved By**  
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 12:55 (Time Zone: -04:00)

**Report Last Signed By**

User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)



DMR Copy of Record

Permit #:	IN032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 3001 DIVISADER AVE FORT WAYNE, IN 46803
Permitted Facility:	065 External Outfall	Discharge:	665-C CSO: P06-192 - 400 FT N OF N ANTHONY BLVD & WAYNE ST	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	03/28/23	Telephone:	
Monitoring Period:	From 03/01/23 to 03/28/23				
Considerations for Flow Completion					
CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Season & Permit	Quantity or Loading				# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value			
3007	Duration	IG - Effluent Disch	0	-			4.07	Units	WH09 - When Discharge WH08 - When Discharge RT - R0000P	
7403	Overflow volume (555 volume, CSO volume)	IG - Effluent Disch	0	-			0.00	38 - legal Per Min MO TOTAL	AL09 - All Events AL08 - All Events ES - ESTMA	
7587	Precipitation, monthly accumulation	IG - Effluent Disch	0	-			4.79	39 - volume Per Min MO TOTAL	AL09 - All Events AL08 - All Events RT - R0000P	
8415	Discharge event observation (Visual Monitoring)	IG - Effluent Disch	0	-			1.0	40 - time Per Min MO TOTAL	AL09 - All Events AL08 - All Events RT - R0000P	

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

**Self Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 12:50 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	96032191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility/</b>	FORT WAYNE WWTP
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	655 External Outfall	<b>Discharge:</b>	566-C CSO: J03-313 - BROWN ST PUMP STATION	<b>States:</b>	INDICATE VALIDATED
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	03/28/23		
<b>Monitoring Period:</b>	From 02/01/23 to 02/28/23				
<b>Considerations for Flow Compliance</b>					
<b>CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY</b>					
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>First Name:</b>					
<b>Last Name:</b>					
<b>No Data Indicator (NDDI)</b>					
<b>Form NDDI:</b>	--				

Code	Parameter Name	Monitoring Location	Session & Param. NDDI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value	Quarter 2 Value	Quarter 3 Value				
50337	Dustblow	EG - Effluent Dross	0 --							ES - Effluent
71203	Overflow volume (350 volumes, CSO volume)	EG - Effluent Dross	0 --							ES - Effluent
71887	Precipitation, monthly accumulation	EG - Effluent Dross	0 --							ES - Effluent
84165	Discharge event observations (Visual Monitoring)	EG - Effluent Dross	0 --							ES - Effluent

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

**Self Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 12:54 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)



DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IN602181	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP						
	<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2001 CHVENGER AVE FORT WAYNE, IN 46803						
<b>Permitted Features:</b>	057 External Outfall	<b>Discharge:</b>							
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 03/28/23	<b>Status:</b> NotDMR Validated						
<b>Monitoring Period:</b>	From 02/01/23 to 02/28/23								
<b>Considerations for Flow Computation</b>									
<b>CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY</b>									
<b>Principal Executive Officer</b>									
<b>Last Name:</b>		<b>Title:</b>	<b>Telephone:</b>						
<b>No Data Indicator (NODI)</b>									
<b>Form NODI</b>									
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit NODI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8037	Disinfection	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Min MO TOTM, 01 - 01ms C - No Discharge		WQ05 - When Discharging RT - NODTOT	RT - NODTOT
7003	Overflow volume [SSS - volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Min MO TOTM, 36 - Mgal C - No Discharge		AL05 - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	4.05 Reg Min MO TOTM, 00 - 00ms C - No Discharge		AL05 - All Events	RT - NODTOT
8115	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Reg Min MO TOTM, 01 - 01ms C - No Discharge		AL05 - All Events	RT - NODTOT
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>Edit Check Errors</b>									
No errors.									
<b>Comments</b>									
<b>Attachments</b>									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b>	susan.beck@cityoffortwayne.org								
<b>Name:</b>	Susan Beck								
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org								
<b>CallTime:</b>	2023-03-22 12:47 (Time Zone: -04:00)								
<b>Report Last Signed By</b>									
<b>User:</b>	susan.beck@cityoffortwayne.org								
<b>Name:</b>	Susan Beck								
<b>E-Mail:</b>	susan.beck@cityoffortwayne.org								
<b>CallTime:</b>	2023-03-22 13:00 (Time Zone: -04:00)								

DMR Copy of Record

<b>Permit</b>	86032191	<b>Permittee:</b>	FORT WAYNE WWTP		<b>Facility:</b>	FORT WAYNE WWTP	
<b>Major:</b>	Yes	<b>Permitive Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46302		<b>Facility Location:</b>	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
<b>Permitted Features:</b>	960 External Outfall	<b>Discharge:</b>	960-C CSD: 906-031 - CTD FT NE OF GREENWALK AVE & MAUMEE AVE		<b>Status:</b>	NetDMR Validated	
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	03/28/23		<b>Telephone:</b>		
<b>Monitoring Period:</b>	From 03/01/23 to 03/28/23	<b>Considerations for Form Completion</b>	CSD: 906-031 MUNICIPAL MAJOR ALLEN COUNTY				
<b>Principal Executive Officer</b>		<b>First Name:</b>		<b>Title:</b>			
<b>Last Name:</b>		<b>W-Data Indicator (WDO)</b>					
<b>Form NDOB</b>		<b>Permitter Name</b>		<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit NDOB</b>	
<b>Code</b>		<b>Quantity or Loading</b>	<b>Qualifier 1</b>	<b>Qualifier 2</b>	<b>Qualifier 3</b>	<b>Qualifier 4</b>	<b>Qualifier 5</b>
		<b>Sample Permit File Value NDOB</b>	<b>Units</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>		
5007	Duration		60 - Effluent Gross	0	-	Req Per MD TOTAL, 60 - Inflow C - No Discharge	WW06 - When Discharging RT - NOOTOT
7003	Overflow volume (SS volume, CSO volume)		60 - Effluent Gross	0	-	Req Per MD TOTAL, 30 - Inflow C - No Discharge	AUEV - All Events ES - ESTMA
7007	Precipitation, monthly accumulation		60 - Effluent Gross	0	-	4.38 Req Per MD TOTAL, 30 - Inflow C - No Discharge	AUEV - All Events RT - NOOTOT
8165	Discharge event observation (Visual Monitoring)		60 - Effluent Gross	0	-	Req Per MD TOTAL, 60 - Inflow C - No Discharge	AUEV - All Events RT - NOOTOT
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample row Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>Exit Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
<b>User:</b>	susan.beed@cityoffortwayne.org						
<b>Name:</b>	Susan Beed						
<b>E-Mail:</b>	susan.beed@cityoffortwayne.org						
<b>Code/Time:</b>	2023-03-22 12:47 (Time Zone: -04:00)						
<b>Report Last Signed By</b>							
<b>User:</b>	susan.beed@cityoffortwayne.org						
<b>Name:</b>	Susan Beed						
<b>E-Mail:</b>	susan.beed@cityoffortwayne.org						
<b>Code/Time:</b>	2023-03-22 13:00 (Time Zone: -04:00)						

### DMR Copy of Record

Permit	Permit #:	80632191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP	
Major:	Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2501 DWINGER AVE FORT WAYNE, IN 46803	
Permitted Features:	Discharge:	001 External Outfall	Discharge:	001-C CSO R14-137 - 260 FT W OF LAVERN AVE & STATE BLVD	Status:	Not DMR Validated	
Report Dates & Status	DMR Due Date:	From 02/01/23 to 02/28/23	DMR Due Date:	02/28/23	Telephones:		
Monitoring Period:	Considerations for Form Completion						
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY	Principal Executive Officer:						
First Name:	Title:						
Last Name:							
No Data Indicator (NOD)							
Form NOD:							
Code	Permittee Name	Monitoring Location	Section 8 Param. NOD	Quantity of Loading	Quantity of Concentration	# of EA, Frequency of Analysis	Sample Type
5037	Darabtin	EG - Effluent Gross	0	0	0	0	0
7003	Overflow volume (BSB volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0
8115	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0

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

**Self Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan\_baco@cityofwayne.org  
**Name:** Susan Baco  
**E-Mail:** susan\_baco@cityofwayne.org  
**Date/Time:** 2023-03-22 12:58 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan\_baco@cityofwayne.org  
**Name:** Susan Baco  
**E-Mail:** susan\_baco@cityofwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

Permit	MS032181	Permittee	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 2801 DRESDNER AVE FORT WAYNE, IN 46803				
Permitted Features:	DG2 External Outfall	Discharge:	062-C CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD	Status:	Not DMR Validated				
Report Dates & Status		DMR Due Date:	03/28/23	Telephone:					
Monitoring Period:	From 02/01/23 to 02/28/23								
Considerations for Form Completion									
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title:							
First Name:									
Last Name:									
No Data Indicator (NOD)									
Form NOD:									
Event	Permittee Name	Monitoring Location	Session #	Permit NOD	Quantity of Loading	Quality of Compliance	# of EA	Frequency of Analysis	Sample Type
5007	Duriflon	EG - Effluent Gross	0		Sample Permit File Value NOD	Op Min MO TOTAL, 80 - 10000 C - No Discharge		WVCS - When Challenging 87 - NODTOT	
7003	Overflow volume (358 volumes, CSO volume)	EG - Effluent Gross	0		Sample Permit File Value NOD	Op Min MO TOTAL, 38 - 1000 C - No Discharge		AURV - All Events ES - ESTMA	
7887	Precipitation, mostly occurs before	EG - Effluent Gross	0		Sample Permit File Value NOD	4.78 Op Min MO TOTAL, 89 - 10000		AURV - All Events 87 - NODTOT AURV - All Events 87 - NODTOT	
8405	Discharge event observable (Phase Monitoring)	EG - Effluent Gross	0		Sample Permit File Value NOD	Op Min MO TOTAL, 44 - 1000 C - No Discharge		AURV - All Events 87 - NODTOT	
<p><b>Submitter Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>Exit Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE WWTP</p> <p><b>User:</b> susan.beck@cityoffortwayne.org <b>Name:</b> Susan Beck <b>E-Mail:</b> susan.beck@cityoffortwayne.org <b>Date/Time:</b> 2023-03-22 12:55 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b></p> <p><b>User:</b> susan.beck@cityoffortwayne.org <b>Name:</b> Susan Beck <b>E-Mail:</b> susan.beck@cityoffortwayne.org <b>Date/Time:</b> 2023-03-22 13:00 (Time Zone: -04:00)</p>									

DMR Copy of Record

Permit	IM003191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46603	Facility Location:	P.L. BRUNNER WPC 2601 DIVIDERS AVE FORT WAYNE, IN 46603
Permitted Features:	054 External Outfall	Discharge:	0644C CSO: 603-035 -410 FT SE OF COLUSEUM BLVD S & NEW HAVEN AVE	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	03/28/23	Telephone:	
Monitoring Period:	From 02/01/23 to 03/28/23				
Considerations for Form Completion					
CSO: 603-035 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NDDI)					
Form Mode	--				

Code	Parameter Name	Monitoring Location	Session #	Permit NDDI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3				
5007Y	Disulfide	EG - Effluent Gross	0	--	Sample	Reg Mon MO TOTAL, 02 - Nitro	3000	WAGCE - When Discharging RT - RC070T	RT - RC070T
					Permit File	C - No Discharge			
					Value NDDI				
7005S	Overflow volume [555 volume, CSO volume]	EG - Effluent Gross	0	--	Sample	Reg Mon MO TOTAL, 36 - Appt		ALBY - All Events	RT - RC070T
					Permit File	C - No Discharge			
					Value NDDI				
7007T	Precipitation, weekly accumulation	EG - Effluent Gross	0	--	Sample	4.00		ALBY - All Events	RT - RC070T
					Permit File	Reg Mon MO TOTAL, 08 - pms		ALBY - All Events	RT - RC070T
					Value NDDI				
8115S	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample	Reg Mon MO TOTAL, 06 - 8hrs		ALBY - All Events	RT - RC070T
					Permit File	C - No Discharge			
					Value NDDI				

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

Self Check Errors  
 No errors.

Comments

Attachments  
 No attachments.

Report Last Saved By  
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 12:47 (Time Zone: -04:00)

Report Last Signed By  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

Permit:	86002191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 255 E BERRY ST FT. WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 2601 OWENSER AVE FORT WAYNE, IN 46803
Major:	Yes	Permittee Address:		Facility Location:	
Permitted Features:	048 External Outlet	Discharge:	048-C	Station:	NotDMR Validated
Report Date & Status		DMR Due Date:	03/26/23	Telephone:	
Monitoring Period:	From 02/01/23 to 02/28/23				
Considerations for Form Completion					
CSD: N18-204	MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form M002:					

Code	Parameter Name	Monitoring Location	Status # Permit M001	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
60237	Overflow	EG - Effluent Group 0	0	--	Sample Permit Req. Value M002	Req. Min MD TOTAL, 80 - times C - No Discharge			WPCS - When Discharging	RT - RC0707
74023	Overflow volume [SS volume, CSD volume]	EG - Effluent Group 0	0	--	Sample Permit Req. Value M002	Req. Min MD TOTAL, 2K - Mg/d C - No Discharge			ALERT - All Events	RT - RC0707
75827	Precipitation, equality accumulation	EG - Effluent Group 0	0	--	Sample Permit Req. Value M002	4.18 Req. Min MD TOTAL, 5M - times \$	*		ALERT - All Events	RT - RC0707
81155	Discharge event observation [Visual Monitoring]	EG - Effluent Group 0	0	--	Sample Permit Req. Value M002	Req. Min MD TOTAL, 4K - times C - No Discharge			ALERT - All Events	RT - RC0707

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: sstanback@cityofwayne.org  
Name: Susan Reas  
E-Mail: sstanback@cityofwayne.org  
Date/Time: 2023-03-22 12:28 (Time Zone: -04:00)

Report Last Signed By

User: sstanback@cityofwayne.org  
Name: Susan Reas  
E-Mail: sstanback@cityofwayne.org  
Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0002191  
**Permit #:** IN0002191  
**Major:** Yes  
**Permitted Features:** DMO External Outfall  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNSER WPC  
 2601 DWYDGER AVE  
 FORT WAYNE, IN 46803

**Monitoring Period:** From 03/1/23 to 02/28/23  
**Quantity of Loading:** 632823  
**Quality of Concentration:** Not DMR Validated  
**Sample Type:**

**Considerations for Permit Completion:** CSO - P10-001 200 EAST, NE OF PEMBERTON DR & NAAGRA DR  
**Discharge:** 880-C  
**CEC:** P10-001 200 EAST, NE OF PEMBERTON DR & NAAGRA DR  
**Statute:**

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

Code	Parameter Name	Monitoring Location	Station #	Permit MOU	Quarter 1 Value 1	Quarter 2 Value 1	Quarter 3 Value 1	Quarter 4 Value 1	Quarter 1 Value 2	Quarter 2 Value 2	Quarter 3 Value 2	Quarter 4 Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type	
50037	Duration	EG - Effluent Gross	0	-	2.38	Per Min MO TOTAL	0	0	0	0	0	0	0	0	0	0	WY05 - When Discharging RT - R0210TF WY05 - When Discharging RT - R0210TF
74053	Overflow volume (358 volume, CSO volume)	EG - Effluent Gross	0	-	0.00	Per Min MO TOTAL	0	0	0	0	0	0	0	0	0	0	AL05 - All Events AL05 - All Events ES - E070MA ES - E070MA
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.15	Per Min MO TOTAL	0	0	0	0	0	0	0	0	0	0	AL05 - All Events AL05 - All Events RT - R0210TF RT - R0210TF
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	1.0	Per Min MO TOTAL	0	0	0	0	0	0	0	0	0	0	AL05 - All Events AL05 - All Events RT - R0210TF RT - R0210TF

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Exit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP

**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-03-22 12:56 (Time Zone: 04:00)

**Report Last Signed By:**  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-03-22 13:00 (Time Zone: 04:00)

DMR Copy of Record

Permit #: M0052111	Permitter: FORT WAYNE WWTP	Facility Location: FORT WAYNE WWTP						
Major: Yes	Permitter Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	P.L. BRUNSER WPC 2601 DIVIDERS AVE FORT WAYNE, IN 46803						
Permitted Features: CRT Excessive Odors	Discharge: 081-C CSD - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.							
Report Dates & Status	Monitoring Period: From 03/01/23 to 03/28/23	Status: NotDMR Validated						
Monitoring Period	Considerations for Form Completion							
CSD - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.	Principal Executive Officer	Telephone:						
First Name:	Last Name:							
No Data Indicator (NDDI)	Form NDDI:							
Parameter Name	Monitoring Location	Season #	From: MDDI	Quantity of Sampling	Quality of Concentration	# of SL	Frequency of Analysis	Sample Type
Code	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Units		
50037	Damages	EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - Inflow	WH008 - When Discharging RT - RC0070F
		EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - No Discharge	RT - RC0070F
74503	Overflow volume (555 volume, CSD volume)	EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - Inflow	WH008 - When Discharging RT - RC0070F
		EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - No Discharge	RT - RC0070F
76807	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - Inflow	WH008 - When Discharging RT - RC0070F
		EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - No Discharge	RT - RC0070F
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - Inflow	WH008 - When Discharging RT - RC0070F
		EG - Effluent Gross	0	-		Sample	Req. Mon MO TOTAL, EG - No Discharge	RT - RC0070F

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

Editor Check Errors  
No errors.

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: susan.beck@cityofnorthwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityofnorthwayne.org  
Date/Time: 2023-03-22 12:26 (Time Zone: -04:00)

Report Last Signed By  
User: susan.beck@cityofnorthwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityofnorthwayne.org  
Date/Time: 2023-03-22 13:00 (Time Zone: -04:00)





# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 20, 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 March 2023

We are pleased to enclose a completed CSO MRO form for the month of March 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of March on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned for March 3<sup>rd</sup> and 4<sup>th</sup>. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21 for those two days.

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

Sincerely yours,

*Susan Reas*

Susan Reas  
Program Manager -Water Pollution Control Maintenance

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

State Form 50546 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12		Permit Number: IN002191							
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y							
Monitoring Period: (MONTH) 3-2023		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 of Month	Peak Hourly Flow (MGD)	Time of Day	Flow (MGD)	Time of Day	Flow (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)
01	100.98	10:03	12:00 AM								
02	100.99	10:04	12:00 AM								
03	100.92	10:06	10:50 AM	7.42	1.47	0.24	5 m				
04	101.00	10:04	10:50 PM	0.08	0.01	0.01	5 m				
05	101.00	10:03	12:00 AM								
06	100.51	10:06	5:05 AM	0.17	0.04	0.03	5 m				
07	100.79	10:11	12:00 AM								
08	99.59	10:04	12:00 AM								
09	100.79	10:03	10:05 PM	0.17	0.02	0.02	5 m				
10	83.92	10:04	1:50 AM	2.17	0.27	0.10	5 m				
11	62.90	7:43	11:30 AM	0.25	0.03	0.01	5 m				
12	80.76	9:25	12:55 PM	0.83	0.10	0.04	5 m				
13	68.60	7:42	2:25 PM	0.33	0.04	0.02	5 m				
14	68.12	7:38	12:00 AM								
15	63.92	7:28	12:00 AM								
16	60.75	6:19	4:33 PM	0.42	0.05	0.01	5 m				
17	63.99	7:24	12:00 AM	0.92	0.11	0.02	5 m				
18	50.19	5:11	12:00 AM								
19	47.70	5:29	12:00 AM								
20	49.08	5:55	12:00 AM								
21	43.95	8:51	12:00 AM								
22	57.99	10:06	3:40 PM	2.85	0.64	0.20	5 m				
23	101.00	10:04	12:10 AM	4.17	1.00	0.35	5 m				
24	99.87	10:02	10:20 PM	0.25	0.04	0.02	5 m				
25	101.00	10:07	12:00 AM	3.17	0.39	0.10	5 m				
26	99.99	10:03	12:00 AM								
27	99.51	10:04	12:00 AM								
28	81.17	10:02	12:00 AM								
29	60.60	7:41	1:40 PM	0.08	0.01	0.01	5 m				
30	51.09	5:09	12:00 AM								
31	54.89	6:39	2:35 AM	2.08	0.40	0.24	5 m				
<b>Totals:</b>	<b>2467.54</b>			<b>25.34</b>	<b>4.62</b>						

City: Fort Wayne		Page 1 of 12		Permit Number: IN002191							
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?		Y							
Monitoring Period: (MONTH) 3-2023		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 of Month	Peak Hourly Flow (MGD)	Time of Day	Flow (MGD)	Time of Day	Flow (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)
01	100.98	10:03	12:00 AM								
02	100.99	10:04	12:00 AM								
03	100.92	10:06	10:50 AM	7.42	1.47	0.24	5 m				
04	101.00	10:04	10:50 PM	0.08	0.01	0.01	5 m				
05	101.00	10:03	12:00 AM								
06	100.51	10:06	5:05 AM	0.17	0.04	0.03	5 m				
07	100.79	10:11	12:00 AM								
08	99.59	10:04	12:00 AM								
09	100.79	10:03	10:05 PM	0.17	0.02	0.02	5 m				
10	83.92	10:04	1:50 AM	2.17	0.27	0.10	5 m				
11	62.90	7:43	11:30 AM	0.25	0.03	0.01	5 m				
12	80.76	9:25	12:55 PM	0.83	0.10	0.04	5 m				
13	68.60	7:42	2:25 PM	0.33	0.04	0.02	5 m				
14	68.12	7:38	12:00 AM								
15	63.92	7:28	12:00 AM								
16	60.75	6:19	4:33 PM	0.42	0.05	0.01	5 m				
17	63.99	7:24	12:00 AM	0.92	0.11	0.02	5 m				
18	50.19	5:11	12:00 AM								
19	47.70	5:29	12:00 AM								
20	49.08	5:55	12:00 AM								
21	43.95	8:51	12:00 AM								
22	57.99	10:06	3:40 PM	2.85	0.64	0.20	5 m				
23	101.00	10:04	12:10 AM	4.17	1.00	0.35	5 m				
24	99.87	10:02	10:20 PM	0.25	0.04	0.02	5 m				
25	101.00	10:07	12:00 AM	3.17	0.39	0.10	5 m				
26	99.99	10:03	12:00 AM								
27	99.51	10:04	12:00 AM								
28	81.17	10:02	12:00 AM								
29	60.60	7:41	1:40 PM	0.08	0.01	0.01	5 m				
30	51.09	5:09	12:00 AM								
31	54.89	6:39	2:35 AM	2.08	0.40	0.24	5 m				
<b>Totals:</b>	<b>2467.54</b>			<b>25.34</b>	<b>4.62</b>						

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager  
 Telephone: 356-427-6213  
 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 OF THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
 Date (mm/dd/yyyy): 6/20/23





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

State Form 58-546 (9-19-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 58-546 (9-19-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN002191		Page 3 of 12		Public Notification Requirements Met? Y	
Facility: Fort Wayne - P.L. Branner WYTP		Monitoring Period: 3-2023		Design Average Flow (MGD): 74		Check box if no CSO discharges occurred for the month:	
WYTP Inflow Data		Pre-treatment Data - Total S <sub>T</sub> L <sub>0</sub> Gage		Design Average Flow (MGD): 74		Measured/Metred (M) or Estimated (E) must be specified	
Day of Month	Peak Daily Flow (MGD)	Time of Peak Flow (hh:mm)	Peak Flow (MGD)	Peak Flow (MGD)	Time of Peak Flow (hh:mm)	CSO Outfall No.	CSO Outfall No.
01	100.58	10:03	12:00 AM	5 m			
02	100.99	10:04	12:00 AM	5 m			
03	100.92	10:06	10:40 AM	7.50	1:38	0.21	5 m
04	101.00	10:04	12:00 AM	0.42	0.05	0.03	5 m
05	101.00	10:03	12:00 AM				
06	100.51	10:06	5:05 AM	0.25	0.03	0.02	5 m
07	100.79	10:11	12:00 AM				
08	99.29	10:04	12:00 AM				
09	100.79	10:03	10:15 PM	0.42	0.05	0.03	5 m
10	93.92	10:04	12:10 AM	1.92	0.23	0.06	5 m
11	82.90	7:43	12:00 AM				
12	80.76	9:25	1:35 AM	1.17	0.15	0.04	5 m
13	88.60	7:42	12:00 AM	0.25	0.03	0.01	5 m
14	88.12	7:38	12:00 AM				
15	63.92	7:28	12:00 AM				
16	40.75	6:19	9:10 PM	0.33	0.04	0.02	5 m
17	63.99	7:24	12:55 AM	1.08	0.13	0.03	5 m
18	50.19	5:11	12:00 AM				
19	47.70	55:29	12:00 AM				
20	49.08	57:55	12:00 AM				
21	43.85	87:91	12:00 AM				
22	57.99	10:06	3:45 PM	2.75	0.57	0.15	5 m
23	101.00	10:04	12:10 AM	4.42	0.95	0.32	5 m
24	99.87	10:02	10:00 PM	0.42	0.05	0.03	5 m
25	101.00	10:07	12:00 AM	3.08	0.40	0.11	5 m
26	99.99	10:03	11:40 PM	0.08	0.01	0.01	5 m
27	99.51	10:04	12:00 AM				
28	81.17	10:02	12:00 AM				
29	60.60	74:15	12:00 AM				
30	51.09	56:99	12:00 AM				
31	54.89	60:39	2:30 AM	1.92	0.36	0.22	5 m
<b>Totals:</b>	<b>2467.54</b>			<b>26.00</b>	<b>4.43</b>	<b>0.43</b>	

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

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 04/20/23

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 04/20/23

City: Fort Wayne		Permit Number: IN002191		Page 3 of 12		Public Notification Requirements Met? Y	
Facility: Fort Wayne - P.L. Branner WYTP		Monitoring Period: 3-2023		Design Average Flow (MGD): 74		Check box if no CSO discharges occurred for the month:	
WYTP Inflow Data		Pre-treatment Data - Total S <sub>T</sub> L <sub>0</sub> Gage		Design Average Flow (MGD): 74		Measured/Metred (M) or Estimated (E) must be specified	
Day of Month	Peak Daily Flow (MGD)	Time of Peak Flow (hh:mm)	Peak Flow (MGD)	Peak Flow (MGD)	Time of Peak Flow (hh:mm)	CSO Outfall No.	CSO Outfall No.
01	100.58	10:03	12:00 AM	5 m			
02	100.99	10:04	12:00 AM	5 m			
03	100.92	10:06	10:40 AM	7.50	1:38	0.21	5 m
04	101.00	10:04	12:00 AM	0.42	0.05	0.03	5 m
05	101.00	10:03	12:00 AM				
06	100.51	10:06	5:05 AM	0.25	0.03	0.02	5 m
07	100.79	10:11	12:00 AM				
08	99.29	10:04	12:00 AM				
09	100.79	10:03	10:15 PM	0.42	0.05	0.03	5 m
10	93.92	10:04	12:10 AM	1.92	0.23	0.06	5 m
11	82.90	7:43	12:00 AM				
12	80.76	9:25	1:35 AM	1.17	0.15	0.04	5 m
13	88.60	7:42	12:00 AM	0.25	0.03	0.01	5 m
14	88.12	7:38	12:00 AM				
15	63.92	7:28	12:00 AM				
16	40.75	6:19	9:10 PM	0.33	0.04	0.02	5 m
17	63.99	7:24	12:55 AM	1.08	0.13	0.03	5 m
18	50.19	5:11	12:00 AM				
19	47.70	55:29	12:00 AM				
20	49.08	57:55	12:00 AM				
21	43.85	87:91	12:00 AM				
22	57.99	10:06	3:45 PM	2.75	0.57	0.15	5 m
23	101.00	10:04	12:10 AM	4.42	0.95	0.32	5 m
24	99.87	10:02	10:00 PM	0.42	0.05	0.03	5 m
25	101.00	10:07	12:00 AM	3.08	0.40	0.11	5 m
26	99.99	10:03	11:40 PM	0.08	0.01	0.01	5 m
27	99.51	10:04	12:00 AM				
28	81.17	10:02	12:00 AM				
29	60.60	74:15	12:00 AM				
30	51.09	56:99	12:00 AM				
31	54.89	60:39	2:30 AM	1.92	0.36	0.22	5 m
<b>Totals:</b>	<b>2467.54</b>			<b>26.00</b>	<b>4.43</b>	<b>0.43</b>	

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

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 04/20/23

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 04/20/23



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: 1/20/23		Check box if no CSO discharges occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WVPP Inflow Data		CSO Outfall No. 13	
Time	Peak Flow (MGD)	Time	Discharge (MGD)
01	100.98	01	0.00
02	100.99	02	0.00
03	100.92	03	0.00
04	101.00	04	0.00
05	101.00	05	0.00
06	100.51	06	0.00
07	100.79	07	0.00
08	99.59	08	0.00
09	100.79	09	0.00
10	99.92	10	0.00
11	62.90	11	0.00
12	80.76	12	0.00
13	68.60	13	0.00
14	88.12	14	0.00
15	65.92	15	0.00
16	60.75	16	0.00
17	63.99	17	0.00
18	50.19	18	0.00
19	47.70	19	0.00
20	49.98	20	0.00
21	43.95	21	0.00
22	57.99	22	0.00
23	101.00	23	0.00
24	99.87	24	0.00
25	101.00	25	0.00
26	99.99	26	0.00
27	99.51	27	0.00
28	81.17	28	0.00
29	60.60	29	0.00
30	51.09	30	0.00
31	54.89	31	0.00
Totals:	2,467.54	Totals:	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:   
 Signatory:   
 Date: (mm/dd/yyyy)   
 Telephone: 264-474213

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

City: Fort Wayne		Permit Number: IN0031191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: 1/20/23		Check box if no CSO discharges occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WVPP Inflow Data		CSO Outfall No. 17	
Time	Peak Flow (MGD)	Time	Discharge (MGD)
01	100.98	01	0.00
02	100.99	02	0.00
03	100.92	03	0.00
04	101.00	04	0.00
05	101.00	05	0.00
06	100.51	06	0.00
07	100.79	07	0.00
08	99.59	08	0.00
09	100.79	09	0.00
10	99.92	10	0.00
11	62.90	11	0.00
12	80.76	12	0.00
13	68.60	13	0.00
14	88.12	14	0.00
15	65.92	15	0.00
16	60.75	16	0.00
17	63.99	17	0.00
18	50.19	18	0.00
19	47.70	19	0.00
20	49.98	20	0.00
21	43.95	21	0.00
22	57.99	22	0.00
23	101.00	23	0.00
24	99.87	24	0.00
25	101.00	25	0.00
26	99.99	26	0.00
27	99.51	27	0.00
28	81.17	28	0.00
29	60.60	29	0.00
30	51.09	30	0.00
31	54.89	31	0.00
Totals:	2,467.54	Totals:	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:   
 Signatory:   
 Date: (mm/dd/yyyy)   
 Telephone: 264-474213

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



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5554 (04/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5554 (04/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Permit Number: IN002191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: 3-2023		MONTH		Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:		
WTP Influent Data		Effluent Data		CSO Outfall No.		
Age of Sewer (Days)	Average Daily Flow (MGD)	Time of Day (HH:MM)	Flow (MGD)	Time of Day (HH:MM)	Flow (MGD)	CSO Outfall No.
01	100.98	10:03	12:00 AM			
02	100.99	10:04	12:00 AM			
03	100.92	10:06	12:00 AM			
04	101.00	10:04	12:00 AM			
05	101.00	10:03	12:00 AM			
06	100.51	10:06	12:00 AM			
07	100.79	10:11	12:00 AM			
08	99.59	10:04	12:00 AM			
09	100.79	10:03	12:00 AM			
10	93.92	10:04	12:00 AM			
11	80.76	9:25	11:15 AM			
12	80.76	9:25	1:55 PM			
13	68.60	78.42	3:00 AM			
14	68.12	76.38	12:00 AM			
15	63.92	72.98	12:00 AM			
16	60.75	66.19	8:50 PM			
17	63.09	72.74	12:45 AM			
18	50.19	57.11	12:00 AM			
19	49.08	57.55	12:00 AM			
20	43.95	87.91	12:00 AM			
21	57.99	101.06	3:35 PM			
22	101.00	101.04	12:05 AM			
23	99.87	101.02	10:05 PM			
24	101.00	101.07	12:05 AM			
25	99.99	101.03	11:40 PM			
26	99.51	101.04	12:00 AM			
27	81.17	101.02	12:00 AM			
28	60.60	74.15	2:15 PM			
29	51.09	56.99	12:00 AM			
30	54.89	60.39	2:25 AM			
31	2467.54					
Totals:			1775	4.45		

City: Fort Wayne		Page 6 of 12		Permit Number: IN002191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: 3-2023		MONTH		Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:		
WTP Influent Data		Effluent Data		CSO Outfall No.		
Age of Sewer (Days)	Average Daily Flow (MGD)	Time of Day (HH:MM)	Flow (MGD)	Time of Day (HH:MM)	Flow (MGD)	CSO Outfall No.
01	100.98	10:03	12:00 AM			
02	100.99	10:04	12:00 AM			
03	100.92	10:06	12:00 AM			
04	101.00	10:04	12:00 AM			
05	101.00	10:03	12:00 AM			
06	100.51	10:06	12:00 AM			
07	100.79	10:11	12:00 AM			
08	99.59	10:04	12:00 AM			
09	100.79	10:03	12:00 AM			
10	93.92	10:04	12:00 AM			
11	80.76	9:25	11:15 AM			
12	80.76	9:25	1:55 PM			
13	68.60	78.42	3:00 AM			
14	68.12	76.38	12:00 AM			
15	63.92	72.98	12:00 AM			
16	60.75	66.19	8:50 PM			
17	63.09	72.74	12:45 AM			
18	50.19	57.11	12:00 AM			
19	49.08	57.55	12:00 AM			
20	43.95	87.91	12:00 AM			
21	57.99	101.06	3:35 PM			
22	101.00	101.04	12:05 AM			
23	99.87	101.02	10:05 PM			
24	101.00	101.07	12:05 AM			
25	99.99	101.03	11:40 PM			
26	99.51	101.04	12:00 AM			
27	81.17	101.02	12:00 AM			
28	60.60	74.15	2:15 PM			
29	51.09	56.99	12:00 AM			
30	54.89	60.39	2:25 AM			
31	2467.54					
Totals:			1775	4.45		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Stacy Peak Program Manager Telephone: 260-472-6213

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 04/20/23

Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH STATE AND FEDERAL LAW. I HAVE CALIBRATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR THE INFORMATION SUBMITTED. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 56546 (8-05-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 56546 (8-05-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 3-2023		Check box if no CSO discharge occurred for the month: Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WTP Influent Data		Measure/Alerted (M) or Estimated (E) must be specified	
Date/Time	Peak Hourly Flow (MGD)	Time	CSO Outfall No.
01	100.98	12:00 AM	74
02	100.99	10:04 AM	74
03	100.92	10:06 AM	74
04	101.00	10:04 AM	74
05	101.00	10:03 AM	74
06	100.51	10:06 AM	74
07	100.79	10:11 AM	74
08	100.59	10:04 AM	74
09	100.79	10:03 AM	74
10	93.92	10:04 AM	74
11	62.90	7:43 AM	74
12	80.76	9:25 AM	74
13	68.60	7:42 AM	74
14	68.12	7:38 AM	74
15	63.92	7:28 AM	74
16	60.75	6:49 AM	74
17	63.99	7:24 AM	74
18	50.19	5:11 AM	74
19	47.70	5:29 AM	74
20	49.08	5:55 AM	74
21	43.95	8:51 AM	74
22	57.99	10:06 AM	74
23	101.00	10:04 AM	74
24	99.87	10:02 AM	74
25	101.00	10:07 AM	74
26	99.99	10:03 AM	74
27	99.51	10:04 AM	74
28	81.17	10:02 AM	74
29	60.60	7:45 AM	74
30	51.09	5:09 AM	74
31	54.89	6:39 AM	74
Totals:	2467.54		

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 3-2023		Check box if no CSO discharge occurred for the month: Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WTP Effluent Data		Measure/Alerted (M) or Estimated (E) must be specified	
Date/Time	Peak Hourly Flow (MGD)	Time	CSO Outfall No.
01	100.98	12:00 AM	74
02	100.99	10:04 AM	74
03	100.92	10:06 AM	74
04	101.00	10:04 AM	74
05	101.00	10:03 AM	74
06	100.51	10:06 AM	74
07	100.79	10:11 AM	74
08	100.59	10:04 AM	74
09	100.79	10:03 AM	74
10	93.92	10:04 AM	74
11	62.90	7:43 AM	74
12	80.76	9:25 AM	74
13	68.60	7:42 AM	74
14	68.12	7:38 AM	74
15	63.92	7:28 AM	74
16	60.75	6:49 AM	74
17	63.99	7:24 AM	74
18	50.19	5:11 AM	74
19	47.70	5:29 AM	74
20	49.08	5:55 AM	74
21	43.95	8:51 AM	74
22	57.99	10:06 AM	74
23	101.00	10:04 AM	74
24	99.87	10:02 AM	74
25	101.00	10:07 AM	74
26	99.99	10:03 AM	74
27	99.51	10:04 AM	74
28	81.17	10:02 AM	74
29	60.60	7:45 AM	74
30	51.09	5:09 AM	74
31	54.89	6:39 AM	74
Totals:	2467.54		

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY MAINTAIN AND OPERATE THE SYSTEM AND THAT THE INFORMATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE, AND I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
Date (mm/dd/yyyy): 04/20/23  
Telephone: 260-471-6215

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY MAINTAIN AND OPERATE THE SYSTEM AND THAT THE INFORMATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE, AND I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Reas  
Date (mm/dd/yyyy): 04/20/23  
Telephone: 260-471-6215





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

State Form 50546 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTTP		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 3-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	
Design Peak Hourly Flow (MGD): 85		Measured/Average (M) or Estimated (E) must be specified	
WWTTP Inflow Data		CSO Outfall No. 24	
Day of Month	Average Daily Flow (MGD)	Time of Peak Discharge (AM/PM)	Peak Discharge (MGD)
01	100.99	12:00 AM	0.70 M
02	100.92	10:04 AM	1.67 M
03	100.92	10:06 AM	1.50 M
04	101.00	10:04 AM	0.25 M
05	101.00	10:03 AM	0.03 M
06	100.51	10:06 AM	0.25 M
07	100.79	10:11 AM	0.04 M
08	99.59	10:04 AM	0.67 M
09	100.79	10:03 AM	1.83 M
10	95.92	10:04 AM	0.22 M
11	62.00	7:43 AM	0.05 M
12	80.76	9:25 AM	0.11 M
13	68.60	7:42 AM	0.25 M
14	68.12	7:38 AM	0.03 M
15	63.92	7:29 AM	0.02 M
16	60.75	6:19 AM	0.33 M
17	63.99	7:24 AM	1.00 M
18	50.19	5:11 AM	0.02 M
19	47.70	5:29 AM	0.00 M
20	49.08	5:55 AM	0.00 M
21	43.95	6:21 AM	0.00 M
22	57.99	10:06 AM	2.58 M
23	101.00	10:04 AM	3.67 M
24	99.87	10:02 AM	0.33 M
25	101.00	10:07 AM	3.08 M
26	99.99	10:03 AM	0.06 M
27	99.51	10:04 AM	0.01 M
28	81.17	10:02 AM	0.00 M
29	60.00	7:15 AM	0.00 M
30	51.09	5:09 AM	0.00 M
31	54.89	6:39 AM	1.58 M
<b>Totals:</b>	<b>2,467.54</b>	<b>24:17</b>	<b>4.48</b>

Signature of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager  
Telephone: 260-471-6213

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

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTTP		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 3-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	
Design Peak Hourly Flow (MGD): 85		Measured/Average (M) or Estimated (E) must be specified	
WWTTP Inflow Data		CSO Outfall No. 51	
Day of Month	Average Daily Flow (MGD)	Time of Peak Discharge (AM/PM)	Peak Discharge (MGD)
01	100.99	12:00 AM	0.70 M
02	100.92	10:04 AM	1.67 M
03	100.92	10:06 AM	1.50 M
04	101.00	10:04 AM	0.25 M
05	101.00	10:03 AM	0.03 M
06	100.51	10:06 AM	0.25 M
07	100.79	10:11 AM	0.04 M
08	99.59	10:04 AM	0.67 M
09	100.79	10:03 AM	1.83 M
10	95.92	10:04 AM	0.22 M
11	62.00	7:43 AM	0.05 M
12	80.76	9:25 AM	0.11 M
13	68.60	7:42 AM	0.25 M
14	68.12	7:38 AM	0.03 M
15	63.92	7:29 AM	0.02 M
16	60.75	6:19 AM	0.33 M
17	63.99	7:24 AM	1.00 M
18	50.19	5:11 AM	0.02 M
19	47.70	5:29 AM	0.00 M
20	49.08	5:55 AM	0.00 M
21	43.95	6:21 AM	0.00 M
22	57.99	10:06 AM	2.58 M
23	101.00	10:04 AM	3.67 M
24	99.87	10:02 AM	0.33 M
25	101.00	10:07 AM	3.08 M
26	99.99	10:03 AM	0.06 M
27	99.51	10:04 AM	0.01 M
28	81.17	10:02 AM	0.00 M
29	60.00	7:15 AM	0.00 M
30	51.09	5:09 AM	0.00 M
31	54.89	6:39 AM	1.58 M
<b>Totals:</b>	<b>2,467.54</b>	<b>24:17</b>	<b>4.48</b>

Signature of Principal Executive Officer or Authorized Agent: Susan Reas, Program Manager  
Telephone: 260-471-6213

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National Pollution Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operations (CSO MRO)  
 Form 700a (04-01-05)  
 IOWA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollution Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operations (CSO MRO)  
 Form 700a (04-01-05)  
 IOWA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: East Wayne		Page 11 of 12		Formal Number: 00012014		Public Notification Requirements Met? Y		Permit Number: DNR02118	
Facility: East Wayne - P.L. Bessner WWTP		Monitoring Period: 00001213		Check box if no CSO discharge occurred for the month:		Missed/Moved (M) or Estimated (E) must be specified		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 0.00		Design Average Flow (MGD): 0.00		Missed/Moved (M) or Estimated (E) must be specified		Missed/Moved (M) or Estimated (E) must be specified		Missed/Moved (M) or Estimated (E) must be specified	
Day of Week	Hour	Flow (MGD)	Time of Day	Flow (MGD)	Time of Day	Flow (MGD)	Time of Day	Flow (MGD)	Time of Day
01	01	0.00	12:00 AM	0.00	12:00 AM	0.00	12:00 AM	0.00	12:00 AM
02	02	0.00	01:00 AM	0.00	01:00 AM	0.00	01:00 AM	0.00	01:00 AM
03	03	0.00	02:00 AM	0.00	02:00 AM	0.00	02:00 AM	0.00	02:00 AM
04	04	0.00	03:00 AM	0.00	03:00 AM	0.00	03:00 AM	0.00	03:00 AM
05	05	0.00	04:00 AM	0.00	04:00 AM	0.00	04:00 AM	0.00	04:00 AM
06	06	0.00	05:00 AM	0.00	05:00 AM	0.00	05:00 AM	0.00	05:00 AM
07	07	0.00	06:00 AM	0.00	06:00 AM	0.00	06:00 AM	0.00	06:00 AM
08	08	0.00	07:00 AM	0.00	07:00 AM	0.00	07:00 AM	0.00	07:00 AM
09	09	0.00	08:00 AM	0.00	08:00 AM	0.00	08:00 AM	0.00	08:00 AM
10	10	0.00	09:00 AM	0.00	09:00 AM	0.00	09:00 AM	0.00	09:00 AM
11	11	0.00	10:00 AM	0.00	10:00 AM	0.00	10:00 AM	0.00	10:00 AM
12	12	0.00	11:00 AM	0.00	11:00 AM	0.00	11:00 AM	0.00	11:00 AM
13	13	0.00	12:00 PM	0.00	12:00 PM	0.00	12:00 PM	0.00	12:00 PM
14	14	0.00	01:00 PM	0.00	01:00 PM	0.00	01:00 PM	0.00	01:00 PM
15	15	0.00	02:00 PM	0.00	02:00 PM	0.00	02:00 PM	0.00	02:00 PM
16	16	0.00	03:00 PM	0.00	03:00 PM	0.00	03:00 PM	0.00	03:00 PM
17	17	0.00	04:00 PM	0.00	04:00 PM	0.00	04:00 PM	0.00	04:00 PM
18	18	0.00	05:00 PM	0.00	05:00 PM	0.00	05:00 PM	0.00	05:00 PM
19	19	0.00	06:00 PM	0.00	06:00 PM	0.00	06:00 PM	0.00	06:00 PM
20	20	0.00	07:00 PM	0.00	07:00 PM	0.00	07:00 PM	0.00	07:00 PM
21	21	0.00	08:00 PM	0.00	08:00 PM	0.00	08:00 PM	0.00	08:00 PM
22	22	0.00	09:00 PM	0.00	09:00 PM	0.00	09:00 PM	0.00	09:00 PM
23	23	0.00	10:00 PM	0.00	10:00 PM	0.00	10:00 PM	0.00	10:00 PM
24	24	0.00	11:00 PM	0.00	11:00 PM	0.00	11:00 PM	0.00	11:00 PM
25	25	0.00	12:00 AM	0.00	12:00 AM	0.00	12:00 AM	0.00	12:00 AM
26	26	0.00	01:00 AM	0.00	01:00 AM	0.00	01:00 AM	0.00	01:00 AM
27	27	0.00	02:00 AM	0.00	02:00 AM	0.00	02:00 AM	0.00	02:00 AM
28	28	0.00	03:00 AM	0.00	03:00 AM	0.00	03:00 AM	0.00	03:00 AM
29	29	0.00	04:00 AM	0.00	04:00 AM	0.00	04:00 AM	0.00	04:00 AM
30	30	0.00	05:00 AM	0.00	05:00 AM	0.00	05:00 AM	0.00	05:00 AM
31	31	0.00	06:00 AM	0.00	06:00 AM	0.00	06:00 AM	0.00	06:00 AM
<b>Totals:</b>	<b>2407.54</b>			<b>24.28</b>	<b>4.42</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: \_\_\_\_\_  
 Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_  
 Date: 10/01/2013

300-471-0213  
 2013-071-0213

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



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 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]	3-2023	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	Dry Weather Overflow
02	
03	Wet Weather Day
04	Wet Weather Day
05	Wet Weather Day
06	Wet Weather Day
07	
08	
09	Dry Weather Overflow
10	Dry Weather Overflow
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	Wet Weather Day
23	Wet Weather Day
24	Wet Weather Day
25	Wet Weather Day
26	
27	Wet Weather Day
28	
29	
30	
31	Wet Weather Day

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

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

Signature of Principal Executive Officer or Authorized Agent <i>Susan Reas</i>	Date (mm/dd/yy) 04/20/23
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**DMR Copy of Record**

**Permit #:** IN0002181  
**Major:** Yes  
**Permitted Features:** 002 External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 03/01/23 to 03/31/23  
**Considerations for Form Completion:**  
 CSO - 002 POND WHEN USED AS CSO ONLY  
**Principal Executive Officer:**  
**First Name:** Susan  
**Last Name:** Ross  
**No Data Indicator (NDDI):**  
**Form NDDI:** --

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNSER WPC  
 2821 DWANER AVE  
 FORT WAYNE, IN 46833  
**Discharge:** 000-C  
 CSO 000-104 - 002 POND - WHEN USED AS CSO ONLY - 3360 FT W OF COLISEUM BLVD  
**DMR Due Date:** 04/28/23  
**Status:** NADMR Validated  
**Title:** Program Manager  
**Telephone:** 260-427-6213

Code	Parameter Name	Monitoring Location	Session #	Form NDDI	Quantity of Loading			Quality or Concentration			# of Ex. / Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 (Qualifier 1 Value 2 Units)	Qualifier 1 Value 1 Qualifier 1 Value 1	Qualifier 1 Value 2 Qualifier 1 Value 2	Value 3	Units	Value 3		
5007	Duration	EG - Effluent Gross	0	--	Example Permit File Value NDDI	26.3	Reg Min MO TOTAL	EG - Min	0	WYDS - When Discharging RT - RC0010T WYDS - When Discharging RT - RC0010T	RT - RC0010T	
7003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--	Example Permit File Value NDDI	5.07	Reg Min MO TOTAL	SP - Max	0	ALRY - All Events ALRY - All Events	ES - ES7MA ES - ES7MA	
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Example Permit File Value NDDI	4.48	Reg Min MO TOTAL	SP - Min	0	ALRY - All Events ALRY - All Events	RT - RC0010T RT - RC0010T	
8105	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Example Permit File Value NDDI	3.0	Reg Min MO TOTAL	AK - Min	0	ALRY - All Events ALRY - All Events	RT - RC0010T RT - RC0010T	

**Submission Note:** If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0002181_2023_CSOandO_2023_03.pdf	pdf	874889.0
IN0002181_2023_Low_2023_03.pdf	pdf	247502.5

**Report Last Edited By:** FORT WAYNE WWTP  
**User:** susan.ross@cityofwayne.org  
**Name:** Susan Ross  
**E-Mail:** susan.ross@cityofwayne.org  
**Date/Time:** 2023-04-20 12:29 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan.ross@cityofwayne.org  
**Name:** Susan Ross  
**E-Mail:** susan.ross@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

Permit#	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46003	Facility Location:	P.L. BRUNNER WPC 2001 DIVIDGER AVE FORT WAYNE, IN 46003
Permitted Features:	003 External Outfall	Discharge:	683-C CSO P-10-035, 001 POND - 805 FT E OF PEMBERTON DR		
Report Dates & Status		DMR Due Date:	04/09/23	Status:	NotDMR Validated
Monitoring Period:	From 03/04/23 to 03/31/23			Telephone:	
Considerations for Flow Computation					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
Alt Date Indicator (N020)					
Firm N001					

Code	Parameter Name	Monitoring Location	Session #	Permit N001	Quantity or Loading			Quality or Concentration			# of GL	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Units	Qualifier 2	Value 2	Units			
0027	Debitals	ES - Effluent Gross	\$	-	Sample Permit N001 Value N001	Req Min MD TOTAL	ES - 3000	Units	WY02 - When Discharging RT - R020T0T				
									C - No Discharge				
7403	Overflow volume (358 volume, CSO volume)	ES - Effluent Gross	\$	-	Sample Permit N001 Value N001	Req Min MD TOTAL	38 - 0gal	Units	AU0Y - All Events			ES - ESTMA	
									C - No Discharge				
7887	Precipitation, monthly accumulation	ES - Effluent Gross	\$	-	Sample Permit N001 Value N001	4.08	ES - 3000	Units	AU0Y - All Events			RT - R020T0T	
									AU0Y - All Events			RT - R020T0T	
8165	Discharge event observations (Visual Monitoring)	ES - Effluent Gross	\$	-	Sample Permit N001 Value N001			Units	AU0Y - All Events			RT - R020T0T	
									C - No Discharge				

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

**File Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
PORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 13:33 (Time Zone: -04:00)

**Report Last Signed By**  
User: susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 13:36 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN6032191	Facility:	FORT WAYNE WWTP
Major:	Yes	Facility Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802
Permitted Features:	004 External Outfall	Discharge:	004-C CSD: 40-080, 519 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER
Report Dates & Status		DMR Due Date:	04/28/23
Monitoring Period:	From 03/19/23 to 03/21/23	Status:	Not DMR Validated
Considerations for Form Completion			
CSD: 40-080 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer		Telephone:	
First Name:			
Last Name:			
No Data Indicator (NDD)			
Form NDD:			

Code	Parameter Name	Monitoring Location	Session 1 Permit NDD	Session 2 Permit NDD	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	
50207	Durables	EG - Effluent Gross	0	-	Permit Yes Value NDD	Reg Min MD TOTAL C - No Discharge	Reg Min MD TOTAL C - No Discharge	RT - RT	WINDS - Near Discharge RT - RC0207
71065	Over-flow volume (BSI volume, OSD volume)	EG - Effluent Gross	0	-	Permit Yes Value NDD	Reg Min MD TOTAL C - No Discharge	Reg Min MD TOTAL C - No Discharge	RT - RT	ALRY - All Events EG - ESTMA
71067	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Yes Value NDD	4.62 Reg Min MD TOTAL C - No Discharge	4.62 Reg Min MD TOTAL C - No Discharge	RT - RT	ALRY - All Events RT - RC0207
81145	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Yes Value NDD	Reg Min MD TOTAL C - No Discharge	Reg Min MD TOTAL C - No Discharge	RT - RT	ALRY - All Events RT - RC0207

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 11:59 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)



DMR Copy of Record

Permit #:	IN0032181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNSER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803
Permitted Features:	005 External Outfall	Discharge:	995-C		
Report Dates & Status		DMR Due Date:	9/28/23	Status:	NotDMR Validated
Monitoring Period:	From 3/31/23 to 6/30/23				
Considerations for Form Completion					
CSO: 215-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:	--				

Code	Parameter Name	Monitoring Location	Section # Param. NDD	Quality or Compliance			# of Es.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
3037	Durathin	EG - Effluent Gross	0	--					WQSC - When Discharge RT - RCOTOT WQSC - When Discharge NT - RCOTOT
7005	Overflow volume (358 volumes, CSO volume)	EG - Effluent Gross	0	--					ALWY - All Events ALWY - All Events
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					ALWY - All Events ALWY - All Events
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					ALWY - All Events ALWY - All Events

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

Edit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityoffortwayne.org  
Date/Time: 2023-04-20 11:59 (Time Zone: -04:00)

Report Last Signed By  
User: susan.beck@cityoffortwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityoffortwayne.org  
Date/Time: 2023-04-20 12:00 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0522191	Fort Wayne WWTP	Fort Wayne WWTP					
Major	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	P.L. BELINGER WPC 2601 DWINGER AVE FORT WAYNE, IN 46603					
Permitted Features	007 External Outfall	Discharger						
Report Dates & Status	From 03/01/23 to 03/31/23	DMR Due Date:	04/28/23					
Monitoring Period:	Considerations for Flow Completion							
CSD: K03-002	MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer								
First Name:	Title:							
Last Name:	Title:							
No Data Indicator (NDD)								
Form NOC:								
Code	Parameter Name	Monitoring Location	Session # Param. NOC	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex.	Frequency of Analysis	Sample Type	
5037	Duration	EG - Effluent Gross	0	Sample Param. Req. Value NOC			Reg. Min MO TOTAL C - No Discharge	WHOLE - When Discharging RT - ROOTFOT
7453	Overflow volume (550 volume, CSD volume)	EG - Effluent Gross	0	Sample Param. Req. Value NOC			Reg. Min MO TOTAL C - No Discharge	ALLEN - All Events ES - EST/MA
7587	Precipitation, weekly accumulation	EG - Effluent Gross	0	Sample Param. Req. Value NOC			4.62 Reg. Min MO TOTAL C - No Discharge	ALLEN - All Events RT - ROOTFOT
M-05	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Param. Req. Value NOC			Reg. Min MO TOTAL C - No Discharge	ALLEN - All Events RT - ROOTFOT

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:00 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

Permit	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP	
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Features:	011 Effluent Outfall	Discharge:	011-C K04-333 - SE OF MAIN ST. & CAMP ALLEN DR.			
Report Dates & Status		DMR Due Date:	04/28/23	Status:	NotDMR Validated	
Monitoring Period:	From 03/01/23 to 03/31/23					
Considerations for Form Completion						
CSD: K04-333 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer		Title:		Telephone:		
First Name:						
Last Name:						
No Data Indicator (NDD)						
Form NDD:						
Code	Parameter Name	Monitoring Location	Session #	Session #	Frequency of Analysis	Sample Type
50337	Discharge	EG - Effluent Gross	0	--		
					Reg Min MO TOTAL, EG - Inflow	WH02 - When Discharging RT - IN02TOT
					C - No Discharge	
74003	Overflow volume (ISO volume, CSD volume)	EG - Effluent Gross	0	--		
					Reg Min MO TOTAL, SR - Inflow	AL01 - All Events
					C - No Discharge	
76857	Precipitation, exactly accumulated	EG - Effluent Gross	0	--	4.00	ES - ESTMA
					Reg Min MO TOTAL, SW - Inflow	AL01 - All Events
					C - No Discharge	
84105	Discharge event observation (Discharge Monitoring)	EG - Effluent Gross	0	--		
					Reg Min MO TOTAL, AK - Inflow	AL01 - All Events
					C - No Discharge	
<b>Submission Note</b>						
If a parameter row does NOT contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.						
<b>Exit Check Errors</b>						
No errors.						
<b>Comments</b>						
Attachments						
No attachments.						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
User:	susan.beck@cityofwayne.org					
Name:	Susan Beck					
E-Mail:	susan.beck@cityofwayne.org					
Date/Time:	2023-04-20 12:00 (Time Zone: -04:00)					
<b>Report Last Signed By</b>						
User:	susan.beck@cityofwayne.org					
Name:	Susan Beck					
E-Mail:	susan.beck@cityofwayne.org					
Date/Time:	2023-04-20 12:00 (Time Zone: -04:00)					

DMR Copy of Record

<b>Permit #:</b> 849332181	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 3801 DAVENPORT AVE FORT WAYNE, IN 46833
<b>Permitted Features:</b> 012 External Outfall	<b>Discharge:</b> 012-C CSO: K06-204 - 200 FT SE OF MAIN ST. & CAMP ALLEN DR.	
<b>Report Dates &amp; Status:</b> From 3/31/23 to 3/31/23	<b>DMR Due Date:</b> 04/28/23	<b>Status:</b> NonDMR Validated
<b>Monitoring Period:</b> Considerations for Form Completion		
<b>CSO:</b> K06-204 MUNICIPAL MAJOR ALLEN COUNTY		
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>
<b>First Name:</b>		
<b>Last Name:</b>		
<b>No Data Indicator (NDDI):</b>		
<b>Form NDDI:</b>		

Sub	Parameter Name	Monitoring Location	Season #	Permit NDDI	Quantity of Loading		Quality or Concentration		# of Es.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
5007	Durathin	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	8.09	Reg Max MO TOTAL	ES - Items	WQ05 - When Discharging RT - RCOTOT	RT - RCOTOT	
7405	Overflow volume [358 volumes, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	1.148	Reg Max MO TOTAL	3K - Mgal	AL07 - All Events	ES - ESTIMA	
7487	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	4.82	Reg Max MO TOTAL	3M - inches	AL07 - All Events	RT - RCOTOT	
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	3.0	Reg Max MO TOTAL	6K - times	AL07 - All Events	RT - RCOTOT	

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 3001 DWISSENGER AVE  
 FORT WAYNE, IN 46803  
 Discharger: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Permit Features: 013 External Outfall  
 Report Dates & Status: 013-C CSO: 109-299 - 80 FT N OF THEDME DR & BERRY ST  
 Monitoring Period: From 03/17/23 to 03/17/23  
 Considerations for Future Compliance: CSO: 109-299 MAJOR ALLEN COUNTY  
 Principal Executive Officer: Title: Telephone:

Code	Parameter Name	Monitoring Location	Session #	Permit NOD	Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
10027	Overflows	EG - Effluent Disch	0	--	35.81	ES - Nitro	0	WQGS - when Discharging	RT - RC0010F	
14003	Overflow volume (SS) volume, CSO volume	EG - Effluent Disch	0	--	4.345	2P - Mg/L	0	ALUV - All Events	ES - ESTMA	
18007	Precipitation, monthly accumulation	EG - Effluent Disch	0	--	4.28	SV - 1000	0	ALUV - All Events	RT - RC0010F	
8165	Discharge event observation [Mass Monitoring]	EG - Effluent Disch	0	--	3.0	OK - 8mg	0	ALUV - All Events	RT - RC0010F	

**Submission Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Field Check Errors**  
 No errors.  
**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-04-20 11:57 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-04-20 12:36 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0002181  
**Major:** Yes  
**Permitted Features:** 017  
 External Outfall  
**Report Dates & Status:**  
 Monitoring Period: From 03/19/23 to 03/19/23  
 Considerations for Permit Compliance  
 CSO-N07-17364-N07364L MACOMBALLEN COUNTY  
**Principal Executive Officer:**  
 First Name:  
 Last Name:  
 No Data Indicator (NODI)  
**Form MOD:** --

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 817-C  
 CSO-K07-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE  
**Status:** AudDMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Section 8 Param. MOD	Quantity or Loading	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Durafin	EG - Effluent Gross	0	--	0.0	Reg Min MO TOTAL	00 - 1000	0	WY05 - When Discharging RT - RCOTOT	RT - RCOTOT
1003	Overflow volume (BSI volume, CSO volume)	EG - Effluent Gross	0	--	1.00	Reg Min MO TOTAL	00 - 1000	0	AL05 - All Events	EG - ESTMA
7007	Precipitation, weekly accumulation	EG - Effluent Gross	0	--	4.28	Reg Min MO TOTAL	00 - 1000	0	AL05 - All Events	RT - RCOTOT
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	3.2	Reg Min MO TOTAL	00 - 1000	0	AL05 - All Events	RT - RCOTOT

Submissions Made

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

Exit Check Errors

No errors.

Comments

Attachments

Report Last Signed By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2023-04-20 11:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

Permit #: <b>IN032391</b>	Permittee: <b>FORT WAYNE WWTP</b>	Facility: <b>FORT WAYNE WWTP</b>
Major: <b>Yes</b>	Permittee Address: <b>CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802</b>	Facility Location: <b>P.L. BEUNER WPC 3001 DAVENGER AVE FORT WAYNE, IN 46803</b>
Permitted Freshwater: <b>0.03 External Outfall</b>	Discharge: <b>018-C</b>	
Report Dates & Status: <b>From 03/01/23 to 03/31/23</b>	DMR Due Date: <b>04/26/23</b>	Status: <b>NotDMR Validated</b>
Monitoring Period: <b>Considerations for Flow Completion</b>		
CSD: <b>K11-152 MUNICIPAL MAJORALLEN COUNTY</b>		
Principal Executive Officer:	Title:	Telephone:
First Name:		
Last Name:		
No Data Indicator (NDDI):		
Form NDDI: <b>-</b>		

Code	Parameter Name	Monitoring Location	Session # Param. NDDI	Quantity or Loading		Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 (Qualifier 1 Value 2 Units)	Qualifier 2 Value 2 (Qualifier 2 Value 1 Units)				
0037	Discharge	EG - Effluent Gross	0	-	0.00	Res Min MD TOTAL, EG - Inflow	0	When Discharging RT - RC000F	RT - RC000F
7400	Overflow volume (250 volume, CSD volume)	EG - Effluent Gross	0	-	0.00	Res Min MD TOTAL, EG - Inflow	0	When Discharging RT - RC000F	RT - RC000F
7507	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.00	Res Min MD TOTAL, EG - Inflow	0	When Discharging RT - RC000F	RT - RC000F
0100	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0.00	Res Min MD TOTAL, EG - Inflow	0	When Discharging RT - RC000F	RT - RC000F

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** **susan.beck@cityofwayne.org**  
**Name:** **Susan Beck**  
**E-Mail:** **susan.beck@cityofwayne.org**  
**Date/Time:** **2023-04-20 11:58 (Time Zone: -04:00)**

**Report Last Signed By**

**User:** **susan.beck@cityofwayne.org**  
**Name:** **Susan Beck**  
**E-Mail:** **susan.beck@cityofwayne.org**  
**Date/Time:** **2023-04-20 12:30 (Time Zone: -04:00)**

DMR Copy of Record

**Permit:** 98822191  
**Permit #:** 98822191  
**Major:** Yes  
**Permitted Features:** 020 External Disal  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNER WPC  
 5601 DIVISADER AVE  
 FORT WAYNE, IN 46803

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 025-C  
**CSD:** K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD  
**DMR Due Date:** 9423823  
**Status:** NonCDS Validated

**Report Dates & Status:** From 03/01/23 to 03/31/23  
**Monitoring Period:** Monitoring Location: Station 1 Permit: 0001  
**Considerations for Form Completion:**

**CEO:** K15-116 MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephones:**

**No Data Indicator (NDD):**  
**Form NDD:**

Code	Parameter Name	Monitoring Location	Station 1 Permit: 0001	Sample	Permit Req:	Value NDD	Quantity or Loading	Quality or Concentration	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Disinfect	EG - Effluent Gross	0	-	Sample	Value NDD			80.25	82 - Nitro				mg/L	0	WHOS - When Discharging	RT - RC02702
		EG - Effluent Gross	0	-	Sample	Value NDD			Req Min MD TOTAL	82 - Nitro	0				0	WHOS - When Discharging	RT - RC02702
7193	Overflow volume (25th volume, CEO volume)	EG - Effluent Gross	0	-	Sample	Value NDD			14.847	38 - Ngal				MGAL	0	ALRY - All Events	ES - ESTMA
		EG - Effluent Gross	0	-	Sample	Value NDD			Req Min MD TOTAL	38 - Ngal	0				0	ALRY - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Value NDD			4.45	80 - Inchs				INCH	0	ALRY - All Events	RT - RC02702
		EG - Effluent Gross	0	-	Sample	Value NDD			Req Min MD TOTAL	80 - Inchs	0				0	ALRY - All Events	RT - RC02702
9116	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Value NDD			7.9	46 - Bins				INCH	0	ALRY - All Events	RT - RC02702
		EG - Effluent Gross	0	-	Sample	Value NDD			Req Min MD TOTAL	46 - Bins	0				0	ALRY - All Events	RT - RC02702

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

**Self Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

**User:** susan.lock@cityofwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityofwayne.org  
**Date/Time:** 2023-04-20 11:28 (Time Zone: -04:00)

**Report Last Signed By:** susan.lock@cityofwayne.org  
**User:** Susan Lock  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)





DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: 025  
 External Outfall  
 Discharge: 823-C  
 CSD: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status  
 Monitoring Period: From 03/01/23 to 03/31/23  
 DMR Due Date: 04/28/23  
 Status: ModDMR Validated

Considerations for Fees Completion  
 CSD: L06-103 MUNICIPAL MAJORALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NDD)  
 Form NDD: -

Code	Parameter Name	Monitoring Location	Assess 2 Permit NDD	Quantity or Loading			Quality or Consumption			# of Ex.	Frequency of Analysis	Sample Type
				Quotient 1 Value 1	Quotient 2 Value 2	Quotient 3 Value 3	Quotient 1 Value 1	Quotient 2 Value 2	Quotient 3 Value 3			
50037	Overflow	EG - Effluent Gross	0	0	0	0.42	0	0	0	0	0	WHOS - When Discharging RT - RC07037 WHOS - When Discharging RT - RC07037
71903	Overflow volume (550 volume, C50 volume)	EG - Effluent Gross	0	0	0	0.006	0	0	0	0	0	ALRY - All Events ES - 037MA ALRY - All Events ES - 037MA
78807	Prohibition, monthly accumulation	EG - Effluent Gross	0	0	0	4.42	0	0	0	0	0	ALRY - All Events RT - RC07037 ALRY - All Events RT - RC07037
81103	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	4.0	0	0	0	0	0	ALRY - All Events RT - RC07037 ALRY - All Events RT - RC07037

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

**DMR Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 11:54 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

Permit #	00002191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility	FORT WAYNE WWTP P.L. BUNNER WPC 2001 DIVINGER AVE FORT WAYNE, IN 46803
Major	Yes	Permittee Address		Facility Location	
Permitted Features	G24 External Outfall	Discharge	004-C CSO-029-220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status	NonDMR Validated
Report Dates & Status		DMR Due Date	042823	Telephone	
Monitoring Period	From 03/01/23 to 03/31/23				
Considerations for Flow Compliance					
CSO: 09-429/MCCP/MC MAJORALLEN COUNTY					
Principal Executive Officer		Title			
First Name					
Last Name					
No Data Indicator (NOD)					
Form NOD					

Code	Parameter Name	Monitoring Location	Section # Param. NOD	Quality of Loading		Quality of Consumption		# of EA's	Frequency of Analysis	Sample Type
				Qualifier 1 Value (Qualifier 1 Value 3) Units	Qualifier 2 Value 1 (Qualifier 2 Value 2) Units	Qualifier 3 Value 1 (Qualifier 3 Value 2) Units	Qualifier 4 Value 1 (Qualifier 4 Value 2) Units			
5023	Darfish	EG - Effluent Gross	0	-	15.0 Reg Min MD TOTAL	0	0	0	15-023 - When Discharging 15-023 - When Discharging	RT - R020107
7003	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.01 Reg Min MD TOTAL	0	0	0	01-003 - All Events	ES - ESTIMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.03 Reg Min MD TOTAL	0	0	0	03-007 - All Events	RT - R020107
8115	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	-	0.0 Reg Min MD TOTAL	0	0	0	01-015 - All Events	RT - R020107

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

**Self Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 11:54 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:20 (Time Zone: -04:00)

### DMR Copy of Record

<b>Permit #:</b> IN0002191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP						
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 203 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P. L. BRUNNER WPC 2801 DOWNER AVE FORT WAYNE, IN 46803						
<b>Permitted Features:</b> 005 External Outfall	<b>Discharge:</b> 024-C CSO: L09-021 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE							
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 04/28/23	<b>Status:</b> NetDMR Validated						
<b>Monitoring Period:</b> From 03/01/23 to 03/01/23								
<b>Considerations for Form Completion:</b>								
<b>CSO: L09-021 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer:</b>								
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>						
<b>Last Name:</b>								
<b>No Data Indicator (NDD):</b>								
<b>Farm NDD:</b>								
<b>Code:</b>	<b>Monitoring Location:</b>	<b>Station #</b>	<b>Permit NDD</b>	<b>Quantity of Loading</b>	<b>Quality or Consumption</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Units		
60217 Overflow	EG - Effluent Gross	0	-			3.75 Reg Min MD TOTAL	0	0
								0
7N02 Overflow volume (356 volume, CSO volume)	EG - Effluent Gross	0	-			0.91 Reg Min MD TOTAL	0	0
								0
7B87 Precipitation, monthly accumulation	EG - Effluent Gross	0	-			4.42 Reg Min MD TOTAL	0	0
								0
94102 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-			3.3 Reg Min MD TOTAL	0	0
								0
<b>Submission Note:</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Exit Check Errors:</b>								
No errors.								
<b>Comments:</b>								
<b>Attachments:</b>								
No attachments.								
<b>Report Last Saved By:</b>								
PORT WAYNE WWTP								
<b>User:</b>	susan.beck@cityofwayne.org							
<b>Name:</b>	Susan Beck							
<b>E-Mail:</b>	susan.beck@cityofwayne.org							
<b>Date/Time:</b>	2023-04-20 11:54 (Time Zone: -04:00)							
<b>Report Last Signed By:</b>								
<b>User:</b>	susan.beck@cityofwayne.org							
<b>Name:</b>	Susan Beck							
<b>E-Mail:</b>	susan.beck@cityofwayne.org							
<b>Date/Time:</b>	2023-04-20 13:20 (Time Zone: -04:00)							

DMR Copy of Record

Permit	IN0021814	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DIVISIDER AVE FORT WAYNE, IN 46803		
Permitted Features:	027 External Outfall	Discharge:	027-C CSO: W19-303 - 200 FT SE OF THRD ST & CALHOUN ST	Status:	NETDME Validated		
Report Date & Status	From 03/1/23 to 03/31/23	DMR Due Date:	04/26/23				
Monitoring Period:	From 03/1/23 to 03/31/23						
Considerations for Flow Completion							
CSO: W19-303&MCPAL MAJORALLEN COUNTY							
Principal Executive Officer		Title:		Telephone:			
First Name:							
Last Name:							
No Data Indicator (NDDI)							
Form MDDI:							
Permittee Name	Monitoring Location	Station # Param. MDDI	Quantity of Loading	Quality or Concentration	# of SL	Frequency of Analysis	Sample Type
0007	Denatrin	EG - Effluent Gross 0 --	Sample Parametric Value MDDI	Reg Min MO TOTAL, EG - Nitra C - No Discharge	Yield 3	Days	WHICE - When Discharging RT - RCOTOT
7405	Overflow volume (SSR volume, CSO volume)	EG - Effluent Gross 0 --	Sample Parametric Value MDDI	Reg Min MO TOTAL, SR - Mg/L C - No Discharge			ALJBY - All Events EB - ESTINA
7587	Precipitation, monthly accumulation	EG - Effluent Gross 0 --	Sample Parametric Value MDDI	4.52 Reg Min MO TOTAL, SW - pH/eq 0			ALJBY - All Events RT - RCOTOT
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross 0 --	Sample Parametric Value MDDI	Reg Min MO TOTAL, AE - pH/eq C - No Discharge			ALJBY - All Events RT - RCOTOT
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>Edit Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments							
in attachments							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
User:							
Name: susan.beck@cityoffortwayne.org							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2023-04-20 12:34 (Time Zone: -04:00)							
<b>Report Last Signed By</b>							
User:							
Name: Susan Beck							
E-Mail: susan.beck@cityoffortwayne.org							
Date/Time: 2023-04-20 12:30 (Time Zone: -04:00)							

DMR Copy of Record

**Permit:** 80032191  
**Major:** Yes  
**Permitted Features:** 028  
 External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 03/01/23 to 03/31/23  
 Considerations for Flow Completion  
**CSD:** M15-2886-VCPAL, MAUCHALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NDDI):**  
**Form NDDI:**

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 009-C  
 CSD M15-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2607 DWIGGER AVE  
 FORT WAYNE, IN 46823  
**Facility Location:**  
**Status:** NotDMR Validated  
**Telephone:**

Event	Parameter Name	Monitoring Location	Section #	Form NDDI	Quantity of Loading		Quality or Concentration		Units	F of FA	Frequency of Analyte	Sample Type
					Quarter 1 Value (1 Quarter 2 Value 2 Units)	Quarter 2 Value 2 Units	Quarter 1 Value 1 Quarter 2 Value 2 Quarter 2	Quarter 2 Value 2 Quarter 2				
5037	Ductile	EG - Effluent Dross	0	-	Sample Permit N/A Value NDDI	2.4	Reg Min MD TOTAL	ES - 8hrs	ES - 8hrs	WHDS - When Discharge RT - R02010F	WHDS - When Discharge RT - R02010F	WHDS - When Discharge RT - R02010F
7405	Overflow volume (550 volume, CSD volume)	EG - Effluent Dross	0	-	Sample Permit N/A Value NDDI	5.07	Reg Min MD TOTAL	ES - 8hrs	ES - 8hrs	ALUV - All Events	ALUV - All Events	ES - 857MA
7887	Precipitation, monthly accumulation	EG - Effluent Dross	0	-	Sample Permit N/A Value NDDI	4.48	Reg Min MD TOTAL	ES - 8hrs	ES - 8hrs	ALUV - All Events	ALUV - All Events	RT - R02010F
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Dross	0	-	Sample Permit N/A Value NDDI	3.0	Reg Min MD TOTAL	ES - 8hrs	ES - 8hrs	ALUV - All Events	ALUV - All Events	RT - R02010F

**Submission N/A**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analyte, and Sample Type.  
**Edit Check Errors**  
 No errors.  
**Comments**  
**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
**User:** susan.back@cityoffortwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:01 (Time Zone: -04:00)  
**Report Last Signed By**  
**User:** susan.back@cityoffortwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityoffortwayne.org  
**Date/Time:** 2023-04-25 12:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0002191	Facility:	FORT WAYNE WWTP
Major:	Yes	Facility Location:	P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803
Permitted Features:	00P External Outfall	Discharge:	CSO M10-265 - 230 FT E OF DUCK ST & BAUER ST
Report Dates & Status		DMR Due Date:	6/4/2023
Monitoring Period:	From 5/29/23 to 5/31/23	Status:	NotDMR Validated
Considerations for Form Completion			
CSO M10-265 MUNICIPAL MAJOR/SMALL CITY			
Principal Executive Officer		Telephone:	
First Name:			
Last Name:			
No Data Indicator (NDD)			
Firm (NDD)			

Code	Parameter Name	Monitoring Location	Session #	Permit NDD	Quantity or Loading			# of EL	Frequency of Analysis	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
10037	Overflow	EG - Effluent Gross	0	-	Reg Min MD TOTAL	EG - Inflow	WH05 - When Discharging	RT - RC000P	RT - RC000P	
					G - No Discharge					
14003	Overflow volume (SS) volume, CSO volume	EG - Effluent Gross	0	-	Reg Min MD TOTAL	SS - Inflow	ALBY - All Events	ES - ES7TMA	ES - ES7TMA	
					G - No Discharge					
18067	Precipitation, weekly accumulation	EG - Effluent Gross	0	-	4.00	SW - Inflow	ALBY - All Events	RT - RC000P	RT - RC000P	
					Reg Min MD TOTAL	SW - Inflow	ALBY - All Events	RT - RC000P	RT - RC000P	
81105	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Min MD TOTAL	oc - Inflow	ALBY - All Events	RT - RC000P	RT - RC000P	
					G - No Discharge					

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Signed By**  
PORT WAYNE WWTP

User: susan.beck@cityofwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityofwayne.org  
Date/Time: 2023-04-20 11:55 (Time Zone: -04:00)

**Report Last Signed By**

User: susan.beck@cityofwayne.org  
Name: Susan Beck  
E-Mail: susan.beck@cityofwayne.org  
Date/Time: 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IM0032595  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Address:** P.L. BRUNNER WPC  
 200 E SERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 832-C  
 External Outfall  
**CSO:** M10-306 - 120 FT N OF CLAR ST & HARRISON ST  
**CSO:** M10-306 - 120 FT N OF CLAR ST & HARRISON ST  
**DMR Due Date:** 04/28/23  
**Status:** MidDMR Validated

**Report Dates & Status:**  
**Monitoring Period:** From 03/01/23 to 03/31/23  
**Considerations for Fees Completion:**  
**CSO:** M10-306 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**No Data Indicator (NDDI):**  
**Form NDDI:** --

Code	Parameter Name	Monitoring Location	Season #	Season # Permit NDDI	Quantity of Loading		Quantity of Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 (Qualifier 2 Value 1 Units)	Qualifier 1 Value 2 (Qualifier 2 Value 2 Units)	Qualifier 2 Value 1 (Qualifier 2 Value 2 Units)	Qualifier 2 Value 2 (Qualifier 2 Value 2 Units)			
2007	Burdton	EG - Effluent Gross	0	--	Permit Fee Value NDDI	7.49	Reg Min MD TOTAL	82 - Min	0	WWS - When Discharging RT - RCOTOT	RT - RCOTOT
7405	Overflow volume [584 volume, CSO volume]	EG - Effluent Gross	0	--	Permit Fee Value NDDI	1.81%	Reg Min MD TOTAL	28 - Maj	0	ALRY - All Events	ES - ESTMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Fee Value NDDI	4.42	Reg Min MD TOTAL	50 - Min	0	ALRY - All Events	RT - RCOTOT
84105	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Fee Value NDDI	4.3	Reg Min MD TOTAL	46 - Min	0	ALRY - All Events	RT - RCOTOT

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

**Edit Check Errors:**  
 No errors.

**Comments:**

**Attachments:**

**Report Last Signed By:**

**PORT WAYNE WWTP**  
**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 11:55 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** IN022191  
**Permit #:** IN022191  
**Major:** Yes  
**Permitted Features:** 033  
 External O&B  
**Report Dates & Status:**  
**Monitoring Period:** From 03/01/23 to 03/31/23  
**Consolidations for Form Completion:**  
 CSO: M10-3130/UNCPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No. Data Indicator (NDDI):**  
**Form NDDI:**

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2621 DWYER AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 033-C  
 M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST  
**DMR Due Date:** 04/28/23  
**Status:** NDDMR Validated  
**Title:** Telephone:

Code	Parameter Name	Monitoring Location		Season 8 Parameter		Quantity of Loading		Quality of Concentration		# of Ex. Frequency of Analytic		Sample Type
		ES - Effluent Class	OS - Effluent Class	ES - Effluent Class	OS - Effluent Class	Quadrant 1 Value 1	Quadrant 2 Value 2	Quadrant 3 Value 3	Quadrant 4 Value 4	Value 1	Value 2	
5037	Burdian	ES - Effluent Class	OS - Effluent Class	0	-	Sample Period Frequency Value W000	Sample Period Frequency Value W000	7.28	Reg Min-MD TOTAL	0	0	W000 - When Discharging RT - RC0707 W000 - When Discharging RT - RC0707
7103	Overflow volume (500 volume, CSO volume)	ES - Effluent Class	OS - Effluent Class	0	-	Sample Period Frequency Value W000	Sample Period Frequency Value W000	15.175	Reg Min-MD TOTAL	0	0	AUBV - All Events AUBV - All Events ES - ESTMA ES - ESTMA
7187	Precipitation, monthly accumulations	ES - Effluent Class	OS - Effluent Class	0	-	Sample Period Frequency Value W000	Sample Period Frequency Value W000	4.22	Reg Min-MD TOTAL	0	0	AUBV - All Events AUBV - All Events RT - RC0707 RT - RC0707
8195	Discharge event observation (Visual Monitoring)	ES - Effluent Class	OS - Effluent Class	0	-	Sample Period Frequency Value W000	Sample Period Frequency Value W000	3.3	Reg Min-MD TOTAL	0	0	AUBV - All Events AUBV - All Events RT - RC0707 RT - RC0707

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Exit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:04 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN6632191  
**Permit Major:** Yes  
**Permitted Features:** 036 External Outfall  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BEUNER WPC  
 3001 CHAMBERLAIN AVE  
 FORT WAYNE, IN 46803

**Permit Address:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 036-C  
 CSD: M19-032 - 620 FT N OF STATE BLVD & WESTBROOK DR  
**Status:** NotDMR Validated

**Reporting Dates & Status:** From 03/01/23 to 03/01/23  
**DMR Due Date:** 04/28/23  
**Monitoring Period:** Considerations for Permit Completion  
**CSD:** M19-032 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NDDI):** -  
**Firm NDDI:** -

Code	Parameter Name	Monitoring Location	Session 1 Permit NDDI	Quantity of Loading			Quantity of Consumption			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
0037	Discharge	EG - Effluent Gross	-	Sample Permit Fee Value NDDI	4.82	EG - Items	Req Min MD TOTAL	EG - Items	0	WH05 - When Discharging	RT - RC0202	
7453	Overflow volume (250 volume, CSD volume)	EG - Effluent Gross	-	Sample Permit Fee Value NDDI	0.009	EG - Items	Req Min MD TOTAL	EG - Items	0	AL07 - All Events	ES - B37MA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	-	Sample Permit Fee Value NDDI	4.82	EG - Items	Req Min MD TOTAL	EG - Items	0	AL07 - All Events	RT - RC0202	
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	-	Sample Permit Fee Value NDDI	1.0	EG - Items	Req Min MD TOTAL	EG - Items	0	AL07 - All Events	RT - RC0202	

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

**DMR Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP

**User:** susan.lock@cityofwayne.org  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityofwayne.org  
**Date/Time:** 2023-04-20 12:04 (Time Zone: -04:00)

**Report Last Signed By:** susan.lock@cityofwayne.org  
**User:** Susan Lock  
**Name:** Susan Lock  
**E-Mail:** susan.lock@cityofwayne.org  
**Date/Time:** 2023-04-20 12:35 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0232191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803
Permitted Features: CS9 External Outfall	Discharge: 939-C CS0-002 - 120 FT N OF HANNA ST & BERRY ST	
Report Dates & Status: From 03/01/23 to 03/31/23	DMR Due Date: 04/28/23	Status: NotDMR Validated
Monitoring Period: Considerations for Flow Computation		
CS0-002 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NDDI)		
Form NDDI		

Code	Parameter Name	Monitoring Location	Session 1 Permit NDDI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Overfall 1 Value 1	Overfall 2 Value 2	Overfall 3 Value 3	Value 1	Value 2	Value 3			
8027	Overfall	80 - Effluent Gross	0	Permit Req. Value NDDI	Permit Req. Value NDDI	Permit Req. Value NDDI	Req. Min 80 TOTAL	80 - None	WHOS - When Discharging	80 - 8027TOT	80 - 8027TOT	
7493	Overflow volume (25th volume, CS0 volume)	80 - Effluent Gross	0	Permit Req. Value NDDI	Permit Req. Value NDDI	Permit Req. Value NDDI	Req. Min 80 TOTAL	28 - None	ALRY - All Events	28 - ESTIMA	28 - ESTIMA	
7887	Precipitation, monthly accumulation	80 - Effluent Gross	0	Permit Req. Value NDDI	Permit Req. Value NDDI	Permit Req. Value NDDI	4.03	80 - None	ALRY - All Events	80 - 8027TOT	80 - 8027TOT	
9416	Discharge event observation (Visual Monitoring)	80 - Effluent Gross	0	Permit Req. Value NDDI	Permit Req. Value NDDI	Permit Req. Value NDDI	Req. Min 80 TOTAL	80 - None	ALRY - All Events	80 - 8027TOT	80 - 8027TOT	

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

**Self Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
PORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 11:55 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** 34932191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 205 E BERRY ST  
 FT WAYNE, IN 46802  
**Permitted Features:** 044 **Discharge:** 544-C  
 External Outfall **CSD:** N32-093 - 150 FT E OF DALGREEN AVE & SPV RUN AVE  
**Report Dates & Status:** 5473623 **Status:** NotDMR Validated  
**Monitoring Period:** From 3/31/23 to 3/31/23  
**Considerations for Form Completion:**  
**CSD:** N32-093 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:** **Title:**  
**Last Name:**  
**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Session 1 Param. NOD	Quantity or Loading		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2			
5007	Derivates	EG - Effluent Gross	0	0	Reg Mon MD TOTAL	02 - None	WNGE - When Discharging	RT - RC00TOT
					C - No Discharge			
7102	Overflow volume (SSR volume, CSD volume)	EG - Effluent Gross	0	0	Reg Mon MD TOTAL	26 - Mgal	ALRY - All Events	ES - ESTIMA
					C - No Discharge			
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0.52	0M - None	ALRY - All Events	RT - RC00TOT
					Reg Mon MD TOTAL	3M - None	ALRY - All Events	RT - RC00TOT
					C - No Discharge			
8r15	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Reg Mon MD TOTAL	4R - None	ALRY - All Events	RT - RC00TOT
					C - No Discharge			

**Submission Note:**  
 If a parameter row does not contain any values for the Sample per Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Entered By:**  
 FORT WAYNE WWTP  
**User:** susan\_bach@cityofwayne.org  
**Name:** Susan Bach  
**E-Mail:** susan\_bach@cityofwayne.org  
**Date/Time:** 2023-04-20 13:04 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** susan\_bach@cityofwayne.org  
**Name:** Susan Bach  
**E-Mail:** susan\_bach@cityofwayne.org  
**Date/Time:** 2023-04-20 13:26 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	80003791	<b>Permittee</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility</b>	FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWANZGER AVE FORT WAYNE, IN 46803
<b>Major:</b>	Yes	<b>Permittee Address:</b>		<b>Facility Location:</b>	
<b>Permitted Features:</b>	643 External Outfall	<b>Discharge:</b>	945-G CSD: 923-103 - 100 FT E OF PENN ST & SPY RUN AVE	<b>Status:</b>	NotDMR Validated
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	9/23/23		
<b>Monitoring Period:</b>	From 03/17/23 to 03/31/23				
<b>Considerations for Force Completion</b>					
<b>CSD: 923-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY</b>					
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>First Name:</b>					
<b>Last Name:</b>					
<b>Alt Date Indicator (NODD)</b>					
<b>Firm NODD</b>	--				
<b>Permit</b>	<b>Permit No.</b>	<b>Permit Fee</b>	<b>Permit Fee Value (NODD)</b>	<b>Permit Fee Value (NODD)</b>	<b>Permit Fee Value (NODD)</b>
60007	00000	0.00	0.00	0.00	0.00
74003	00000	0.00	0.00	0.00	0.00
75007	00000	0.00	0.00	0.00	0.00
81103	00000	0.00	0.00	0.00	0.00

Code	Parameter Name	Monitoring Location	Session #	Permit NODD	Quantity of Loading		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 (Discharge 2) (Flow 3) (Units 4) (Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3)	Qualifier 2 Value 2 (Qualifier 3 Value 3)			
60007	Overflows	EG - Effluent Gross	0	--	Permit Fee Value NODD	Req Men MD TOTAL C - No Discharge	0	When Discharging RT - R02707	RT - R02707
74003	Overflows volume (250 volume, CSD volume)	EG - Effluent Gross	0	--	Permit Fee Value NODD	Req Men MD TOTAL C - No Discharge	0	When Discharging RT - R02707	RT - R02707
75007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Fee Value NODD	Req Men MD TOTAL C - No Discharge	0	When Discharging RT - R02707	RT - R02707
81103	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Fee Value NODD	Req Men MD TOTAL C - No Discharge	0	When Discharging RT - R02707	RT - R02707

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

**Field Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 13:06 (Time Zone: -04:00)

**Report Last Signed By**

**User:** susan.beck@cityoffortwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityoffortwayne.org  
**Date/Time:** 2023-04-20 13:30 (Time Zone: -04:00)

DMR Copy of Record

Permit Permit #: 90002791 Major: Yes	Permittee: Permittee Address: Discharge:	PORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802 846-C CSO: 010-252 - 255 FT W OF EDGEWATER & GARFIELD	Facility: Facility Location:	PORT WAYNE WWTP P.L. BRUNNER WPC 2801 DIVIDGER AVE FORT WAYNE, IN 46803				
Permitted Features: 548 External Outfall	Discharge Due Date:	04/29/23	Status:	Not Under Violation				
Reporting Dates & Status Monitoring Period: From 03/01/23 to 03/31/23 Considerations for Flow Compliance CSO: 010-252 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	Permittee Title:		Telephone:					
Last Name: First Name: No Data Indicator (NDDI)								
Form MDDI:								
Permittee Name:	Monitoring Location:	Session #	Form MDDI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Compliance Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of EA's	Frequency of Analysis	Sample Type
50037 Dewater	EG - Effluent Gress	0	--	Sample Permit File Value NDDI	Res Min MD TOTAL, 82 - 110ms C - No Discharge		WWSR - When Discharging RT - RC070T	
14053 Overflow volume (354 volume, CSO volume)	EG - Effluent Gress	0	--	Sample Permit File Value NDDI	Res Min MD TOTAL, 24 - 1gal C - No Discharge		ALERT - All Events ES - ESTIMA	
2887 Precipitation, monthly accumulation	ES - Effluent Gress	0	--	Sample Permit File Value NDDI	4.48 Res Min MD TOTAL, 249 - 10ms C - No Discharge	0	ALERT - All Events RT - RC070T RT - RC070T	
81165 Discharge event observation (Visual Monitoring)	EG - Effluent Gress	0	--	Sample Permit File Value NDDI	Res Min MD TOTAL, 100 - 1ms C - No Discharge		ALERT - All Events RT - RC070T	
Submission Note If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
EDR Check Errors No errors.								
Comments								
Attachments No attachments.								
Report Last Saved By FORT WAYNE WWTP								
User: Name: E-Mail: Date/Time:	susan.beck@cityoffortwayne.org Susan Beck susan.beck@cityoffortwayne.org 2023-04-20 12:01 (Time Zone: -04:00)							
Report Last Signed By								
User: Name: E-Mail: Date/Time:	susan.beck@cityoffortwayne.org Susan Beck susan.beck@cityoffortwayne.org 2023-04-20 12:30 (Time Zone: -04:00)							

DMR Copy of Record

**Permit**  
 Permit #: 40522191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 CHANDLER AVE  
 FORT WAYNE, IN 46803  
 Discharge: 69-C  
 CSO: 010-277 - 100 FT N OF COOMBS ST & HERBERT ST  
 Status: NotDMR Validated

**Permitted Features**: 500  
 External Outfall  
**Report Dates & Status**: From 03/01/23 to 03/31/23  
 DMR Due Date: 04/28/23  
**Monitoring Period**: Considerations for Future Compliance  
 CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer**:  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

**No Data Indicator (NDD)**:  
 Form NDD:

Code	Parameter	Units	Monitoring Location	Status	Session	Form NDD	Sample Permit Req. Value NDD	Quantity or Loading	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50207	Biothiols		EG - Effluent Gross	0	-	-			0.5				0.5	0	WEDS - When Discharging RT - RC0707	WEDS - When Discharging RT - RC0707
7493	Overflow volume (504 volume, CSO volume)		EG - Effluent Gross	0	-	-			0.00				30 - Mg/L	0	ALRY - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation		EG - Effluent Gross	0	-	-			0.02				80 - mm	0	ALRY - All Events	ES - ESTMA
8416	Discharge event observation (Visual Monitoring)		EG - Effluent Gross	0	-	-			0.2				0.2	0	ALRY - All Events	ES - ESTMA

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

**Self Check Errors**: No errors.

**Comments**

**Attachments**: No attachments.

**Report Last Saved By**: FORT WAYNE WWTP

User: susan.lock@cityofwayne.org  
 Name: Susan Lock  
 E-Mail: susan.lock@cityofwayne.org  
 Date/Time: 2023-04-20 11:26 (Time Zone: -04:00)

**Report Last Signed By**:  
 User: susan.lock@cityofwayne.org  
 Name: Susan Lock  
 E-Mail: susan.lock@cityofwayne.org  
 Date/Time: 2023-04-20 13:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IM0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 201 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** EG1  
 External Outfall  
**Discharge:**

**Report Dates & Status:** From 03/15/23 to 03/15/23  
**Monitoring Period:** From 03/15/23 to 03/15/23  
**Considerations for Form Completion:**  
 CSO: 032-002 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

**Facility Location:** FORT WAYNE WWTP  
 201 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Status:** NotDMR Validated  
**Telephone:**

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 202 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 091-C  
 CSO: 032-002 - 120 FT NW OF ST. JOSEPH DR & WOODROW AVE  
**DMR Due Date:** 04/28/23

Code	Description	Monitoring Location	Season	Frequency	Quantity or Loading			Quality or Consumption			# of SL	Frequency of Analysis	Sample Type
					Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3			
5023F	Overflows	EG - Effluent Gross	\$	-	Sample	Permit Fee	Value N000	Reg Men MD TOTAL	EG - None	WHDS - When Discharging	RT - RCOTOT	RT - RCOTOT	
7003	Overflow volume (255 volume, CSO volume)	EG - Effluent Gross	\$	-	Sample	Permit Fee	Value N000	Reg Men MD TOTAL	36 - Mgd	ALBY - All Events	EG - ESTMA	EG - ESTMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	\$	-	Sample	Permit Fee	Value N000	4.48	50 - 100%	ALBY - All Events	RT - RCOTOT	RT - RCOTOT	
9115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	\$	-	Sample	Permit Fee	Value N000	Reg Men MD TOTAL	46 - 80%	ALBY - All Events	RT - RCOTOT	RT - RCOTOT	

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

**Earl Check Errors:**  
 No errors.  
**Comments:**  
 Attachments: No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-04-20 12:02 (Time Zone: -04:00)  
**Report Last Signed By:**  
 User: susan.beck@cityoffortwayne.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityoffortwayne.org  
 Date/Time: 2023-04-20 12:30 (Time Zone: -04:00)



DMR Copy of Record

Permit	IN002191	Permitter	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Permit #:	IN002191	Permitter Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2001 DWANZGER AVE FORT WAYNE, IN 46803
Major:	Yes	Discharge:	852-C	Status:	NotDMR Validated
Permitted Features:	503 External Outfall	DMR Due Date:	942823	Telephone:	
Report Dates & Status	From 05/01/23 to 03/31/23				
Monitoring Period:	From 05/01/23 to 03/31/23				
Considerations for Permit Completion					
CSC: 002-004 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
No Data Indicator (NOD)					
Form NODE					

Code	Parameter	Monitoring Location	Section #	Permit	NOD	Example Permit Exp. Value NOD	Quantity of Loading	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-	-	Example Permit Exp. Value NOD		Reg Min MG TOTAL G - No Discharge		MG		MONTHS - When Discharging RT - SCOTD	
7483	Overflow volume (554 volume, CSO volume)	EG - Effluent Gross	0	-	-	Example Permit Exp. Value NOD		Reg Min MG TOTAL G - No Discharge		Mgal		ALRY - All Events	ES - ESTNA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Example Permit Exp. Value NOD		4.8 Reg Min MG TOTAL G - No Discharge	0	MG		ALRY - All Events	RT - SCOTD
9415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Example Permit Exp. Value NOD		Reg Min MG TOTAL G - No Discharge		MG		ALRY - All Events	RT - SCOTD

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

Exit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
PORT WAYNE WWTP

User:  
susan.beck@cityoffortwayne.org  
Susan Beck

Name:  
susan.beck@cityoffortwayne.org  
Susan Beck

E-Mail:  
2023-04-20 12:02 (Time Zone: -04:00)

Date/Time:  
Report Last Signed By  
susan.beck@cityoffortwayne.org  
Susan Beck

Name:  
susan.beck@cityoffortwayne.org  
Susan Beck

E-Mail:  
2023-04-20 12:30 (Time Zone: -04:00)

Date/Time:



DMIR Copy of Record

**Permit #:** 86932191 **Permittee:** FORT WAYNE WWTP **Facility:** FORT WAYNE WWTP  
**Major:** Yes **Permitive Address:** CITY OF FORT WAYNE **Facility Location:** P.L. BRUNNER WPC  
 205 E BERRY ST **Facility Location:** 2601 DAVENGER AVE  
 FT WAYNE, IN 46602 **Facility Location:** FORT WAYNE, IN 46603  
**Permitted Features:** 005 **Discharge:** 994-C  
 External Outfall CSO P05-152 -430 FT N OF N ANTHONY BLVD & WAYNE ST

**Report Dates & Status:** **DMIR Due Date:** 04/26/23 **Status:** NotDMIR Violated  
**Monitoring Period:** From 03/01/23 to 03/31/23

**Considerations for Form Completion:** CSO P05-152 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

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

**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Status	Percent NOD	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5027	Durables	EG - Effluent Gross	0	-	Sample Percent Rec Value NOD	0	0.8 Reg Men MO TOTAL	0	0	0	0	WHQS - When Discharging WHQS - When Discharging RT - RC270T RT - RC270T	0	0
7003	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Sample Percent Rec Value NOD	0	0.00 Reg Men MO TOTAL	0	0	0	0	ALBY - All Events ALBY - All Events ES - ES7MA ES - ES7MA	0	0
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Percent Rec Value NOD	0	4.0 Reg Men MO TOTAL	0	0	0	0	ALBY - All Events ALBY - All Events RT - RC270T RT - RC270T	0	0
8116	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Percent Rec Value NOD	0	3.0 Reg Men MO TOTAL	0	0	0	0	ALBY - All Events ALBY - All Events RT - RC270T RT - RC270T	0	0

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

**Get Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**

**PORT WAYNE WWTP**

**User:** susan.beck@cityofwayne.org

**Name:** Susan Beck

**E-Mail:** susan.beck@cityofwayne.org

**Date/Time:** 2023-04-20 11:37 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** susan.beck@cityofwayne.org

**Name:** Susan Beck

**E-Mail:** susan.beck@cityofwayne.org

**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	90022194	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DAVENGER AVE FORT WAYNE, IN 46803
Permitted Features:	CS External Outfall	Discharge:	85E-C CSC-303-313 - BROWN ST PUMP STATION	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	9/28/23		
Monitoring Period:	From 03/01/23 to 03/01/23				
Considerations for Form Completion					
CSD: 00-313 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form MOE:					

Code	Parameter Name	Monitoring Location	Station # From MOE	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0		Sample Percent Req Value MOE	19.37	ES - 8hrs	0	WHOS - When Discharging	RT - RC00007
		EG - Effluent Gross	0		Sample Percent Req Value MOE	19.844	3R - 30d	0	WHOS - When Discharging	RT - RC00007
74003	Overflow volume (258 volume, CSO volume)	EG - Effluent Gross	0		Sample Percent Req Value MOE	4.82	3R - 30d	0	ALRY - All Events	ES - 837MA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0		Sample Percent Req Value MOE	0	3R - 30d	0	ALRY - All Events	ES - 837MA
81165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Sample Percent Req Value MOE	0.0	6K - 6hrs	0	ALRY - All Events	RT - RC00007

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

Self Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User:  
Name: susan.lock@cityofwayne.org  
E-Mail: susan.lock@cityofwayne.org  
Date Time: 2023-04-20 12:00 (Time Zone: -04:00)

Report Last Signed By  
User:  
Name: susan.lock@cityofwayne.org  
E-Mail: susan.lock@cityofwayne.org  
Date Time: 2023-04-20 12:00 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN002231	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP				
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46832	Facility Location	P.L. BLANZER WDC 2001 CHENGBER AVE FORT WAYNE, IN 46803				
Permitted Features	237 External Outfall	Discharge	857-C CSO: P15-121 - STORMWATER LIFTSTATION WET WELL	Status	NotDMR Violated				
Report Dates & Status		DMR Due Date	942823	Telephone					
Monitoring Period	From 03/01/23 to 03/31/23								
Considerations for Form Completion									
CSO: P15-121 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title							
First Name:									
Last Name:									
No Data Indicator (NOD)									
Form NOC#									
Code	Parameter Name	Monitoring Location	Session #	Permit MO#	Quantity or Loading	Quality or Consumption	# of Ev.	Frequency of Analysis	Sample Type
5027	Durbins	EG - Effluent Gross	0	-	Sample	Permit file			
		EG - Effluent Gross	0	-	Value MO#	Permit file			
7403	Overflow volume (556 volume)	EG - Effluent Gross	0	-	Sample	Permit file			
		EG - Effluent Gross	0	-	Value MO#	Permit file			
7887	Predigestion, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit file			
		EG - Effluent Gross	0	-	Value MO#	Permit file			
8183	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample	Permit file			
		EG - Effluent Gross	0	-	Value MO#	Permit file			
<p><b>Submission Note</b>                  If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p>									
<p><b>Field Check Errors</b>                  No errors                  Comments</p>									
<p><b>Attachments</b>                  No attachments</p>									
<p><b>Report Last Saved By</b>                  FORT WAYNE WWTP</p>									
<p>User: susan.beck@cityofwayne.org                  Name: Susan Beck                  E-Mail: susan.beck@cityofwayne.org                  Date/Time: 2023-04-20 11:47 (Time Zone: -04:00)</p>									
<p><b>Report Last Signed By</b></p>									
<p>User: susan.beck@cityofwayne.org                  Name: Susan Beck                  E-Mail: susan.beck@cityofwayne.org                  Date/Time: 2023-04-20 12:30 (Time Zone: -04:00)</p>									

**DMR Copy of Record**

<b>Permit:</b>	IN0002191	<b>Facility:</b>	FORT WAYNE WWTP						
<b>Major:</b>	Yes	<b>Facility Location:</b>	P.L. BOLINER WPC 2601 DOWNGER AVE FORT WAYNE, IN 46803						
<b>Permitted Features:</b>	050 External Outfall	<b>Discharge:</b>	050-C CSD: R05-031 - 470 FT NE OF GREENWALT AVE & MAJLISE AVE						
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	04/28/23						
<b>Monitoring Period:</b>	From 03/01/23 to 03/31/23	<b>Status:</b>	NotDMR Validated						
Considerations for Form Completion									
CSD: R05-031 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
<b>First Name:</b>		<b>Title:</b>							
<b>Last Name:</b>		<b>Telephone:</b>							
<b>No Data Indicator (NDD)</b>									
<b>Form NDD:</b>									
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8007	Duration	EG - Effluent Gross	0	-	Sample Permit NDD Value NDD				
1403	Overflow volume [BSR volume, CSD volume]	EG - Effluent Gross	0	-	Sample Permit NDD Value NDD				
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit NDD Value NDD				
8182	Discharge event observation [fluent monitoring]	EG - Effluent Gross	0	-	Sample Permit NDD Value NDD				
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>Exit Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
<b>Report Last Sent By</b>									
FORT WAYNE WWTP									
<b>User:</b> susan.lock@cityofwayne.org									
<b>Name:</b> Susan Lock									
<b>E-Mail:</b> susan.lock@cityofwayne.org									
<b>Date/Time:</b> 2023-04-20 11:48 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
<b>User:</b> susan.lock@cityofwayne.org									
<b>Name:</b> Susan Lock									
<b>E-Mail:</b> susan.lock@cityofwayne.org									
<b>Date/Time:</b> 2023-04-20 12:30 (Time Zone: -04:00)									

DMIR Copy of Record

**Permit:** 86522191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BEUNER WPC  
 2621 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Feature:** 061  
 External Outlet  
**Discharge:** 061-C  
 CSD: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD  
**Report Dates & Status:** 04/23/23  
**Monitoring Period:** From 03/01/23 to 03/31/23  
**Considerations for Permit Completion:** MCDMR Validated  
**CEO:** R14-137 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**  
**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Session #	Permit NOD	Quantity or Loading		Quality or Concentration		# of Es.	Frequency of Analysis	Sample Type
					Quarter 1 Value 1	Quarter 2 Value 2	Units	Quarter 1 Value 1			
5007	Duration	EG - Effluent Gross	\$	-	Sample	Permit Req	Value NOD	Dyr Man MD TOTL, EG - Inflow	WQDS - When Discharging	RT - 800707	C - No Discharge
7063	Overflow volume (655 volume, CSD volume)	EG - Effluent Gross	\$	-	Sample	Permit Req	Value NOD	Dyr Man MD TOTL, 36 - Mgd	ALBY - All Events	ES - ESTHx	C - No Discharge
7887	Precipitation, monthly accumulation	EG - Effluent Gross	\$	-	Sample	Permit Req	Value NOD	4.8 Dyr Man MD TOTL, 36 - Inflow, G	ALBY - All Events	RT - 800707	C - No Discharge
9415	Blacharge event observation (Visual Monitoring)	EG - Effluent Gross	\$	-	Sample	Permit Req	Value NOD	Dyr Man MD TOTL, 46 - Inflow	ALBY - All Events	RT - 800707	C - No Discharge

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

**Date Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:02 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)

DMIR Copy of Record

**Permit:** 16032191  
**Permit #:** 16032191  
**Major:** Yes  
**Permitted Features:** 562 External Outfalls  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNER WPC  
 301 DWANESER AVE  
 FORT WAYNE, IN 46803

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 062-C  
**CSO:** R14-138 - 200 FT W OF LAVERNE AVE & STATE BLVD  
**Quantity or Loading:** MetDMR Validated

**Report Dates & Status:** From 03/01/23 to 03/31/23  
**DMIR Due Date:** 04/28/23  
**Monitoring Location:** Station 1 Permit: W005  
**Quantity or Loading:** Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 1 Qualifier 4 Value 2 Qualifier 5 Value 3  
**Frequency of Analysis:** Sample Type

**Considerations for Permit Completion:** CSO R14-138 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NDD):** \_\_\_\_\_

**Form NDD:** \_\_\_\_\_

Code	Permittee Name	Monitoring Location	Station 1 Permit: W005	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 1	Qualifier 3 Value 1	Qualifier 4 Value 2	Qualifier 5 Value 3	Frequency of Analysis	Sample Type
80207	Overflows	EG - Effluent Gross	0	0	0	0	0	0	0	W005 - When Discharging	RT - ACC0707
74203	Overflow volume [354 volume, CSO volume]	EG - Effluent Gross	0	0	0	0	0	0	0	ALRY - All Events	BE - ESTMA
78887	Precipitation, monthly accumulation	ED - Effluent Gross	0	0	0	0	0	0	0	ALRY - All Events	RT - ACC0707
84103	Discharge event observation [Physical Monitoring]	ED - Effluent Gross	0	0	0	0	0	0	0	ALRY - All Events	RT - ACC0707

**Submission Note:** If a permittee row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**DMIR Check Errors:** No errors.  
**Comments:**

**Attachments to attachments:** Report Last Saved By  
**PORT WAYNE WWTP**  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-04-20 12:00 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** susan.back@cityofwayne.org  
**Name:** Susan Back  
**E-Mail:** susan.back@cityofwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)



DMR Copy of Record

**Permit:**  
 Permit #: M0002181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 200 E BERRY ST  
 FORT WAYNE, IN 46803

**Permitted Features:** D54 External Outfall  
 Discharge: 564-C  
 CSC: 902-035 -- 810 FT SE OF COLSEJAM BLVD S & NEW HAVEN AVE  
**Report Dates & Status:** From 03/01/23 to 03/31/23  
 DMR Due Date: 04/26/23  
 Status: NewDMR Validated

**Monitoring Location:** Seasons 8 Permit 1000  
 Considerations for Form Completion: Principal Executive Officer  
 First Name: Title:  
 Last Name: Title:  
 Telephone:

**Form NOOI:** No Data Indicator (NOOI)  
 Form NOOI:

Code	Parameter Name	Monitoring Location	Seasons 8 Permit 1000	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
30237	Dissolved	EG - Effluent Gross	0	--			mg/l	WWSR - When Discharging RT - RC02DT
				Permit Req. Value 1000				
74263	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	--			gal	ALRY - All Events ES - BETHA
				Permit Req. Value 1000				
73887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			in	ALRY - All Events RT - RC02DT
				Permit Req. Value 1000				
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			in	ALRY - All Events RT - RC02DT
				Permit Req. Value 1000				

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

**DMR Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP

User: susan.beck@cityofindianapolis.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofindianapolis.org  
 Date/Time: 2023-04-20 11:47 (Time Zone: -04:00)

**Report Last Signed By:** User: susan.beck@cityofindianapolis.org  
 Name: Susan Beck  
 E-Mail: susan.beck@cityofindianapolis.org  
 Date/Time: 2023-04-20 12:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 860032391  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46602  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNSER WPC  
 2601 CHANGSER AVE  
 FORT WAYNE, IN 46603  
**Permitted Feature:** 058  
**External Outlet:** Discharge: 668-C  
**Report Dates & Status:** CSD: N19-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK  
**Monitoring Period:** From 03/01/23 to 03/31/23  
**DMR Due Date:** 04/03/23  
**Status:** Not DMR Validated  
**Considerations for Form Completion:** CSD: N19-254 MUNICIPAL MAJOR ALLEN COUNTY

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

Code	Parameter Name	Monitoring Location	Station # Param. MDCS	Quantity or Loading	Quantity or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 3 Units	Qualifier 1 Value 1 Qualifier 2 Value 3	Units		
5037	Dewater	EG - Effluent Gross	-	Sample	Req Mon MO TOTAL	EG - Inflow	WYCS - When Discharging	BT - RC07TOT
				Permit File Value MDCS		C - No Discharge		
7493	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	-	Sample	Req Mon MO TOTAL	DR - Mgal	ALBY - All Events	ES - ESTMA
				Permit File Value MDCS		C - No Discharge		
7587	Precipitation, monthly accumulation	EG - Effluent Gross	-	Sample	Req Mon MO TOTAL	DR - Inflow	ALBY - All Events	BT - RC07TOT
				Permit File Value MDCS	4.48		ALBY - All Events	BT - RC07TOT
					Req Mon MO TOTAL	DR - Inflow	ALBY - All Events	BT - RC07TOT
8485	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	-	Sample	Req Mon MO TOTAL	MG - Time	ALBY - All Events	BT - RC07TOT
				Permit File Value MDCS		C - No Discharge		

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Totals, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Self Check Errors:**  
 No errors.

**Attachments:**  
 No attachments.

**Report Last Saved By:** FORT WAYNE WWTP  
**User:** sctan.back@cityoffortwayne.org  
**Name:** Susan Back  
**E-Mail:** sctan.back@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:02 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** sctan.back@cityoffortwayne.org  
**Name:** Susan Back  
**E-Mail:** sctan.back@cityoffortwayne.org  
**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** 940202191  
**Permittee:** FORT WAYNE WWTTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTTP  
 P.L. BRUNNER WPC  
 2801 DAVENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 081  
 External Outfall  
**Discharge:** 091-C  
 CSO: R14-002, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

**Report Dates & Status:**  
**Monitoring Period:** From 03/01/23 to 03/31/23  
**DMR Due Date:** 04/06/23  
**Status:** NetDMR Validated

**Considerations for Form Completion:**  
 CSO - R14-002, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NOD):** \_\_\_\_\_  
**Form NOD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Session #	Param: NOD	Quantity of Loading		Quantity or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50027	Overflows	EG - Effluent Gross	0	-	Sample	Permit Fee	Value NOD	Req. Max MD TOTAL, EG - Storm	WWSB - When Discharging	RT - SCOTOT	
74263	Overflow volume (300 volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Fee	Value NOD	Req. Max MD TOTAL, SP - Mgd	ALBY - All Events	ES - ESTINA	
78867	Pre-treatment, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Fee	Value NOD	4.48 Req. Max MD TOTAL, SP - Storm	ALBY - All Events	RT - SCOTOT	
94185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Fee	Value NOD	Req. Max MD TOTAL, EG - Storm	ALBY - All Events	RT - SCOTOT	

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

**ESR Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTTP

**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org

**Date/Time:** 2023-04-20 12:04 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** susan.beck@cityofwayne.org  
**Name:** Susan Beck  
**E-Mail:** susan.beck@cityofwayne.org

**Date/Time:** 2023-04-20 12:30 (Time Zone: -04:00)



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

May 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 April 2023

We are pleased to enclose a completed CSO MRO form for the month of April 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of April 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,

*Jennifer E. Lash*

Jennifer E. Lash  
Program Manager -Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### V – Visual Inspection

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

### C – Model Charts

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

### S – Storm Runoff

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

### P – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operations (CSO MRO)**  
Site Form 2024 (04/15)  
OKLAHOMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operations (CSO MRO)**  
Site Form 2024 (04/15)  
OKLAHOMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12		Permit Number: 00000101	
Facility: Fort Wayne - P.L. Bussard WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 4/2024		Check box if no CSO discharge occurred for the month:			
Design Peak Flow (MGD): 4.0		Measured/Estimated (M) or Estimated (E) must be specified			
WWTW Inflow Type:		N		M	
Time	Peak Flow (MGD)	Time Daily Peak Flow (MGD)	Time Daily Peak Flow (MGD)	Time Daily Peak Flow (MGD)	Time Daily Peak Flow (MGD)
01	94.90	100.04	12.00 AM	0.82	0.19
02	72.41	91.87	12:00 AM		
03	59.61	76.06	12:00 AM		
04	50.18	69.00	11:50 AM	0.25	0.27
05	71.11	100.84	12:40 PM	1.90	0.12
06	59.39	74.07	12:00 AM		
07	53.78	62.08	12:00 AM		
08	49.71	58.19	12:00 AM		
09	46.90	53.77	12:00 AM		
10	45.90	51.76	12:00 AM		
11	44.28	51.48	12:00 AM		
12	33.38	71.01	12:00 AM		
13	45.67	60.00	12:00 AM		
14	42.46	48.00	12:00 AM		
15	40.55	48.11	12:00 AM		
16	41.41	50.00	12:15 PM	0.23	0.04
17	41.43	45.00	1:45 AM	0.23	0.01
18	39.04	45.14	12:00 AM		
19	38.66	50.00	12:00 AM		
20	44.46	33.07	1:21 AM	1.38	0.21
21	41.43	40.47	0:51 AM	1.80	0.18
22	42.87	31.04	0:51 AM	0.42	0.05
23	35.00	44.33	12:00 AM		
24	34.02	45.50	1:40 AM	0.08	0.01
25	37.00	41.60	0:13 AM	0.17	0.03
26	35.55	40.77	12:00 AM		
27	35.60	39.70	12:00 AM		
28	41.35	38.33	2:40 AM	4.58	0.09
29	54.88	88.00	3:20 PM	0.43	0.13
30	53.50	49.00	12:00 AM	1.23	0.15
<b>Total:</b>	<b>1471.47</b>			<b>12.88</b>	<b>2.18</b>

City: Fort Wayne		Page 1 of 13		Permit Number: 00000101	
Facility: Fort Wayne - P.L. Bussard WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 4/2024		Check box if no CSO discharge occurred for the month:			
Design Peak Flow (MGD): 4.0		Measured/Estimated (M) or Estimated (E) must be specified			
WWTW Inflow Type:		N		M	
Time	Peak Flow (MGD)	Time Daily Peak Flow (MGD)	Time Daily Peak Flow (MGD)	Time Daily Peak Flow (MGD)	Time Daily Peak Flow (MGD)
01	94.90	100.04	12.00 AM	0.82	0.19
02	72.41	91.87	12:00 AM		
03	59.61	76.06	12:00 AM		
04	50.18	69.00	11:50 AM	0.25	0.27
05	71.11	100.84	12:40 PM	1.90	0.12
06	59.39	74.07	12:00 AM		
07	53.78	62.08	12:00 AM		
08	49.71	58.19	12:00 AM		
09	46.90	53.77	12:00 AM		
10	45.90	51.76	12:00 AM		
11	44.28	51.48	12:00 AM		
12	33.38	71.01	12:00 AM		
13	45.67	60.00	12:00 AM		
14	42.46	48.00	12:00 AM		
15	40.55	48.11	12:00 AM		
16	41.41	50.00	12:15 PM	0.23	0.04
17	41.43	45.00	1:45 AM	0.23	0.01
18	39.04	45.14	12:00 AM		
19	38.66	50.00	12:00 AM		
20	44.46	33.07	1:21 AM	1.38	0.21
21	41.43	40.47	0:51 AM	1.80	0.18
22	42.87	31.04	0:51 AM	0.42	0.05
23	35.00	44.33	12:00 AM		
24	34.02	45.50	1:40 AM	0.08	0.01
25	37.00	41.60	0:13 AM	0.17	0.03
26	35.55	40.77	12:00 AM		
27	35.60	39.70	12:00 AM		
28	41.35	38.33	2:40 AM	4.58	0.09
29	54.88	88.00	3:20 PM	0.43	0.13
30	53.50	49.00	12:00 AM	1.23	0.15
<b>Total:</b>	<b>1471.47</b>			<b>12.88</b>	<b>2.18</b>

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date: 04/15/24

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date: 04/15/24

Inspector: E. Lash, Program Manager Telephone: 301-472-4273

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

Inspector: E. Lash, Program Manager Telephone: 301-472-4273

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







National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5246 (8-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5246 (8-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0021291

Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: MONTHLY 4-2023 Check box if no CSO discharge occurred for the month: Y

Day of Month	Time Discharge Began	Time Discharge Ended	Design Average Flow (MGD)		Design Peak Hourly Flow (MGD)		CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 25		CSO Outfall No. 52		CSO Outfall No. 53	
			Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	12:00 AM	12:00 AM	1.00	M	1.00	M	0.094	M								
02																
03																
04	11:55 AM	11:55 AM	0.58	M	0.650	M										
05	1:15 PM	1:15 PM	0.67	M	0.066	M										
06																
07																
08																
09																
10	10:50 AM	10:50 AM	0.17	M	0.001	M										
11																
12																
13																
14																
15																
16	12:15 PM	12:15 PM	0.50	M	0.009	M										
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28	11:20 AM	11:20 AM	1.33	M	0.650	M										
29	7:15 PM	7:15 PM	0.42	M	0.020	M										
30																
<b>Totals:</b>																

City: Fort Wayne Permit Number: IN0021291

Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: MONTHLY 4-2023 Check box if no CSO discharge occurred for the month: Y

Day of Month	Time Discharge Began	Time Discharge Ended	Design Average Flow (MGD)		Design Peak Hourly Flow (MGD)		CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 25		CSO Outfall No. 52		CSO Outfall No. 53	
			Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	12:00 AM	12:00 AM	1.00	M	1.00	M	0.094	M								
02																
03																
04	11:55 AM	11:55 AM	0.58	M	0.650	M										
05	1:15 PM	1:15 PM	0.67	M	0.066	M										
06																
07																
08																
09																
10	10:50 AM	10:50 AM	0.17	M	0.001	M										
11																
12																
13																
14																
15																
16	12:15 PM	12:15 PM	0.50	M	0.009	M										
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28	11:20 AM	11:20 AM	1.33	M	0.650	M										
29	7:15 PM	7:15 PM	0.42	M	0.020	M										
30																
<b>Totals:</b>																

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager  
Date (mm/dd/yyyy): 05/19/23

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager  
Date (mm/dd/yyyy): 05/19/23

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

State Form 5566 (8/9/13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



City: Fort Wayne		Page: 4 of 12		Permit Number: IN0033191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? <input type="checkbox"/>		Y	
Monitoring Period: MONTH 4-2023		Check box if no CSO abatement occurred for the month:			
Design Peak Hourly Flow (MGD): 85		74		74	
CSO Overall No.		CSO Overall No.		CSO Overall No.	
Day of Month	Time	Event or Discharge	Time	Event or Discharge	Time
81	12:00 AM	M	0.42	M	0.017
82					
83					
84	12:00 PM	M	0.08	M	0.002
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					
<b>Totals:</b>	<b>2</b>	<b>DI</b>	<b>0.50</b>	<b>0.019</b>	<b>0</b>
		<b>YS</b>	<b>0.00</b>	<b>0.000</b>	<b>0</b>
		<b>DI</b>	<b>0</b>	<b>0.000</b>	<b>0</b>
		<b>YS</b>	<b>0</b>	<b>0.000</b>	<b>0</b>



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (06/94-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne

Facility: Fort Wayne - P.L. Brunner WWTP Permit Number: IN002191  
Monitoring Period: [MONTH] 4-2023 Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 85 Measure of Metered (M) or Estimated (E) must be specified

Date of Month	Peak Hourly Flow (MGD)	Time (mm/AM)	Precipitation Data - Pooled Ave. 1.07 Gauge	Design Average Flow (MGD)	Flow Intensity (in/hr)	Flow Intensity (ft <sup>3</sup> /hr)	Flow Intensity (ft <sup>3</sup> /hr)	Flow Intensity (ft <sup>3</sup> /hr)	Flow Intensity (ft <sup>3</sup> /hr)	CSO Control No. 13			CSO Control No. 17						
										Time Discharge or Receipt	Event Duration or Receipt	Event Discharge or Receipt	Time Discharge or Receipt	Event Duration or Receipt	Event Discharge or Receipt				
01	98.90	10:04	12:00 AM	0.67	0.13	0.11	5 m	12:00 AM	M	5:17	M	0.395	M	12:10 AM	M	4.58	M	0.008	M
02	72.41	91.87	12:00 AM				5 m												
03	59.01	76.04	12:00 AM				5 m												
04	60.18	89.09	11:50 AM	0.17	0.18	0.18	5 m	12:10 PM	M	3:00	M	0.156	M	11:10 AM	M	8.17	M	0.001	M
05	71.11	100.94	1:05 PM	0.83	0.21	0.15	5 m												
06	59.39	74.07	12:00 AM				5 m												
07	52.78	60.08	12:00 AM				5 m												
08	49.71	56.39	12:00 AM				5 m												
09	46.90	53.77	12:00 AM				5 m												
10	45.30	51.36	12:00 AM				5 m												
11	44.28	51.88	12:00 AM				5 m												
12	52.38	71.01	12:00 AM				5 m												
13	42.07	60.00	12:00 AM				5 m												
14	42.46	48.06	12:00 AM				5 m												
15	40.55	48.11	12:00 AM				5 m												
16	41.41	50.01	12:15 PM	0.33	0.05	0.05	5 m												
17	41.45	46.99	2:05 AM	0.98	0.01	0.01	5 m												
18	39.04	45.14	12:00 AM				5 m												
19	38.96	70.00	12:00 AM				5 m												
20	46.46	55.07	1:05 AM	1.67	0.23	0.07	5 m												
21	45.49	63.67	5:55 AM	1.25	0.15	0.07	5 m	10:15 AM	M	1.75	M	0.025	M						
22	42.87	51.04	2:50 AM	0.33	0.04	0.02	5 m												
23	38.69	46.81	12:00 AM				5 m												
24	38.02	45.50	1:10 AM	0.08	0.01	0.01	5 m												
25	37.09	41.65	10:20 AM	0.08	0.01	0.01	5 m												
26	35.95	40.77	12:00 AM				5 m												
27	35.60	39.71	12:00 AM				5 m												
28	61.25	88.53	2:45 AM	4.58	0.55	0.09	5 m	9:00 AM	M	2.08	M	0.024	M						
29	55.88	88.00	5:20 PM	0.92	0.13	0.06	5 m	7:50 PM	M	1.25	M	0.020	M						
30	55.59	69.99	2:20 AM	0.92	0.11	0.03	5 m												
Totals:	1472.07			11.92	1.81			5	D <sub>1</sub>	12.25	0.620		2	D <sub>2</sub>	12.75	0.009			

Type of Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager Telephone: 269-424-6113

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah Date (mm/dd/yyyy): 05/19/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (06/94-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne

Facility: Fort Wayne - P.L. Brunner WWTP Permit Number: IN002191  
Monitoring Period: [MONTH] 4-2023 Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 74 Measure of Metered (M) or Estimated (E) must be specified

Date of Month	Peak Hourly Flow (MGD)	Time (mm/AM)	Precipitation Data - Pooled Ave. 1.07 Gauge	Design Average Flow (MGD)	Flow Intensity (in/hr)	Flow Intensity (ft <sup>3</sup> /hr)	Flow Intensity (ft <sup>3</sup> /hr)	Flow Intensity (ft <sup>3</sup> /hr)	Flow Intensity (ft <sup>3</sup> /hr)	CSO Control No. 85			CSO Control No. 74						
										Time Discharge or Receipt	Event Duration or Receipt	Event Discharge or Receipt	Time Discharge or Receipt	Event Duration or Receipt	Event Discharge or Receipt				
01	98.90	10:04	12:00 AM	0.67	0.13	0.11	5 m	12:00 AM	M	5:17	M	0.395	M	12:10 AM	M	4.58	M	0.008	M
02	72.41	91.87	12:00 AM				5 m												
03	59.01	76.04	12:00 AM				5 m												
04	60.18	89.09	11:50 AM	0.17	0.18	0.18	5 m	12:10 PM	M	3:00	M	0.156	M	11:10 AM	M	8.17	M	0.001	M
05	71.11	100.94	1:05 PM	0.83	0.21	0.15	5 m												
06	59.39	74.07	12:00 AM				5 m												
07	52.78	60.08	12:00 AM				5 m												
08	49.71	56.39	12:00 AM				5 m												
09	46.90	53.77	12:00 AM				5 m												
10	45.30	51.36	12:00 AM				5 m												
11	44.28	51.88	12:00 AM				5 m												
12	52.38	71.01	12:00 AM				5 m												
13	42.07	60.00	12:00 AM				5 m												
14	42.46	48.06	12:00 AM				5 m												
15	40.55	48.11	12:00 AM				5 m												
16	41.41	50.01	12:15 PM	0.33	0.05	0.05	5 m												
17	41.45	46.99	2:05 AM	0.98	0.01	0.01	5 m												
18	39.04	45.14	12:00 AM				5 m												
19	38.96	70.00	12:00 AM				5 m												
20	46.46	55.07	1:05 AM	1.67	0.23	0.07	5 m												
21	45.49	63.67	5:55 AM	1.25	0.15	0.07	5 m	10:15 AM	M	1.75	M	0.025	M						
22	42.87	51.04	2:50 AM	0.33	0.04	0.02	5 m												
23	38.69	46.81	12:00 AM				5 m												
24	38.02	45.50	1:10 AM	0.08	0.01	0.01	5 m												
25	37.09	41.65	10:20 AM	0.08	0.01	0.01	5 m												
26	35.95	40.77	12:00 AM				5 m												
27	35.60	39.71	12:00 AM				5 m												
28	61.25	88.53	2:45 AM	4.58	0.55	0.09	5 m	9:00 AM	M	2.08	M	0.024	M						
29	55.88	88.00	5:20 PM	0.92	0.13	0.06	5 m	7:50 PM	M	1.25	M	0.020	M						
30	55.59	69.99	2:20 AM	0.92	0.11	0.03	5 m												
Totals:	1472.07			11.92	1.81			5	D <sub>1</sub>	12.25	0.620		2	D <sub>2</sub>	12.75	0.009			

Type of Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager Telephone: 269-424-6113

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah Date (mm/dd/yyyy): 05/19/23





National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 38646 (8/9/15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 38646 (8/9/15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
Facility: Fort Wayne - P.L. Bruner WWTTP  
Monitoring Period: (MONTH) 4-2023  
Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 85  
Design Average Flow (MGD): 74  
Measure/Metered (M) or Estimated (E) must be specified

Date of Month	Time of Peak Flow (MGD)	Peak Flow (MGD)	Precipitation Data - Storm S. 300 Gauge	Design Peak Hourly Flow (MGD)		Design Average Flow (MGD)		CSO Outlet No. 74		CSO Outlet No. 85		CSO Outlet No. 11		CSO Outlet No. 12		CSO Outlet No. 54		CSO Outlet No. 55			
				Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)
01	09:50	101.04	12:00 AM	0.83	0.13	0.10	5 m	12:00 AM	M	8:50	M	1:17	M	0.040	M	1:25	PM	1:17	M	0.040	M
02	07:41	91.87	12:00 AM				5 m														
03	09:01	76.04	12:00 AM				5 m														
04	06:18	89.09	11:45 AM	0.17	0.15	0.15	5 m	12:00 PM	M	1:42	M	0.106	M								
05	07:11	100.94	12:20 PM	1.08	0.23	0.13	5 m	1:25 PM	M	1:17	M	0.040	M								
06	09:39	74.07	12:00 AM				5 m														
07	02:78	60.08	12:00 AM				5 m														
08	09:71	56.39	12:00 AM				5 m														
09	04:50	57.77	12:00 AM				5 m														
10	05:30	51.36	12:00 AM				5 m														
11	04:28	51.88	12:00 AM				5 m														
12	03:38	71.01	12:00 AM				5 m														
13	02:07	60.00	12:00 AM				5 m														
14	02:46	48.06	12:00 AM				5 m														
15	04:55	48.11	12:00 AM				5 m														
16	01:41	50.01	12:10 PM	0.42	0.08	0.07	5 m														
17	01:45	46.99	2:00 AM	0.42	0.05	0.03	5 m														
18	09:04	45.14	12:00 AM				5 m														
19	08:96	70.00	12:00 AM				5 m														
20	06:46	55.07	12:45 AM	1.75	0.22	0.06	5 m														
21	05:49	65.67	5:25 AM	1.50	0.18	0.07	5 m														
22	02:87	51.04	2:15 AM	0.50	0.06	0.02	5 m														
23	03:69	46.81	12:00 AM				5 m														
24	03:02	45.50	12:55 AM	0.17	0.02	0.01	5 m														
25	07:09	41.63	10:20 AM	0.08	0.01	0.01	5 m														
26	03:95	40.77	12:00 AM				5 m														
27	03:50	39.71	12:00 AM				5 m														
28	01:35	88.53	2:25 AM	4.92	0.60	0.10	5 m														
29	05:88	88.00	5:15 PM	0.83	0.14	0.06	5 m														
30	05:59	69.99	2:05 AM	1.42	0.20	0.08	5 m														
Totals:	3472.67			14.08	2.07			0	0.00	4	13.84	0.325									

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leach, Program Manager  
Telephone: 260-471-6113

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leach  
Date (mm/dd/yyyy): 05/19/23

City: Fort Wayne Permit Number: IN002191  
Facility: Fort Wayne - P.L. Bruner WWTTP  
Monitoring Period: (MONTH) 4-2023  
Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 85  
Design Average Flow (MGD): 74  
Measure/Metered (M) or Estimated (E) must be specified

Date of Month	Time of Peak Flow (MGD)	Peak Flow (MGD)	Design Peak Hourly Flow (MGD)		Design Average Flow (MGD)		CSO Outlet No. 97		CSO Outlet No. 11		CSO Outlet No. 12		CSO Outlet No. 56								
			Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)	Time (mm:ss)	Flow (MGD)							
01	09:50	101.04	12:00 AM	0.83	0.13	0.10	5 m	12:00 AM	M	8:50	M	1:17	M	0.040	M						
02	07:41	91.87	12:00 AM				5 m														
03	09:01	76.04	12:00 AM				5 m														
04	06:18	89.09	11:45 AM	0.17	0.15	0.15	5 m	12:00 PM	M	1:42	M	0.106	M								
05	07:11	100.94	12:20 PM	1.08	0.23	0.13	5 m	1:25 PM	M	1:17	M	0.040	M								
06	09:39	74.07	12:00 AM				5 m														
07	02:78	60.08	12:00 AM				5 m														
08	09:71	56.39	12:00 AM				5 m														
09	04:50	57.77	12:00 AM				5 m														
10	05:30	51.36	12:00 AM				5 m														
11	04:28	51.88	12:00 AM				5 m														
12	03:38	71.01	12:00 AM				5 m														
13	02:07	60.00	12:00 AM				5 m														
14	02:46	48.06	12:00 AM				5 m														
15	04:55	48.11	12:00 AM				5 m														
16	01:41	50.01	12:10 PM	0.42	0.08	0.07	5 m														
17	01:45	46.99	2:00 AM	0.42	0.05	0.03	5 m														
18	09:04	45.14	12:00 AM				5 m														
19	08:96	70.00	12:00 AM				5 m														
20	06:46	55.07	12:45 AM	1.75	0.22	0.06	5 m														
21	05:49	65.67	5:25 AM	1.50	0.18	0.07	5 m														
22	02:87	51.04	2:15 AM	0.50	0.06	0.02	5 m														
23	03:69	46.81	12:00 AM				5 m														
24	03:02	45.50	12:55 AM	0.17	0.02	0.01	5 m														
25	07:09	41.63	10:20 AM	0.08	0.01	0.01	5 m														
26	03:95	40.77	12:00 AM				5 m														
27	03:50	39.71	12:00 AM				5 m														
28	01:35	88.53	2:25 AM	4.92	0.60	0.10	5 m														
29	05:88	88.00	5:15 PM	0.83	0.14	0.06	5 m														
30	05:59	69.99	2:05 AM	1.42	0.20	0.08	5 m														
Totals:	3472.67			14.08	2.07			0	0.00	4	13.84	0.325									

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leach, Program Manager  
Telephone: 260-471-6113

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leach  
Date (mm/dd/yyyy): 05/19/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5854 (6/9/15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5854 (6/9/15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	
Monitoring Period: (MONTH) 4-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y <input type="checkbox"/> N	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
CSO Control No. 4-2023		CSO Control No. 74	
Time of Month	Event Discharge (MGD)	Time of Month	Event Discharge (MGD)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
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15			
16			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
<b>Total:</b>			

City: Fort Wayne		Permit Number: IN0002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	
Monitoring Period: (MONTH) 4-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y <input type="checkbox"/> N	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
CSO Control No. 4-2023		CSO Control No. 74	
Time of Month	Event Discharge (MGD)	Time of Month	Event Discharge (MGD)
01	98.90	101.04	12:00 AM
02	72.41	91.87	12:00 AM
03	59.01	76.04	12:00 AM
04	60.18	89.09	11:55 AM
05	71.11	100.94	11:15 AM
06	59.39	74.07	12:00 AM
07	52.78	60.08	12:00 AM
08	49.71	56.59	12:00 AM
09	46.90	53.77	12:00 AM
10	45.30	51.36	12:00 AM
11	44.28	51.88	12:00 AM
12	32.38	71.01	12:00 AM
13	42.07	60.00	12:00 AM
14	42.46	48.06	12:00 AM
15	40.95	48.11	12:00 AM
16	41.41	50.01	12:15 PM
17	41.43	46.99	1:50 AM
18	39.94	45.14	12:00 AM
19	38.96	70.00	12:00 AM
20	46.46	55.07	1:00 AM
21	45.49	63.67	6:40 AM
22	42.87	51.04	2:50 AM
23	38.59	46.81	12:00 AM
24	38.02	45.50	1:40 AM
25	37.09	41.65	9:20 AM
26	35.95	40.77	12:00 AM
27	35.60	39.71	12:00 AM
28	61.35	88.53	3:05 AM
29	56.88	88.00	5:23 PM
30	55.59	69.99	2:25 AM
<b>Total:</b>	1472.67		

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6513

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 05/19/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5046 (8-09-14)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5046 (8-09-14)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page 9 of 12 Permit Number: IN002191  
Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP  
Monitoring Period: (MONTH) 4-2023  
Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85  
Design Average Flow (MGD): 74  
Measure/Metered (M) or Estimated (E) must be specified

Date of Month	WWT Influent Data		Design Average Flow (MGD)		CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 51		CSO Outfall No. 52		CSO Outfall No. 53		CSO Outfall No. 54		CSO Outfall No. 55		
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	
01	98.90	101.04	12:00 AM	0.83	0.13	0.11	5 m												
02	72.41	91.87	12:00 AM																
03	59.01	76.04	12:00 AM																
04	60.18	89.09	11:45 AM	0.25	0.16	0.16	5 m												
05	71.11	100.94	1:05 PM	0.75	0.25	0.20	5 m												
06	59.59	74.07	12:00 AM																
07	52.78	60.08	12:00 AM																
08	49.71	56.39	12:00 AM																
09	46.90	53.77	12:00 AM																
10	45.30	51.36	12:00 AM																
11	44.28	51.88	12:00 AM																
12	32.38	71.01	12:00 AM																
13	42.07	60.00	12:00 AM																
14	42.46	48.06	12:00 AM																
15	40.95	48.11	12:00 AM																
16	41.41	50.01	12:20 PM	0.33	0.04	0.04	5 m												
17	41.43	46.99	1:50 AM	0.83	0.10	0.03	5 m												
18	39.04	45.14	12:00 AM																
19	38.96	70.00	12:00 AM																
20	46.46	55.07	1:40 AM	0.57	0.08	0.02	5 m												
21	45.49	63.67	5:30 AM	1.58	0.19	0.06	5 m												
22	42.87	51.04	2:30 AM	0.42	0.05	0.03	5 m												
23	38.69	46.81	1:20 PM	0.33	0.04	0.03	5 m												
24	38.02	46.50	1:45 AM	0.17	0.02	0.01	5 m												
25	37.09	41.63	9:25 AM	0.17	0.02	0.01	5 m												
26	35.95	40.77	12:00 AM																
27	35.60	39.71	12:00 AM																
28	61.35	88.53	2:50 AM	5.42	0.67	0.11	5 m												
29	56.88	83.00	5:20 PM	0.75	0.14	0.07	5 m												
30	55.59	69.99	2:30 AM	1.58	0.19	0.05	5 m												
<b>Total:</b>	<b>1472.67</b>			<b>14.88</b>	<b>2.08</b>			<b>1</b>	<b>0.45</b>	<b>0.117</b>	<b>0</b>	<b>0.00</b>	<b>0.000</b>	<b>0</b>	<b>0.00</b>	<b>0.000</b>	<b>0</b>	<b>0.00</b>	

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager  
Date (mm/dd/yyyy): 05/19/23

Page 9 of 12 Permit Number: IN002191  
Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP  
Monitoring Period: (MONTH) 4-2023  
Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85  
Design Average Flow (MGD): 74  
Measure/Metered (M) or Estimated (E) must be specified

Date of Month	WWT Influent Data		Design Average Flow (MGD)		CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 51		CSO Outfall No. 52		CSO Outfall No. 53		CSO Outfall No. 54		CSO Outfall No. 55		
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	Time of Day (hr:min)	Flow (MGD)	
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
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27																			
28																			
29																			
30																			
<b>Total:</b>								<b>1</b>	<b>0.00</b>	<b>0.000</b>	<b>0</b>	<b>0.000</b>	<b>0</b>	<b>0.00</b>	<b>0.000</b>	<b>0</b>	<b>0.00</b>	<b>0.000</b>	

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager  
Date (mm/dd/yyyy): 05/19/23

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk  
Date (mm/dd/yyyy): 05/19/23



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) 4-2023		Check box if no CSO discharge occurred for the month:			
Date of Month	Design Peak Hourly Flow (MGD)	Design Average Flow (MGD)	Measured/Metered (M) or Estimated (E) must be specified		Event Discharge or Duration (M) or Estimated (E)
			CSO Outfall No.	CSO Outfall No.	
01	01	01	01	01	01
02	02	02	02	02	02
03	03	03	03	03	03
04	04	04	04	04	04
05	05	05	05	05	05
06	06	06	06	06	06
07	07	07	07	07	07
08	08	08	08	08	08
09	09	09	09	09	09
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
15	15	15	15	15	15
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20
21	21	21	21	21	21
22	22	22	22	22	22
23	23	23	23	23	23
24	24	24	24	24	24
25	25	25	25	25	25
26	26	26	26	26	26
27	27	27	27	27	27
28	28	28	28	28	28
29	29	29	29	29	29
30	30	30	30	30	30
Totals:	0	0	0	0	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: [12] of [12]		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y		
Monitoring Period: [MONTH] 4-2023		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	Wet Weather Day				
03					
04	Wet Weather Day				
05	Wet Weather Day				
06	Wet Weather Day				
07					
08					
09					
10	Dry Weather Overflow				
11					
12					
13					
14					
15					
16	Dry Weather Overflow				
17					
18					
19					
20	Wet Weather Day, Construction Contractor caused overflow for CSO 028				
21	Wet Weather Day				
22					
23					
24					
25					
26					
27					
28	Wet Weather Day				
29	Wet Weather Day				
30	Wet Weather Day				
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Telephone	
Jennifer E. Lash, Program Manager				260-427-6213	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent				Date (mm/dd/yy)	
Jennifer E. Lash				05/19/23	

**DMR Copy of Record**

**Permit:** IN6832191  
**Permit #:** IN6832191  
**Major:** Yes  
**Permitted Features:** 002  
 External Outfall  
**Reporting Period:** From 04/01/23 to 04/05/23  
**Monitoring Period:** From 04/01/23 to 04/05/23  
**Considerations for Future Completion:**  
 CSO - 002 POND WHEN USED AS CSO ONLY  
**Principal Executive Officer:**  
 First Name: Jennifer  
 Last Name: Lash  
**No Data Indicator (NDD):**  
 Form NDD: --

**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Facility Location:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 205 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 002-C  
 CSO 008-104 - 003 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD  
**DMR Due Date:** 05/28/23  
**Status:** NotDMR Validated  
**Title:** Program Manager  
**Telephone:** 260-427-6213

Code	Permittee Name	Monitoring Location	Session #	Form NDD	Quantity or Loading			Quality or Concentration			# of EL	Frequency of Analysis	Sample Type									
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3												
RC07T	Overflow	EG - Effluent Gross	0	--	Sample Period (Mn)	Value NDD	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL
14053	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Period (Mn)	Value NDD	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL
1988T	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Period (Mn)	Value NDD	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL
84-15	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Period (Mn)	Value NDD	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL	Reg Min MO TOTAL	Reg Max MO TOTAL

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

**DMR Check Errors:** No errors.

**Comments:**

**Attachments:**

IN032191\_002\_CSO0810\_2023\_04.pdf  
 IN032191\_002\_Letter\_2023\_04.pdf

**Report Last Saved By:** JETEFADMR  
 Jettifer Lash  
 jettifer.lash@cityoffortwayne.org  
 2023-05-19 10:51 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR  
 Jettifer Lash  
 jettifer.lash@cityoffortwayne.org  
 2023-05-19 10:52 (Time Zone: -04:00)

Name	Type	Size
IN032191_002_CSO0810_2023_04.pdf	pdf	438371.0
IN032191_002_Letter_2023_04.pdf	pdf	256485.0

DMR Copy of Record

Permit #	IND032191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major	Yes	Permittee Address	CITY OF FORT WAYNE 250 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BRUNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features	023 External Outfall	Discharger	883-C CEO P13-025, 061 POND - 800 FT E OF PEMBERTON DR	Status	NotDMR Validated
Report Dates & Status		DMR Due Date	9/28/23	Telephone	
Monitoring Period	From 04/01/23 to 04/30/23				
Considerations for Permit Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer		Title			
Last Name					
No Data Indicator (NDDI)					
Form NDDI	--				

Code	Parameter Name	Monitoring Location	Session # Param. NDDI	Quality of Loading	Quality of Compliance	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Value 4 Value 5	Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Value 4 Value 5			
3307	Daralin	EG - Effluent Gross	0 --	Sample Period Beg Value NDDI	Reg Min MO TOTAL, EG - N/A C - No Discharge	0	WH05 - When Discharging RT - R0000T	RT - R0000T
7403	Overflow volume (300 volumes, CSO volume)	EG - Effluent Gross	0 --	Sample Period Beg Value NDDI	Reg Min MO TOTAL, EG - N/A C - No Discharge	0	AL07 - All Events	ES - ESTMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	Sample Period Beg Value NDDI	Reg Min MO TOTAL, EG - N/A C - No Discharge	0	AL07 - All Events	RT - R0000T
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 --	Sample Period Beg Value NDDI	Reg Min MO TOTAL, EG - N/A C - No Discharge	0	AL07 - All Events	RT - R0000T

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADM  
Jenifer Lash  
jenifer.lash@cityoffortwayne.org  
2023-05-19 10:43 (Time Zone: -04:00)

**Report Last Signed By**  
JETEFADM  
Jenifer Lash  
jenifer.lash@cityoffortwayne.org  
2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0022191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 225 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2801 DUNBAR AVE FORT WAYNE, IN 46803				
Permitted Features:	04 External Outfall	Discharge:	044-C CSO -02-090, 210 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER	Status:	NotDMR Validated				
Report Date & Status		DMR Due Date:	04/28/23	Telephone:					
Monitoring Period:	From 04/01/23 to 04/30/23								
Considerations for Permit Completion									
CSO -02-090 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:		Title:							
Last Name:									
File NOOR									
Code	Parameter Name	Monitoring Location	Session #	Permit NOOR	Quantity or Concentration	Quality or Compensation	# of EA	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	Reg Intn MO TOTAL	02 - Nitro		WH02 - When Discharge	RT - RC02TOT
					C - No Discharge				
7053	Overflow volume (555 volumes, CSO volume)	EG - Effluent Gross	0	--	Reg Intn MO TOTAL	35 - Sulf		AL05 - All Events	ES - ES7MA
					C - No Discharge				
7057	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.27	06 - Nitro		AL06 - All Events	RT - RC02TOT
					Reg Intn MO TOTAL	06 - Nitro		AL06 - All Events	RT - RC02TOT
					C - No Discharge				
8455	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Reg Intn MO TOTAL	06 - Nitro		AL06 - All Events	RT - RC02TOT
					C - No Discharge				

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETFAZUM  
**Name:** Jennifer Leah  
**E-Mail:** Jennifer.Leah@cityofwayne.org  
**Date/Time:** 2023-05-19 10:38 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETFAZUM  
**Name:** Jennifer Leah  
**E-Mail:** Jennifer.Leah@cityofwayne.org  
**Date/Time:** 2023-05-19 10:32 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 040032191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2501 DWIGDEN AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 005 External Outfall  
**Discharge:** CSO J11-164, 219 FT SE OF MANTLO BLVD & INDIANA VILLAGE BLVD  
**Statu:** NotDMR Validated

**Report Date & Status:** 04/26/23  
**Monitoring Period:** From 04/01/23 to 04/30/23  
**Considerations for Flow Completion:**

**CSO:** J11-164 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** [Table]  
**Last Name:** [Table]  
**Telephone:** [Table]

**No Data Indicator (NDD):** --  
**Form NDD:** --

Code	Parameter Name	Monitoring Location	Session # Param. NDD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analyte	Sample Type	
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50237	Overflow	EG - Effluent Gross	0	--	Sample Parent Strg Value NDD	13.84	Reg Min MO TOTAL	0	0	0	0	WH005 - When Discharging RT - R02000F WH006 - When Discharging RT - R02000F	RT - R02000F
N053	Overflow volume [559 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Parent Strg Value NDD	0.335	Reg Min MO TOTAL	0	0	0	0	AL007 - All Events AL008 - All Events	ES - ESTMA ES - ESTMA
19887	Precipitation, wastely accumulation	EG - Effluent Gross	0	--	Sample Parent Strg Value NDD	2.27	Reg Min MO TOTAL	0	0	0	0	AL007 - All Events AL008 - All Events	RT - R02000F RT - R02000F
M-15	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Parent Strg Value NDD	4.0	Reg Min MO TOTAL	0	0	0	0	AL007 - All Events AL008 - All Events	RT - R02000F RT - R02000F

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

**Field Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMR

**PORT WAYNE WWTP**

**User:** JETEFADMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-05-19 10:36 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0303191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 209 E BERRY ST FT WAYNE, IN 46802	Facility	FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803				
Major	Yes	Permittee Address		Facility Location					
Permitted Feature	007 External Outfall	Discharge	007-C CSO: K33-085, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.	Status	NotDMR Validated				
Report Dates & Status	From 04/01/23 to 04/30/23	DMR Due Date	05/30/23						
Monitoring Period	Constitutional for Form Completion								
CSO: K33-082 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title		Telephone					
First Name:									
Last Name:									
No Data Indicator (NDD)									
Form NDD									
Code	Parameter Name	Monitoring Location	Session # Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 3 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
3027	Disinfect	EG - Effluent Gross	0	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	WHOLE - When Discharging RT - ROOTTOT	
N063	Overflow volume [358 volumes, CSO volume]	EG - Effluent Gross	0	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	ALLEN - All Events	ES - ESTMA
1987	Precipitation, monthly accumulation	EG - Effluent Gross	0	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	ALLEN - All Events	RT - ROOTTOT
8475	Discharge event observations [Visual Monitoring]	EG - Effluent Gross	0	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	ALLEN - All Events	RT - ROOTTOT
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exclusions, Frequency of Analysis, and Sample Type.</p> <p><b>Edit Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE WWTP</p> <p><b>User:</b> JETEFADMR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofindianapolis.org <b>Date/Time:</b> 2023-05-19 10:37 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b></p> <p><b>User:</b> JETEFADMR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofindianapolis.org <b>Date/Time:</b> 2023-05-19 10:52 (Time Zone: -04:00)</p>									

DMR Copy of Record

<b>Permit</b>	IN0032194	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP						
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 3601 DWENGER AVE FORT WAYNE, IN 46803						
<b>Permitted Features:</b>	011 External Outfall	Discharge:	811-C CIC, K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.								
<b>Report Dates &amp; Status</b>	From 04/15/23 to 04/30/23	DMR Due Date:	05/28/23	Status:	NotDMR Validated						
<b>Monitoring Period:</b>	From 04/15/23 to 04/30/23										
<b>Considerations for Form Completion</b>											
<b>CSO K06-233 MUNICIPAL MAJOR ALLEN COUNTY</b>											
<b>Principal Executive Officer</b>											
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>							
<b>Last Name:</b>											
<b>Site Data Indicator (NOD)</b>											
<b>Form NOD</b>											
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Session #</b>	<b>Permit Fee</b>	<b>NOD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analyte</b>	<b>Sample Type</b>
5027	Duration	EG - Effluent Gross	0	--			Sample Permit Fee Value NOD	Reg flow M3 TOTAL, 45 - m3/s C - No Discharge	WY05 - When Discharging RT - RC070T	RT - RC070T	
N001	Overflow volume [533 volumes, CSO volume]	EG - Effluent Gross	0	--			Sample Permit Fee Value NOD	Reg flow M3 TOTAL, 38 - m3/s C - No Discharge	AUDY - All Events	ES - ESTIMA	
7087	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			Sample Permit Fee Value NOD	Reg flow M3 TOTAL, 39 - m3/s C - No Discharge	AUDY - All Events	RT - RC070T	
M195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			Sample Permit Fee Value NOD	Reg flow M3 TOTAL, 40 - m3/s C - No Discharge	AUDY - All Events	RT - RC070T	
<b>Submitter Note</b>											
If a parameter row does not contain any values for the Sample or Effluent Tracking, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analyte, and Sample Type.											
<b>Edit Check Errors</b>											
No errors.											
<b>Comments</b>											
<b>Attachments</b>											
No attachments.											
<b>Report Last Saved By</b>											
FORT WAYNE WWTP											
<b>User:</b>											
JTEFAZUR											
<b>Name:</b>											
Jennifer Lash											
<b>E-Mail:</b>											
jennifer.lash@cityoffortwayne.org											
<b>Date/Time:</b>											
2023-05-19 10:27 (Time Zone: -04:00)											
<b>Report Last Signed By</b>											
JTEFAZUR											
<b>User:</b>											
Jennifer Lash											
<b>Name:</b>											
Jennifer Lash											
<b>E-Mail:</b>											
jennifer.lash@cityoffortwayne.org											
<b>Date/Time:</b>											
2023-05-19 10:22 (Time Zone: -04:00)											



DMR Copy of Record

Permit #:	W0000181	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility:	FORT WAYNE WWTP P.L. BILSKNER WPC 2801 DAVENPORT AVE FORT WAYNE, IN 46603							
Major:	Yes	Permittee Address:	813-C CSD: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.	Facility Location:								
Permitted Features:	G12 External Outfall	Discharge:	DMS Duct Date: 04/28/23	Status:	NotDMR Validated							
Report Dates & Status	From 04/01/23 to 04/30/23											
Monitoring Period:	Considerations for Permit Completion											
CSD:	K06-234 MUNICIPAL MAJOR ALLEN COUNTY											
Principal Executive Officer												
First Name:		Title:		Telephone:								
Last Name:												
No Data Indicator (NDDI)												
Form NOOI:												
Permittee Name	Monitoring Location		Session #	Permit NOOI	Quantity or Loading	Quality or Concentration	Value 1	Value 2	Unit	F of EL	Frequency of Analysis	Sample Type
8007 Duration	EG - Effluent Gross	0	0	--	Sample Permit Fee Value NOOI	0	1.78	Reg Min MO TOTAL	0	0	0	W000 - Mass Challenging RT - RC0707 W000 - Mass Challenging RT - RC0707
7003 Overflow volume [558 volumes, CSD volume]	EG - Effluent Gross	0	0	--	Sample Permit Fee Value NOOI	0	0.288	Reg Min MO TOTAL	0	0	0	AL07 - All Events AL07 - All Events
7007 Precipitation, monthly accumulation	EG - Effluent Gross	0	0	--	Sample Permit Fee Value NOOI	0	2.87	Reg Min MO TOTAL	0	0	0	AL07 - All Events AL07 - All Events
84155 Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	--	Sample Permit Fee Value NOOI	0	3.2	Reg Min MO TOTAL	0	0	0	AL07 - All Events AL07 - All Events
Submittal Note	If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.											
EDT Check Errors	No errors.											
Comments												
Attachments												
Report Last Saved By	JETFACMAR											
FORT WAYNE WWTP	Jennifer Leah jennifer.leah@cityoffortwayne.org 2023-05-19 10:37 (Time Zone: -04:00)											
Unit:	JETFACMAR											
Name:	Jennifer Leah											
E-Mail:	jennifer.leah@cityoffortwayne.org											
Date/Time:	2023-05-19 10:32 (Time Zone: -04:00)											
Report Last Signed By	JETFACMAR											
Unit:	Jennifer Leah											
Name:	Jennifer Leah											
E-Mail:	jennifer.leah@cityoffortwayne.org											
Date/Time:	2023-05-19 10:32 (Time Zone: -04:00)											

DMIR Copy of Record

**Permit**  
 Permit #: M0002194  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BOLINGER WPC  
 2801 OWENSZEE AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 013  
 External Outfall  
 Discharge: CSC- K05-208 - 80 FT N OF THIRME DR & BERRY ST

**Report Dates & Status:** 05/20/23  
 Monitoring Period: From 04/15/23 to 04/28/23  
 Status: NotDMR Validated

**Considerations for Form Completion:** CSC- K05-208 MAJOR ALLEN COUNTY

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

**No Data Indicator (NDDI):** -

**Form NDDI:** -

Code	Parameter Name	Monitoring Location	Section # From NDDI	Quantity or Loading	Quality or Concentration	# of EL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Value 4	Value 1	Value 2	Unit
5007	Durflow	EG - Effluent Gross	0	-	13.28 Req Min MO TOTAL	0	0	WHOS - When Discharging RT - RCOTOT WHOS - When Discharging RT - RCOTOT
1003	Overflow volume (SSS volumes, CSO volumes)	EG - Effluent Gross	0	-	0.02 Req Min MO TOTAL	0	0	ALJY - All Events ES - ESTIMA
1007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.81 Req Min MO TOTAL	0	0	ALJY - All Events RT - RCOTOT
1010	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0.0 Req Min MO TOTAL	0	0	ALJY - All Events RT - RCOTOT

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** JETEFADUR  
 Jettifer Lash  
 jettifer.lash@cityoffortwayne.org  
 2023-05-19 10:25 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADUR  
 Jettifer Lash  
 jettifer.lash@cityoffortwayne.org  
 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP					
	Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DRENGER AVE FORT WAYNE, IN 46803					
<b>Permitted Features</b>	EG - External Outlet	Discharge: 817-C						
<b>Report Dates &amp; Status</b>	Report Period: From 04/01/23 to 04/30/23	DMR Due Date: 05/29/23	Status: Not DMR Validated					
<b>Monitoring Period:</b>	Considerations for Form Completion							
<b>CSO: K07-1766/ACCPAL, MAJOMALLEW COUNTY</b>	Principal Executive Officer							
<b>First Name:</b>	<b>Title:</b>							
<b>Last Name:</b>								
<b>No Data Indicator (NDDI)</b>								
<b>Form NDDI:</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session # Param. NDDI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of EL</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5007	Duration	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	12.15	Reg Min MO TOTAL, EG - Nitro	RT - RC00707
N005	Overflow volume [559 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	0.00	Reg Min MO TOTAL, EG - Nitro	RT - RC00707
H001	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	1.81	Reg Min MO TOTAL, EG - Nitro	RT - RC00707
M115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req Value NDDI	3.3	Reg Min MO TOTAL, EG - Nitro	RT - RC00707
<b>Submitter Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> JETEFACMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityofwayne.org								
<b>Date/Time:</b> 2023-05-19 10:35 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
JETEFACMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityofwayne.org								
<b>Date/Time:</b> 2023-05-19 10:52 (Time Zone: -04:00)								

DMR Copy of Record

<b>Permit #:</b> W002181	<b>Permittee:</b> FORT WAYNE WWTTP	<b>Facility:</b> FORT WAYNE WWTTP
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2801 DWANER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b> 018 External Outfall	<b>Discharge:</b> 918-G	
<b>Report Dates &amp; Status:</b> From 9/9/23 to 9/28/23	<b>DMR Due Date:</b> 9/28/23	<b>Status:</b> NotDMR Validated
<b>Monitoring Period:</b> Considerations for Permit Completion		
<b>CSO:</b> K11-105(MUNICIPAL MAJORALLEN COUNTY		
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>
<b>First Name:</b>		
<b>Last Name:</b>		
<b>No Data Indicator (NDD):</b> --		
<b>Form NOC:</b> --		

Code	Parameter Name	Monitoring Location	Session #	Permit NOC	Quantity or Loading			Quality or Concentration			# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Date	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5007	Duration	EG - Effluent Gross	0	--	Sample Permit Req Value NDD			43.8	Reg Min MO TOTAL	EG - Efflu	0	WACOS - When Discharging RT - RCOTOT	RT - RCOTOT
7003	Overflow volume (558 volumes, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req Value NDD			24.73	Reg Min MO TOTAL	EG - Efflu	0	ALBY - All Events	EG - ESTIMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value NDD			2.28	Reg Min MO TOTAL	EG - Efflu	0	ALBY - All Events	RT - RCOTOT
8-110	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req Value NDD			16.0	Reg Min MO TOTAL	EG - Efflu	0	ALBY - All Events	RT - RCOTOT

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTTP

**User:** JTEFAZMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:55 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JTEFAZMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0332191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWISSENGER AVE FORT WAYNE, IN 46803
Permitted Features:	020 Excessual Outfall	Discharge:	035-C CSD: K15-118 - 1360 FT W OF HARTMAN RD & WESTOVER RD	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	05/26/23		
Monitoring Period:	From 04/01/23 to 04/30/23				
Considerations for Form Completion					
CSD: K15-118/MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Firm NDD:					

Code	Parameter Name	Monitoring Location	Session # Param. NDD	Quality or Consumption			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5027	Overflow	EG - Effluent Gross	0	0	0	0	0	0	ES - ES7MA
7103	Overflow volume (559 volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0	0	ES - ES7MA
7187	Precipitation, weekly accumulation	EG - Effluent Gross	0	0	0	0	0	0	ES - ES7MA
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0	0	ES - ES7MA

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:26 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46842  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DIVIDEND AVE  
 FORT WAYNE, IN 46803

**Permitted Features**  
 C21  
 External Outfall  
 Discharge  
 Status: NetDMR Validated

**Report Dates & Status**  
 From 6/4/12 to 6/4/23  
 Monitoring Period: DMR Due Date: 6/3/23

Considerations for Permit Completion  
 CSD: K13-044 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name:  
 Last Name:  
 Telephone:  
 TSS:

No Data Indicator (NOD):  
 Form NOD:

Code	Parameter Name	Monitoring Location	Section 3 Permit NOD	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Units			
5037	Discharge	EG - Effluent Gross	0	-	-	14.15	Req Min MD TOTAL	EQ - Inflow	0	WQCB - When Discharging	RT - RCOTOT	
7403	Overflow volume [SSB volume, CSD volume]	EG - Effluent Gross	0	-	-	0.197	Req Min MD TOTAL	EQ - Inflow	0	ALBY - All Events	RT - RCOTOT	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	2.28	Req Min MD TOTAL	EQ - Inflow	0	ALBY - All Events	RT - RCOTOT	
8161	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	2.2	Req Min MD TOTAL	EQ - Inflow	0	ALBY - All Events	RT - RCOTOT	

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

**EDR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-05-19 10:35 (Time Zone: -4:00)

**Report Last Signed By**  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-05-19 10:32 (Time Zone: -4:00)

DMR Copy of Record

**Permit #** IN9332191 **Fort Wayne WWTP**  
**Major** Yes **City of Fort Wayne**  
**Permittee Address:** 300 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNSER WPC  
 3401 DIVISION AVE  
 FORT WAYNE, IN 46833  
**Permitted Features:** 023 **Discharge:** 003-C  
 External Outfall  
**Report Date & Status:** 05/19/2023 **Status:** NotDMR Validated  
**Monitoring Period:** From 04/01/23 to 04/30/23  
**Considerations for Form Completion:** CSO-108-MUNICIPAL, MAJORALLEN COUNTY  
**Principal Executive Officer:** [Blank]  
**First Name:** [Blank] **Title:** [Blank]  
**Last Name:** [Blank] **Telephone:** [Blank]  
**Form NOC#** - **Quantity or Loading:** [Blank]

Code	Parameter Name	Monitoring Location	Session #	Param. NOC	Quantity or Loading			# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5027	Disinfect	EG - Effluent Gross	0	--	Sample Parent Req Value NOC	4.87	Req Min MD TOTAL	0	WH05 - When Discharging WH06 - When Discharging WH07 - When Discharging	RT - RC07TOT
7403	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	--	Sample Parent Req Value NOC	0.29	Req Min MD TOTAL	0	AL07 - All Events	ES - ESTIMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Parent Req Value NOC	2.08	Req Min MD TOTAL	0	AL07 - All Events	ES - ESTIMA
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Parent Req Value NOC	7.0	Req Min MD TOTAL	0	AL07 - All Events	RT - RC07TOT

**Submission Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type  
**Edit Check Errors**  
 No errors  
**Comments**  
 [Blank]  
**Attachments**  
 No attachments  
**Report Last Saved By**  
 JETEFACUR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-05-19 10:33 (Time Zone: -04:00)  
**Report Last Signed By**  
 JETEFACUR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-05-19 10:32 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN002191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP			
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location	P.L. BRUNNER WPC 2601 DWISNER AVE FORT WAYNE, IN 46603			
Permitted Features	DN External Outfall	Discharge	EG-4C CSO, LSE-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status	NotDMR Validated			
Report Date & Status		DMR Due Date	8/30/23					
Monitoring Period	From 8/19/23 to 8/20/23							
Considerations for Permit Completion								
CSO: LSE-420/MUNICIPAL MAJORALLEN COUNTY								
Principal Executive Officer		Title		Telephone				
First Name:								
Last Name:								
IR Data Indicator (NOD)								
Form NOD:								
Code	Preparer Name	Monitoring Location	Session # Param. NOD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration	# of EL	Frequency of Analysis	Sample Type
9007	Devotion	EG - Effluent Gross	0 --	Sample Param # Value NOD	Reg lim MO TOTAL C - No Discharge	EG - Nitra	WNGS - When Discharging RT - RC02TOT	
7453	Overflow volume [SR volume, CSO volume]	EG - Effluent Gross	0 --	Sample Param # Value NOD	Reg lim MO TOTAL C - No Discharge	SR - Sph	ALBY - All Events	EG - EG75MA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	Sample Param # Value NOD	2.38 Reg lim MO TOTAL C - No Discharge	SR - Inho	ALBY - All Events	RT - RC02TOT
8495	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0 --	Sample Param # Value NOD	Reg lim MO TOTAL C - No Discharge	AK - Nitra	ALBY - All Events	RT - RC02TOT

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

Edit Check Errors

No errors

Comments

Attachments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User

JTEFADUR

Name

Jennifer Lash

E-Mail

jennifer.lash@cityoffortwayne.org

Date/Time

2023-05-19 15:35 (Time Zone: -04:00)

Report Last Signed By

User

JTEFADUR

Name

Jennifer Lash

E-Mail

jennifer.lash@cityoffortwayne.org

Date/Time

2023-05-19 15:32 (Time Zone: -04:00)



DMR Copy of Record

Permit #:	ND032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWISSENGER AVE FORT WAYNE, IN 46803			
Permitted Features:	003 External Outfall	Discharge:	025-C CSD, L56-421 - 320 FT N OF SUPERIOR ST. & FAIRFIELD AVE					
Report Dates & Status		DMR Due Date:	05/26/23	Status:	NotDMR Validated			
Monitoring Period:	From 04/01/23 to 04/30/23							
Considerations for Form Completion								
CSD: L56-421 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
File Data Indicator (NOD)								
Form NOD:								
Code	Parameter	Monitoring Location	Stream / Permit, NOD	Quantity or Loading	Quality or Concentration	# of DL	Frequency of Analysis	Sample Type
RO27	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Min MO TOTAL, EG - Inflow C - No Discharge	Value 2	Units	WHCS - When Discharging RT - ROOTOT
N003	Overflow volume (553 volumes, CSD volume)	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Min MO TOTAL, SW - Inflow C - No Discharge	Value 3	Units	ALEN - All Events ES - ESTMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Min MO TOTAL, SW - Inflow C - No Discharge	Value 4	Units	ALEN - All Events RT - ROOTOT
M195	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Req. Value NOD	Reg Min MO TOTAL, SW - Inflow C - No Discharge	Value 5	Units	ALEN - All Events RT - ROOTOT
<p><b>Submittable Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>Edit Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> JITTEFADOUR</p> <p><b>Report Last Saved By</b> JITTEFADOUR</p> <p><b>User:</b> Jennifer Lash jennifer.lash@cityofnorthwestindy.org</p> <p><b>Date/Time:</b> 2023-05-19 10:33 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b> JITTEFADOUR</p> <p><b>User:</b> Jennifer Lash jennifer.lash@cityofnorthwestindy.org</p> <p><b>Date/Time:</b> 2023-05-19 10:33 (Time Zone: -04:00)</p>								

DMR Copy of Record

Permit#	IN0002791	Permittee	FORT WAYNE WWP	Facility	FORT WAYNE WWP
Permit# Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BRUNER WPC 2601 DWIGENSER AVE FORT WAYNE, IN 46803
Permitted Feature	E27 External Outfall	Discharge	E27-C CSO: M10-302 - 200 FT SE OF THIRD ST & CALHOUN ST	Status	NotDMR Validated
Report Date & Status		DMR Due Date	6/30/23	Telephone	
Monitoring Period:	From 6/1/23 to 6/30/23				
Considerations for Form Completion					
CSO: M10-322/MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOOI:					

Code	Parameter Name	Monitoring Location	Section #	Form NOOI	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analyte	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5
3007	Duration	EG - Effluent Gross	0	--	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL
					C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge
1003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL
					C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge
1005	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL
					C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge
M115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL	Reg Min MO TOTAL
					C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge

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

**Exit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWP

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-05-19 10:41 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-05-19 10:50 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN002191	Fort Wayne WWTP	Fort Wayne WWTP					
<b>Permit #</b>	Major	City of Fort Wayne 203 E Berry St FT WAYNE, IN 46602	P.L. BRUNER WPC 2601 DWANER AVE FORT WAYNE, IN 46603					
<b>Permitted Features:</b>	CS External Outfall	Discharge:						
<b>Report Dates &amp; Status</b>	Monitoring Period: From 04/01/23 to 04/30/23	DMR Due Date:	05/28/23					
<b>Considerations for Form Completion</b>	CSO: M10-328/MUNICIPAL MAJORALLEN COUNTY							
<b>Principal Executive Officer</b>		<b>Title:</b>	<b>Telephone:</b>					
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (NDD)</b>								
<b>Form NDD:</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session # From: NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Tests</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8007	Deflection	EG - Effluent Grass 0	0	Sample Permit Req Value NDD	0.45 Reg Min MO 107% Reg Max MO 107%	0	When Discharging RT - RC00707 When Discharging RT - RC00707	RT - RC00707
14003	Overflow volume (350 volumes, CSO volume)	EG - Effluent Grass 0	0	Sample Permit Req Value NDD	0.117 Reg Min MO 107% Reg Max MO 107%	0	When Discharging RT - RC00707 When Discharging RT - RC00707	RT - RC00707
19187	Precipitation, monthly accumulation	EG - Effluent Grass 0	0	Sample Permit Req Value NDD	2.28 Reg Min MO 107% Reg Max MO 107%	0	When Discharging RT - RC00707 When Discharging RT - RC00707	RT - RC00707
41165	Discharge event observation (Visual Monitoring)	EG - Effluent Grass 0	0	Sample Permit Req Value NDD	1.2 Reg Min MO 107% Reg Max MO 107%	0	When Discharging RT - RC00707 When Discharging RT - RC00707	RT - RC00707
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JETEFADMR							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b>	2023-05-19 10:28 (Time Zone: -04:00)							
<b>Report Last Signed By</b>	JETEFADMR							
<b>User:</b>	Jennifer Lash							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b>	2023-05-19 10:27 (Time Zone: -04:00)							

DMR Copy of Record

Permit #:	IN0832191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BOLINER WPC 2601 DIVISADER AVE FORT WAYNE, IN 46803
Permitted Features:	CS2 External Outfall	Discharge:	CS2-C CS2: M13-256 - 230 FT E OF DUCK ST & BARR ST		
Report Dates & Status		DMR Due Date:	03/28/23	Status:	NotDMR Validated
Monitoring Period:	From 04/01/23 to 04/03/23				
Considerations for Form Completion					
CSO: M13-2656/RCPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Season / Point, NDD	Quantity or Loading			Quality or Concentration			# of EL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Disinfect	EG - Effluent Gross	0	-		Req Min	NO TOTAL	SI - Value	WHCS - When Discharging	RT - NDD/OT		
7003	Over-Flow volume (350 volume, CSO volume)	EG - Effluent Gross	0	-		Req Min	NO TOTAL	SI - Value	ALBY - All Events	EG - EST/MA		
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		2.08	BY - Value	BY - Value	ALBY - All Events	RT - NDD/OT		
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-		Req Min	NO TOTAL	SI - Value	ALBY - All Events	RT - NDD/OT		

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

Edit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFADM  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-05-18 10:33 (Time Zone: -04:00)

Report Last Signed By  
User: JETEFADM  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-05-18 10:33 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN0022191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46522	<b>Facility Location:</b>	P.L. BELINGER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b>	032 External Outfall	<b>Discharge:</b>	032-C CSO: M13-206 - 120 FT N OF CLARK ST & HARRISON ST	<b>Status:</b>	NotDMR Validated			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	06/28/23					
<b>Monitoring Period:</b>	From 04/01/23 to 04/30/23							
<b>Considerations for Form Completion</b>								
<b>CSO: M13-206 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Date Indicator (NDDI)</b>	--							
<b>Form NDDI</b>	--							
<b>Code</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Station # Param. NDDI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of SL</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8007	Deviation	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	3.34 Req. Min MO TOTAL	02 - Nitro	WVCS - West Discharging RT - RC0707
1003	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	3.47 Req. Min MO TOTAL	05 - MgM	WVCS - West Discharging RT - RC0707
1007	Precipitation, mainly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	2.08 Req. Min MO TOTAL	06 - Nitro	WVCS - West Discharging RT - RC0707
1015	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	5.2 Req. Min MO TOTAL	06 - Nitro	WVCS - West Discharging RT - RC0707
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No Attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> JETEFADMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-05-19 12:33 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
<b>User:</b> JETEFADMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-05-19 12:52 (Time Zone: -04:00)								

DMR Copy of Record

**Permit #:** IN0022191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2501 OWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 033 External Outfall  
**Discharge:** CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

**Report Dates & Status:** DMR Due Date: 6/26/23  
**Monitoring Period:** From 6/6/23 to 6/30/23  
**Status:** NotDMR Validated

**Considerations for Form Completion:** CSO: M10-313/M10-314, MAJORALEN COUNTY

**Principal Executive Officer:** First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Form NOC:** No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Season 2 Param. NOC	Quantity or Loading		Quality or Concentration		# of SL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
5007	Duration	EG - Effluent Gross	0	0	Sample Permit Req Value NOD	0.50	Req Min MD TOTAL	0	0	WQCS - Water Discharging RT - RCOTOT
7603	Overflow volume (SS volume)	EG - Effluent Gross	0	0	Sample Permit Req Value NOD	1.200	Req Min MD TOTAL	0	0	WQCS - Water Discharging RT - RCOTOT
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Sample Permit Req Value NOD	2.4	Req Min MD TOTAL	0	0	WQCS - Water Discharging RT - RCOTOT
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Sample Permit Req Value NOD	1.0	Req Min MD TOTAL	0	0	WQCS - Water Discharging RT - RCOTOT

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-05-19 10:41 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

Permit	IN0032191	FORT WAYNE WWTP	FORT WAYNE WWTP									
Permit #	IN0032191	CITY OF FORT WAYNE	P.L. BOLLINGER WPC									
Major	Yes	200 E BERRY ST	2007 BOLLINGER AVE									
		FT WAYNE, IN 46802	FORT WAYNE, IN 46803									
Permitted Features:	CS External Outfall	834-C										
Report Dates & Status	From 04/15/23 to 04/30/23	CSO: M18-032 - 820 FT N OF STATE BLVD & WESTBROOK DR	NetDMR Validated									
Monitoring Period:	From 04/15/23 to 04/30/23	85/28/23										
Considerations for Permit Completion												
CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY												
Principal Executive Officer												
First Name:		Title:										
Last Name:												
No Data Indicator (NOD)												
Form NOD												
Code	Parameter Name	Monitoring Location	Session # Param. NOD	Quantity or Loading	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Tests	Frequency of Analysis	Sample Type
8037	Derivatin	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				Req. Min MD TOTAL, 42 - Nitro C - No Discharge		WHOS - When Discharging RT - NOD/NOI	
7403	Overflow volume (SS volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				Req. Min MD TOTAL, 26 - Infl C - No Discharge		AJBY - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				2.4 Req. Min MD TOTAL, 8W - Nitro Q	*	AJBY - All Events	RT - NOD/NOI
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD				Req. Min MD TOTAL, 46 - Nitro C - No Discharge		AJBY - All Events	RT - NOD/NOI
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>Edit Check Errors</b></p> <p>No errors.</p> <p>Comments</p> <p>Attachments</p> <p>No attachments.</p> <p>Report Last Saved By</p> <p>FORT WAYNE WWTP</p> <p>User</p> <p>JETEFADMK</p> <p>Name</p> <p>Jennifer Lash</p> <p>E-Mail</p> <p>jennifer.lash@cityofwayne.org</p> <p>Date/Time</p> <p>2023-05-19 10:42 (Time Zone: -04:00)</p> <p>Report Last Signed By</p> <p>User</p> <p>JETEFADMK</p> <p>Name</p> <p>Jennifer Lash</p> <p>E-Mail</p> <p>jennifer.lash@cityofwayne.org</p> <p>Date/Time</p> <p>2023-05-19 10:52 (Time Zone: -04:00)</p>												

DMR Copy of Record

<b>Permit</b>		<b>Permittee</b>		<b>Facility Location:</b>					
Permit #:	IN0022191	Permittee Address:		FORT WAYNE WWTP					
Majors:	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		P.L. SOLINGER WPC 3601 DWANIGER AVE FORT WAYNE, IN 46803					
Permitted Features:	CS9 External Outfall	Discharge:		039-C					
Report Dates & Status		DMR Due Date:		05/26/23					
Monitoring Period:	From 6/6/123 to 6/6/223								
Considerations for Permit Completion									
CCO: 005-023 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:		Title:		Telephone:					
Last Name:									
No Data Indicator (NO00)									
Form NO00									
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit NO00</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of E.C.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Dissolved	EG - Effluent Gross	0	--	Sample Permit Req Value NO00	Reg Min MO TOTAL, EG - Nitro C - No Discharge		WNCIS - When Discharging RT - RC070T	
7403	Overflow volume (555 volume, CS0 volume)	EG - Effluent Gross	0	--	Sample Permit Req Value NO00	Reg Min MO TOTAL, SR - Mg/L C - No Discharge		ALJEN - All Events ES - ESTIMA	
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value NO00	Reg Min MO TOTAL, RM - Nitro C - No Discharge		ALJEN - All Events RT - RC070T	
8115	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req Value NO00	Reg Min MO TOTAL, RT - Nitro C - No Discharge		ALJEN - All Events RT - RC070T	
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>Edit Check Errors</b>									
No errors.									
<b>Comments</b>									
<b>Attachments</b>									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b> JETEFADUR									
<b>Name:</b> Jennifer Lash									
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org									
<b>Date/Time:</b> 2023-05-19 10:34 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
<b>User:</b> JETEFADUR									
<b>Name:</b> Jennifer Lash									
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org									
<b>Date/Time:</b> 2023-05-19 10:52 (Time Zone: -04:00)									



DMR Copy of Record

Permit	36832191	Fort Wayne WWTP	Fort Wayne WWTP
Major	Yes	CITY OF FORT WAYNE 203 E BERRY ST FT WAYNE, IN 46802	P.L. BRUNNER WPC 2801 DIVISIDER AVE FORT WAYNE, IN 46823
Permitted Features	544 External Outfall	Discharge:	Facility Location:
Report Date & Status	From 04/01/23 to 04/30/23	DMR Due Date:	Status:
Monitoring Period:	From 04/01/23 to 04/30/23		Not DMR Validated
Considerations for Form Completion			
CSO: 02-033 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer		Title:	Telephone:
First Name:			
Last Name:			
MS Data Indicator (NOD)			
Form NOD:			

Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading		Quality or Concentration		# of Es.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
5037	Duration	EG - Effluent Gross	0	--	Reg Min MD TOTAL	RT - Nitro	WH02 - When Discharging	RT - R02TOT			RT - R02TOT
					C - No Discharge						
7503	Overflow volume [558 volumes, CSO volume]	EG - Effluent Gross	0	--	Reg Min MD TOTAL	26 - Nitro	AL01V - All Events	ES - ESTMA			ES - ESTMA
					C - No Discharge						
7507	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Reg Min MD TOTAL	39 - Nitro	AL01V - All Events	RT - R02TOT			RT - R02TOT
					C - No Discharge						
8118	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Reg Min MD TOTAL	46 - Nitro	AL01V - All Events	RT - R02TOT			RT - R02TOT
					C - No Discharge						

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

Edit Check Errors  
No errors.  
Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETZFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-05-19 10:42 (Time Zone: -04:00)

Report Last Signed By

User: JETZFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-05-19 10:37 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN002181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b>	P.L. BRUNNER WPC 2601 DWANIGER AVE FORT WAYNE, IN 46603			
<b>Permitted Features:</b>	045 External Outfall	<b>Discharge:</b>	945-C					
<b>Report Dates &amp; Status</b>	From 945/03 to 943/23	<b>DMR Due Date:</b>	9/29/23	<b>Status:</b>	NotDMR Validated			
<b>Monitoring Period:</b>	Constitutive for Permit Completion							
<b>CSD:</b>	102-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY							
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (NDD)</b>								
<b>Form NDD:</b>								
<b>Date</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Reason if Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of EL</b>	<b>Frequency of Analyze</b>	<b>Sample Type</b>
5007	Derivative	EG - Effluent Gross	0	Sample Permit Req. Value NDD	Reg Men MD TOTAL, EG - Nitro C - No Discharge		WHCS - When Discharging RT - RC02007	
7003	Overflow volume (ISS volume, CSD volume)	EG - Effluent Gross	0	Sample Permit Req. Value NDD	Reg Men MD TOTAL, SS - Nitro C - No Discharge		AJBY - AJ Events EB - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NDD	2.4 Reg Men MD TOTAL, SW - Nitro Q	*	AJBY - AJ Events RT - RC02007	
8r15	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Req. Value NDD	Reg Men MD TOTAL, AC - Nitro C - No Discharge		AJBY - AJ Events RT - RC02007	
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analyze, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JTEFADWR							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org							
<b>Date/Time:</b>	2023-05-18 10:42 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	JTEFADWR							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org							
<b>Date/Time:</b>	2023-05-18 10:52 (Time Zone: -04:00)							

DMR Copy of Record

Permit #	IN002181	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP				
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BRUNER VFC 2801 DWIGENSLAVE FORT WAYNE, IN 46803				
Permitted Features	048 External Outfall	Discharge	948-C CSO: 010-252 - 250 FT W OF EDGEWATER & GARFIELD						
Report Dates & Status	From 9/6/13 to 9/6/2023	DMR Due Date	05/26/23	Status	McDMR Validated				
Monitoring Period:	Considerations for Form Completion								
CSO: 010-252 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title		Telephone					
First Name:									
Last Name:									
No Data Indicator (NDD)									
Form NDD:									
Code	Parameter Name	Monitoring Location	Session #	Form NDD	Quality of Leading	Quality of Concentration	# of EL	Frequency of Analysis	Sample Type
5027	Darble	EG - Effluent Gross	0	-	Sample Percent Bkg Value NDD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Units		
		EG - Effluent Gross	0	-	Sample Percent Bkg Value NDD			Req Min MD TOTAL, AI - 1000 C - No Discharge	WHCS - When Discharging RT - RC0707
7403	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Sample Percent Bkg Value NDD			Req Min MD TOTAL, SR - 1gal C - No Discharge	AI - AI Events ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Percent Bkg Value NDD			2.58 Req Min MD TOTAL, RW - 1/1000 g	AI - AI Events RT - RC0707 RT - RC0707
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Percent Bkg Value NDD			Req Min MD TOTAL, AI - 800 G - No Discharge	AI - AI Events RT - RC0707
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>Enter Check Errors</b>									
No errors.									
<b>Comments</b>									
<b>Attachments</b>									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
User: JETEFADMJ									
Name: Jennifer Leish									
E-Mail: jennifer.leish@cityoffortwayne.org									
Submit Time: 2023-05-18 13:26 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
User: JETEFADMJ									
Name: Jennifer Leish									
E-Mail: jennifer.leish@cityoffortwayne.org									
Date Time: 2023-05-18 13:52 (Time Zone: -04:00)									

DMR Copy of Record

<b>Permit</b>	IN682191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2601 DUNNERS AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b>	550 External Outfall	<b>Discharge:</b>	696-C CSO - 010-277 - 100 FT N OF COOMBS ST & HERBERT ST					
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	09/26/23	<b>Status:</b>	NotDMR Validated			
<b>Monitoring Period:</b>	From 04/01/23 to 04/30/23							
<b>Considerations for Future Compliance</b>								
<b>CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (NDD)</b>								
<b>Form NDD:</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session # Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
9037	Duration	EG - Effluent Gross	0	--	0.3 Reg Net MO TOTAL	0	0	ES - 127MA RT - 90270F
71093	Overflow volume [558 volumes, CSO volume]	EG - Effluent Gross	0	--	0.219 Reg Net MO TOTAL	0	0	ES - 127MA RT - 90270F
71987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.38 Reg Net MO TOTAL	0	0	ES - 127MA RT - 90270F
84195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	2.2 Reg Net MO TOTAL	0	0	ES - 127MA RT - 90270F
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Extensions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
No comments.								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> JETEFACMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-05-19 10:34 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
JETEFACMR								
<b>User:</b> Jennifer Lash								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-05-19 10:52 (Time Zone: -04:00)								

DMR Copy of Record

<b>Permit</b>	IN6032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2801 DRENGER AVE FORT WAYNE, IN 46823				
Permitted Features:	01 External Outfall	Discharge:	851-C						
Report Dates & Status	From 04/01/23 to 04/30/23	DMR Due Date:	05/28/23	Status:	NotDMR Validated				
Monitoring Period:	From 04/01/23 to 04/30/23								
Considerations for Form Completion									
CSO: 003-002 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title:		Telephone:					
First Name:									
Last Name:									
No Date Indicator (NDDI)									
Form NDDI:									
Code	Parameter	Monitoring Location	Season #	Sample Period	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
3207	Disinfect	EG - Effluent Gross	0	--	Sample Period Freq. Value NDDI	Req Min MQ TOTAL, EG - Inflow C - No Discharge		WHCE - When Discharging RT - R0200P	
7003	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Period Freq. Value NDDI	Req Min MQ TOTAL, SS - Inflow C - No Discharge		ALBY - All Events	ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Period Freq. Value NDDI	2.28 Req Min MQ TOTAL, RW - Inflow	0	ALBY - All Events	RT - R0200P
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Period Freq. Value NDDI	Req Min MQ TOTAL, AK - Inflow C - No Discharge		ALBY - All Events	RT - R0200P
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample row, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>Edit Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
User: JTEFADMW									
Name: Jennifer Lash									
E-Mail: jennifer.lash@cityoffortwayne.org									
Date/Time: 2023-05-19 10:28 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
User: JTEFADMW									
Name: Jennifer Lash									
E-Mail: jennifer.lash@cityoffortwayne.org									
Date/Time: 2023-05-19 10:52 (Time Zone: -04:00)									

DMR Copy of Record

**Permit #** IN032191  
**Permit Major** Yes  
**Permitted Features** 032 External Outfall  
**Report Dates & Status**  
**Monitoring Period:** From 04/01/23 to 04/03/23  
**Considerations for Form Completion**  
**CSO:** 022-004 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NODI)**  
**Form NODI:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 003-C  
 CSO: 022-004 - 375 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR  
**Monitoring Location:** 0528023  
**DMR Due Date:**  
**Title:**

**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BOLANER WPK  
 2601 DRENGER AVE  
 FORT WAYNE, IN 46803

Code	Parameter Name	Monitoring Location	Session #	Person	NODI	Quantity of Loading	Quality of Compliance	# of EL	Frequency of Analyte	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 1	Qualifier 3 Value 1	Qualifier 3 Value 2	Unit
5037	Dissolved	EG - Effluent Gross	0	--	--	Req Min MG TD14L	42 - Nitro	WNO2 - When Discharging RT - 800707		C - No Discharge
7433	Overflow volume (350 volumes, CSO volume)	EG - Effluent Gross	0	--	--	Req Min MG TD14L	26 - Mg/L	AL2Y - All Events		ES - ESTIMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	Req Min MG TD14L	2.28	AL2Y - All Events		RT - 800707
8415	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	--	--	Req Min MG TD14L	46 - 8/10	AL2Y - All Events		RT - 800707

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:28 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN652791  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803

Permit Features: 654 External Outfall  
 Discharge: 654-C  
 CSO: 033-080 - 240 FT E OF MERCER AVE & HOLLIS LN

**Report Dates & Status**  
 Monitoring Period: From 6/01/23 to 6/03/23  
 DMR Due Date: 6/29/23  
 Status: NetDMR Validated

Considerations for Form Completion  
 CSO: 033-080 MUNICIPAL MAJOR ALLEN COUNTY

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

No Date Indicator (NDD)  
 Form NDD:

Code	Parameter Name	Monitoring Location	Session 1 Permit NDD	Session 2 Permit NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
5037	Damelin	EG - Effluent Gross	0	-					WINDS - Wind Chirping RT - NDDTOP
7453	Overflow volume [SSB volumes, CSO volume]	EG - Effluent Gross	0	-					EG - BSTMVA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					ALRY - All Events
8165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-					ALRY - All Events

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

**DMR Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFADM  
 Name: Jennifer Leath  
 E-Mail: jennifer.leath@cityoffortwayne.org  
 Date/Time: 2023-05-19 10:28 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFADM  
 Name: Jennifer Leath  
 E-Mail: jennifer.leath@cityoffortwayne.org  
 Date/Time: 2023-05-19 10:32 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: W0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BOLLNER WPC  
 2601 DIVINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** DS  
 External Outfall  
**Discharge:** 955-C  
 CSC: P95-192 - 400 FT N OF N ANTHONY BLVD & WAYNE ST

**Report Dates & Status:** From 04/01/23 to 04/30/23  
**Monitoring Period:** From 04/01/23 to 04/30/23  
 Considerations for Form Completion  
 CSC: P95-192 MUNICIPAL MAJOR ALLEN COUNTY

**Principal Executive Officer:**  
 First Name:  
 Last Name:  
 No Data Indicator (NOD):  
 Firm NOD:

**Facility Location:**  
 Facility: FORT WAYNE WWTP  
 P.L. BOLLNER WPC  
 2601 DIVINGER AVE  
 FORT WAYNE, IN 46803  
**Status:** NCDMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity of Loading		Quality or Concentration		# of Es.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
5027	Densities	EG - Effluent Gross	0	-	Sample Period (hrs) Value NOD	Res Min (NO TOTAL, EG - No Discharge)	Res Max (NO TOTAL, EG - No Discharge)	W000 - When Discharging RT - RC010T			
7103	Overflow volume (550 volume, 650 volume)	EG - Effluent Gross	0	-	Sample Period (hrs) Value NOD	Res Min (NO TOTAL, EG - No Discharge)	Res Max (NO TOTAL, EG - No Discharge)	AL07 - All Events EG - ESTIMA			
7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period (hrs) Value NOD	Res Min (NO TOTAL, EG - No Discharge)	Res Max (NO TOTAL, EG - No Discharge)	AL07 - All Events RT - RC010T			
8115	Discharge event observables (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period (hrs) Value NOD	Res Min (NO TOTAL, EG - No Discharge)	Res Max (NO TOTAL, EG - No Discharge)	AL07 - All Events RT - RC010T			

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-05-19 10:34 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-05-19 10:33 (Time Zone: -04:00)



DMR Copy of Record

<b>Permit</b>	IN032181	<b>Permittee:</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility:</b>	FORT WAYNE WWTP P.L. BRUNNER WPC 2624 DWINGER AVE FORT WAYNE, IN 46803			
<b>Major:</b>	Yes	<b>Permit Address:</b>		<b>Facility Location:</b>				
<b>Permitted Feature:</b>	056 External Outfall	<b>Discharge:</b>	056-C CSD: J03-313 - BROWN ST PUMP STATION					
<b>Report Dates &amp; Status</b>	From 04/01/23 to 04/30/23	<b>DMR Due Date:</b>	05/28/23	<b>Status:</b>	Not DMR Validated			
<b>Monitoring Period:</b>								
<b>Considerations for Form Completion</b>								
<b>CSD: J03-313 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>								
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>Last Name:</b>								
<b>IR Data Indicator (NCO)</b>								
<b>Firm NCO:</b>	--							
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Session # Param. NCO</b>	<b>Quality or Concentration</b>	<b>Units</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Discharge	EG - Effluent Gross	0	--	0.23 Reg Min MO TOTAL	0	0	WH05 - When Discharging RT - RCO20F WH05 - When Discharging RT - RCO20F
7403	Overflow volume [58 volume, CSD volume]	EG - Effluent Gross	0	--	0.3 Reg Min MO TOTAL	0	0	AL07 - All Events AL07 - All Events
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	0.07 Reg Min MO TOTAL	0	0	AL07 - All Events AL07 - All Events
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	1.0 Reg Min MO TOTAL	0	0	AL07 - All Events AL07 - All Events
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> JETEFADMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-05-19 10:28 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
JETEFADMR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-05-19 10:30 (Time Zone: -04:00)								

DMR Copy of Record

**Permit:** IN662191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2651 DRISSENER AVE  
 FORT WAYNE, IN 46823

**Permitted Features:** 037 External Outfall  
**Discharge:** 057-C  
**CSO:** P15-121 - STORMWATER LIFTSTATION WET WELL  
**Report Date & Status:** 05/26/23  
**Monitoring Period:** From 04/01/23 to 04/30/23  
**DMR Due Date:** 05/26/23  
**Considerations for Permit Completion:** NetDMR Validated  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**No Data Indicator (NOD):** -  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Session 1 Permit NOD	Session 2 Permit NOD	Quantity or Loading	Quality or Concentration	# of ES	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 1 Qualifier 3 Value 2 Qualifier 3	Value 1	Units		
8037	Disinfection	EG - Effluent Gross	0	--	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	ES - Nitro	WQCS - Wet Discharge	RT - RC01TOT
7453	Overflow volume (355 volumes, CSO volume)	EG - Effluent Gross	0	--	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	SR - Mgd	ALERT - All Events	ES - EETWMA
7887	Precipitation, monthly accumulations	EG - Effluent Gross	0	--	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	SR - inches	ALERT - All Events	RT - RC01TOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Reg Min MO TOTAL C - No Discharge	Reg Min MO TOTAL C - No Discharge	ALERT - All Events	ALERT - All Events	RT - RC01TOT

**Submission Note:** If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFACHAR  
**Fort Wayne WWTP:** Jennifer Lash  
 E-Mail: Jennifer.Lash@cityofwayne.org  
 Date/Time: 2023-05-19 10:32 (Time Zone: -04:00)  
**Report Last Signed By:** JETEFACHAR  
 Name: Jennifer Lash  
 E-Mail: Jennifer.Lash@cityofwayne.org  
 Date/Time: 2023-05-19 10:32 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN6032191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
<b>Permit B:</b>	Yes	<b>Permit Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2874 DAVENPORT AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	060 External Outfall	<b>Discharge:</b>	840-C CSC 804-031 - 015 FT NE OF GREENWALT AVE & MALMISE AVE	<b>Status:</b>	Not DMR Validated
<b>Report Dates &amp; Status</b>	From 04/01/23 to 04/30/23	<b>DMR Due Date:</b>	04/28/23	<b>Telephone:</b>	
<b>Monitoring Period:</b>	From 04/01/23 to 04/30/23				
<b>Conditions for Form Completion</b>					
<b>CSC: 804-031 MUNICIPAL MAJOR ALLEN COUNTY</b>					
<b>Principal Executive Officer</b>					
<b>First Name:</b>		<b>Title:</b>			
<b>Last Name:</b>					
<b>No Data Indicator (NDD)</b>					
<b>Form NDD:</b>					
<b>Code</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Session #</b>	<b>Session #</b>
9007	Duration	EG - Effluent Gross	0	0	0
71003	Overflow volume [500 volumes, 650 volumes]	EG - Effluent Gross	0	0	0
70887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0
84161	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0
<b>Submission Note</b>					
If a permittee row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>Edit Check Errors</b>					
No errors.					
<b>Comments</b>					
Attachments					
No attachments.					
<b>Report Last Saved By</b>					
FORT WAYNE WWTP					
<b>User:</b>	JETEFADZAR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org
<b>Date/Time:</b>	2023-05-19 10:31 (Time Zone: -04:00)	<b>Date/Time:</b>	2023-05-19 10:31 (Time Zone: -04:00)	<b>Date/Time:</b>	2023-05-19 10:31 (Time Zone: -04:00)
<b>Report Last Signed By</b>					
<b>User:</b>	JETEFADZAR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org
<b>Date/Time:</b>	2023-05-19 10:32 (Time Zone: -04:00)	<b>Date/Time:</b>	2023-05-19 10:32 (Time Zone: -04:00)	<b>Date/Time:</b>	2023-05-19 10:32 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN032181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 203 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 3501 DIVINGER AVE FORT WAYNE, IN 46803				
Permitted Features:	061 External Outfall	Discharge:	94-C	Status:	NotDMR Validated				
Report Date & Status:	From 9/4/10 to 9/30/23	DMR Due Date:	9/30/23	Telephone:					
Monitoring Period:	From 9/4/10 to 9/30/23								
Considerations for Form Completion:									
CSD:	914-137 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer:		Title:							
Lead Name:									
No Data Indicator (NDD):									
Form NO2:									
Code	Parameter	Monitoring Location	Season #	Permit NO2	Quantity or Loading	Quality or Concentration	# of Tests	Frequency of Analysis	Sample Type
9037	Overflow	EG - Effluent Gross	0	--	Sample Parent Req Value NO2	Opt Min MO TOTAL C - No Discharge	Units	W006 - West Discharge	RT - RC0010T
1450	Overflow volume (555 volume, CSD volume)	EG - Effluent Gross	0	--	Sample Parent Req Value NO2	Opt Min MO TOTAL C - No Discharge	Units	ALEN - All Events	ES - ESTIMA
7987	Precipitation, monthly accumulations	EG - Effluent Gross	0	--	Sample Parent Req Value NO2	ELR Opt Min MO TOTAL 94 - Inlets	Units	ALEN - All Events	RT - RC0010T
9108	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Parent Req Value NO2	Opt Min MO TOTAL C - No Discharge	Units	ALEN - All Events	RT - RC0010T

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFACHUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-05-19 10:40 (Time Zone: -04:00)

Report Last Signed By  
User: JETEFACHUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: 90523191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 2601 DIVIDGES AVE  
 FORT WAYNE, IN 46803  
 Discharge: 983-C  
 CSD: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD  
 Status: NetDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 04/01/23 to 04/02/23  
 CSD: R14-138 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

No Data Indicator (NDD) -

Code	Parameter Name	Monitoring Location	Season / Param. NDD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of EL	Frequency of Analyte	Sample Type
5007	Domitlan	EG - Effluent Gross	0	0	0	0	When Discharging	RT - NDD/DF
7603	Overflow volume (558 volumes, C50 volume)	EG - Effluent Gross	0	0	0	0	When Discharging	RT - NDD/DF
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	When Discharging	RT - NDD/DF
8r18	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	When Discharging	RT - NDD/DF

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

DMR Check Errors: No errors.

Comments: [Blank]

Attachments: No attachments.

Report Last Saved By: JETEFADUR

Report Last Saved By: Jennifer Lash

Fort Wayne WWTP: jennifer.lash@cityoffortwayne.org

User: JETEFADUR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-05-19 10:40 (Time Zone: -04:00)

Report Last Signed By: JETEFADUR

User: Jennifer Lash

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-05-19 10:52 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	Permit #: 09002191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP						
Major:	Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DRESDNER AVE FORT WAYNE, IN 46803						
Permitted Features:	014 External Outfall	Discharge: 064-C CSC: 002-035 - 610 FT SE OF COLEBURN BLVD S & NEW HAVEN AVE							
Report Dates & Status	Monitoring Period: From 04/01/23 to 04/30/23	DMR Due Date: 09/28/23	Status: NetDMS Validated						
Considerations for Force Completion	CSC: 002-035 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer	Title: _____ Telephone: _____								
First Name: _____	Last Name: _____								
No Data Indicator (NOD): _____	Form NOD: _____								
Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of EL	Frequency of Analysis	Sample Type
5007	Darbitics	EG - Effluent Gross	0	--	Sample Parent File Value NOD	Reg Min NO TOTAL, EG - 10hrs C - No Discharge		WACS - When Discharging RT - NOOTOT	
7400	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	--	Sample Parent File Value NOD	Reg Min NO TOTAL, BR - 10gal C - No Discharge		AJEDY - All Events	EG - EFF/NA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Parent File Value NOD	2.5M Reg Min NO TOTAL, BR - 10hrs	*	AJEDY - All Events	RT - NOOTOT
8410	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Parent File Value NOD	Reg Min NO TOTAL, AK - 10hrs C - No Discharge		AJEDY - All Events	RT - NOOTOT
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exclusions, Frequency of Analysis, and Sample Type.									
<b>Edit Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User: JETEFACMR									
Name: Jennifer Lash									
E-Mail: jennifer.lash@cityoffortwayne.org									
Date/Time: 2023-05-19 10:32 (Time Zone: -04:00)									
Report Last Signed By									
User: JETEFACMR									
Name: Jennifer Lash									
E-Mail: jennifer.lash@cityoffortwayne.org									
Date/Time: 2023-05-19 10:32 (Time Zone: -04:00)									

DMR Copy of Record

Permit #:	IA0022191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP					
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BLUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46802					
Permitted Features:	D68 External Outfall	Discharge:	984-C	Status:	NotDMR Validated					
Report Dates & Status		DMR Due Date:	05/28/23	Telephone:						
Monitoring Period	From 9/4/13 to 9/30/23									
Considerations for Force Completion										
CSC: N18-254 MUNICIPAL MAJOR ALLEN COUNTY										
Principal Executive Officer		Title:								
First Name:										
Last Name:										
No Data Indicator (NODD)										
Form NODD										
Code	Parameter Name	Monitoring Location	Session #	From: NODD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Units	F/FSL	Frequency of Analysis	Sample Type
50237	Overflows	EG - Effluent Gross	0	--	Reg Mon MD TOTAL C - No Discharge	Reg Mon MD TOTAL C - No Discharge	MG		When Discharging	RT - RCOTOT
74003	Overflow volume (555 volumes, CSO volume)	EG - Effluent Gross	0	--	Reg Mon MD TOTAL C - No Discharge	Reg Mon MD TOTAL C - No Discharge	MG			ES - ESTINA
76927	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Reg Mon MD TOTAL C - No Discharge	Reg Mon MD TOTAL C - No Discharge	MG			RT - RCOTOT
94105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Reg Mon MD TOTAL C - No Discharge	Reg Mon MD TOTAL C - No Discharge	MG			RT - RCOTOT
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>Edit Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE 19979</p> <p><b>User:</b> JETEFACUR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofindianapolis.org <b>Date/Time:</b> 2023-05-19 10:45 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b></p> <p><b>User:</b> JETEFACUR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofindianapolis.org <b>Date/Time:</b> 2023-05-19 10:52 (Time Zone: -04:00)</p>										

DMR Copy of Record

Permit #	IN0032191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. DELINGER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803
Permitted Features:	060 External Outfall	Discharge:	688-C CSO P12-001 250' EAST, NE OF PEMBERTON DR & NAAGRA DR	Status:	NotDMR Validated
Report Dates & Dates		DMR Due Date:	6/28/23	Telephone:	
Monitoring Period:	From 04/01/23 to 04/30/23	Considerations for Form Completion			
CSO - P12-001 250' EAST, NE OF PEMBERTON DR & NAAGRA DR		Principal Executive Officer			
First Name:		Title:			
Last Name:					
Form NOOB					

Code	Parameter Name	Monitoring Location	Session 1 Param. NOOB	Session 2 Param. NOOB	Quantity or Loading	Quality or Compliance	# of ES	Frequency of Analysis	Sample Type
5027	Dissolve	ES - Effluent Gross	0	0	Permit Req Value NOOB	Permit Req Value NOOB		WQCS - When Discharging RT - RCOTOT	RT - RCOTOT
7453	Overflow volume (SSD volume, CSO volume)	ES - Effluent Gross	0	0	Permit Req Value NOOB	Permit Req Value NOOB		ALERT - All Events	ES - ESTINA
7587	Precipitation, monthly accumulation	ES - Effluent Gross	0	0	Permit Req Value NOOB	Permit Req Value NOOB		ALERT - All Events	RT - RCOTOT
8435	Discharge event observations (Visual Monitoring)	ES - Effluent Gross	0	0	Permit Req Value NOOB	Permit Req Value NOOB		ALERT - All Events	RT - RCOTOT

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

**Exit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:41 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-19 10:52 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** 011 External Outfall  
**Permit #: 011-002191** **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E SERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DIVINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 031 External Outfall  
**Discharge:** 052523  
**Report Dates & Status:** From 04/01/23 to 04/05/23 **Status:** NewDMR Validated  
**Monitoring Period:** From 04/01/23 to 04/05/23  
**Consolidations for Flow Computation:** CSO - R14-002, 200' NORTH AND 710' WEST OF NEVADA & LAYVERNE DR.  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Alt Date Indicator (MOO):** \_\_\_\_\_  
**Form NO2:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Section # Param. NO2	Quantity of Loading			Quality or Compliance	# of EA	Frequency of Analyze	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50237	Overflow	EG - Effluent Cross	0	--						Reg Min MO TOTAL, RT - Inflow C - No Discharge
74503	Overflow volume (500 volumes, CSO volume)	EG - Effluent Cross	0	--						Reg Min MO TOTAL, RT - Inflow C - No Discharge
75857	Precipitation, monthly accumulation	EG - Effluent Cross	0	--						Reg Min MO TOTAL, RT - Inflow C - No Discharge
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	--						Reg Min MO TOTAL, RT - Inflow C - No Discharge

**Submittable Note:** If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exemptions, Frequency of Analyze, and Sample Type.  
**Edit Check Errors:** No errors.  
**Comments:**  
**Attachments:**  
**In Attachments:**  
**Report Last Saved By:** JETFAZAMR  
**PORT WAYNE WWTP**  
**User:** JETFAZAMR  
**Name:** Jennifer Leah  
**E-Mail:** jennifer.leah@cityoffortwayne.org  
**Date/Time:** 2023-05-19 10:41 (Time Zone: -04:00)  
**Report Last Signed By:** JETFAZAMR  
**User:** Jennifer Leah  
**Name:** jennifer.leah@cityoffortwayne.org  
**E-Mail:** 2023-05-19 10:52 (Time Zone: -04:00)  
**Date/Time:**



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

June 21, 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 May 2023

We are pleased to enclose a completed CSO MRO form for the month of May 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of May on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned May 22 through the rest of May. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21 for those days.

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,

*Jennifer E. Lash*

Jennifer E. Lash  
Program Manager -Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### **V** – Visual Inspection

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

### **C** – Model Charts

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

### **S** – Storm Runoff

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

### **P** – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 35546 (06/94-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 35546 (06/94-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN003191  
 Facility: Fort Wayne - P.L. Bruner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 5-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Measured/Metered (M) or Estimated (E) must be specified: Y

Date of Month	Peak Hourly Flow (MGD)	Time of Peak	Precipitation Data - Original 0.01 Gauge	Total Daily Flow (MGD)	Flow (MGD)	Flow (MGD)	CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 74			CSO Outfall No. 85			
							Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge
01	63.15	09:20	12:45 AM	2.42	0.29	0.05	5 m												
02	56.19	08:43	5:10 AM	0.17	0.02	0.01	5 m												
03	48.38	53:37	3:30 AM	0.08	0.01	0.01	5 m												
04	43.89	50:59	12:00 AM				5 m												
05	41.86	47:36	12:00 AM				5 m												
06	40.08	46:03	12:00 AM				5 m												
07	78.73	10:07	3:05 AM	2.67	0.70	0.31	5 m												
08	53.84	06:35	5:40 PM	0.33	0.04	0.01	5 m												
09	63.02	07:56	12:00 AM				5 m												
10	69.54	75:34	12:00 AM				5 m												
11	50.92	71:59	12:00 AM				5 m												
12	48.01	100:02	7:40 PM	1.75	0.91	0.58	5 m												
13	70.93	100:01	8:05 AM	0.17	0.02	0.02	5 m												
14	47.69	60:51	12:00 AM				5 m												
15	37.98	70:49	12:00 AM				5 m												
16	45.13	47:45	12:00 AM				5 m												
17	40.71	47:15	12:00 AM				5 m												
18	38.28	44:82	12:00 AM				5 m												
19	65.24	85:31	6:00 PM	2.83	0.47	0.17	5 m												
20	54.64	96:54	12:10 AM	0.17	0.02	0.02	5 m												
21	40.99	47:76	12:00 AM				5 m												
22	39.55	45:59	12:00 AM				5 m												
23	36.86	42:84	12:00 AM				5 m												
24	42.18	52:31	12:00 AM				5 m												
25	35.92	39:22	12:00 AM				5 m												
26	33.10	37:61	12:00 AM				5 m												
27	32.23	39:15	12:00 AM				5 m												
28	31.44	37:78	12:00 AM				5 m												
29	32.42	39:35	12:00 AM				5 m												
30	44.90	57:47	12:00 AM				5 m												
31	41.40	54:38	12:00 AM				5 m												
<b>Totals:</b>	<b>1449.50</b>			<b>10.59</b>	<b>2.48</b>														

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Telephone: 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 06/21/23

City: Fort Wayne Permit Number: IN003191  
 Facility: Fort Wayne - P.L. Bruner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 5-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Measured/Metered (M) or Estimated (E) must be specified: Y

Date of Month	Peak Hourly Flow (MGD)	Time of Peak	Precipitation Data - Original 0.01 Gauge	Total Daily Flow (MGD)	Flow (MGD)	Flow (MGD)	CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 74			CSO Outfall No. 85			
							Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	Time of Discharge	
01	63.15	09:20	12:45 AM	2.42	0.29	0.05	5 m												
02	56.19	08:43	5:10 AM	0.17	0.02	0.01	5 m												
03	48.38	53:37	3:30 AM	0.08	0.01	0.01	5 m												
04	43.89	50:59	12:00 AM				5 m												
05	41.86	47:36	12:00 AM				5 m												
06	40.08	46:03	12:00 AM				5 m												
07	78.73	10:07	3:05 AM	2.67	0.70	0.31	5 m												
08	53.84	06:35	5:40 PM	0.33	0.04	0.01	5 m												
09	63.02	07:56	12:00 AM				5 m												
10	69.54	75:34	12:00 AM				5 m												
11	50.92	71:59	12:00 AM				5 m												
12	48.01	100:02	7:40 PM	1.75	0.91	0.58	5 m												
13	70.93	100:01	8:05 AM	0.17	0.02	0.02	5 m												
14	47.69	60:51	12:00 AM				5 m												
15	37.98	70:49	12:00 AM				5 m												
16	45.13	47:45	12:00 AM				5 m												
17	40.71	47:15	12:00 AM				5 m												
18	38.28	44:82	12:00 AM				5 m												
19	65.24	85:31	6:00 PM	2.83	0.47	0.17	5 m												
20	54.64	96:54	12:10 AM	0.17	0.02	0.02	5 m												
21	40.99	47:76	12:00 AM				5 m												
22	39.55	45:59	12:00 AM				5 m												
23	36.86	42:84	12:00 AM				5 m												
24	42.18	52:31	12:00 AM				5 m												
25	35.92	39:22	12:00 AM				5 m												
26	33.10	37:61	12:00 AM				5 m												
27	32.23	39:15	12:00 AM				5 m												
28	31.44	37:78	12:00 AM				5 m												
29	32.42	39:35	12:00 AM				5 m												
30	44.90	57:47	12:00 AM				5 m												
31	41.40	54:38	12:00 AM				5 m												
<b>Totals:</b>	<b>1449.50</b>			<b>10.59</b>	<b>2.48</b>														

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Telephone: 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 06/21/23



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

State Form 5546 (04-01-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (04-01-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 5-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified

Date of Month	WWT Influent Data		Design Average Flow (MGD)		WWT Effluent Data		Design Average Flow (MGD)		CSO Overall No.		CSO Overall No.		CSO Overall No.		CSO Overall No.		CSO Overall No.		
	Average Daily Flow (MGD)	Peak Daily Flow (MGD)	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	
01	63.15	90.20	1.20 AM	2.50	0.30	0.04	5 m												
02	56.19	68.43	12:20 AM	0.25	0.03	0.01	5 m												
03	48.38	53.37	3:35 AM	0.08	0.01	0.01	5 m												
04	43.89	50.59	12:00 AM				5 m												
05	41.56	47.36	12:00 AM				5 m												
06	40.88	46.65	12:00 AM				5 m												
07	78.73	100.07	3:10 AM	2.67	0.69	0.39	5 m												
08	53.94	66.85	3:45 PM	0.50	0.07	0.02	5 m												
09	63.02	87.96	12:00 AM				5 m												
10	69.64	75.84	12:00 AM				5 m												
11	50.92	71.99	12:00 AM				5 m												
12	48.01	100.02	7:45 PM	1.85	0.73	0.55	5 m												
13	70.93	100.01	7:30 AM	0.25	0.03	0.02	5 m												
14	47.69	60.91	12:00 AM				5 m												
15	37.98	70.49	12:00 AM				5 m												
16	45.13	47.45	12:00 AM				5 m												
17	40.71	47.15	12:00 AM				5 m												
18	38.28	44.82	12:00 AM				5 m												
19	45.24	85.81	6:00 PM	2.83	0.48	0.17	5 m												
20	54.64	96.54	12:05 AM	0.17	0.02	0.02	5 m												
21	40.99	47.76	12:00 AM				5 m												
22	39.55	45.99	12:00 AM				5 m												
23	36.96	42.84	12:00 AM				5 m												
24	42.18	52.31	12:00 AM				5 m												
25	35.92	39.22	12:00 AM				5 m												
26	33.10	37.61	12:00 AM				5 m												
27	32.23	39.19	12:00 AM				5 m												
28	31.44	37.78	12:00 AM				5 m												
29	32.42	39.85	12:00 AM				5 m												
30	44.90	57.47	12:00 AM				5 m												
31	41.40	54.58	12:00 AM				5 m												
<b>Total:</b>	<b>1449.50</b>			<b>11.08</b>	<b>2.56</b>				<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Jennifer E. Lash, 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 06/21/23

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 5-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified

Date of Month	WWT Influent Data		Design Average Flow (MGD)		WWT Effluent Data		Design Average Flow (MGD)		CSO Overall No.		CSO Overall No.		CSO Overall No.		CSO Overall No.		CSO Overall No.		
	Average Daily Flow (MGD)	Peak Daily Flow (MGD)	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Flow Intensity (MGD/ft <sup>2</sup> )	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
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27																			
28																			
29																			
30																			
31																			
<b>Total:</b>									<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Jennifer E. Lash, 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 06/21/23

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT. I AM AWARE THAT ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR CALCULATING AND REPORTING INFORMATION IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRULY, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5046 (04/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5046 (04/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 12		Permit Number: IN0023191			
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y			
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month:		Y			
Design Peak Flow (MGD): 85		Design Average Flow (MGD): 74		CSO Discharge Occurred for the month:			
WWT Plant Inlet Date		Precipitation Date - 5th to 12th Gauge		CSO Discharge No.			
Time	Peak Flow (MGD)	Time	Peak Daily Precipitation (inches)	Time	Event Discharge (MGD)		
Day of Month	Flow (MGD)	Time	Intensity (inches/hr)	Time	Discharge (MGD)		
01	62.15	9:20	2.30	0.05	5 m		
02	56.19	68.43	12:00 AM	0.17	0.02	0.01	5 m
03	48.38	53.37	3:05 AM	0.17	0.02	0.02	5 m
04	43.89	50.59	12:00 AM				5 m
05	41.86	47.36	12:00 AM				5 m
06	40.08	46.63	12:00 AM				5 m
07	78.73	100.07	3:05 AM	2.75	0.68	0.41	5 m
08	53.94	66.85	3:35 PM	0.50	0.06	0.02	5 m
09	65.02	37.96	12:00 AM				5 m
10	69.64	75.84	12:00 AM				5 m
11	50.92	71.99	12:00 AM				5 m
12	48.01	100.02	7:35 PM	2.00	0.59	0.39	5 m
13	70.93	100.01	7:25 AM	0.33	0.04	0.02	5 m
14	47.69	60.91	12:00 AM				5 m
15	37.98	70.49	12:00 AM				5 m
16	45.13	47.45	12:00 AM				5 m
17	40.71	47.15	12:00 AM				5 m
18	38.28	44.82	12:00 AM				5 m
19	45.74	85.81	5:55 PM	2.42	0.34	0.14	5 m
20	54.64	96.54	12:05 AM	0.25	0.03	0.02	5 m
21	40.99	47.76	12:00 AM				5 m
22	39.55	45.99	12:00 AM				5 m
23	36.96	42.84	12:00 AM				5 m
24	42.18	52.31	12:00 AM				5 m
25	35.92	39.22	12:00 AM				5 m
26	33.10	37.61	12:00 AM				5 m
27	32.23	39.19	12:00 AM				5 m
28	31.44	37.78	12:00 AM				5 m
29	32.42	39.35	12:00 AM				5 m
30	44.90	57.47	12:00 AM				5 m
31	41.40	54.58	12:00 AM				5 m
<b>Totals:</b>	<b>1449.50</b>		<b>11.08</b>	<b>2.08</b>			

City: Fort Wayne		Page 3 of 12		Permit Number: IN0023191			
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y			
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month:		Y			
Design Peak Flow (MGD): 85		Design Average Flow (MGD): 74		CSO Discharge Occurred for the month:			
WWT Plant Inlet Date		Precipitation Date - 5th to 12th Gauge		CSO Discharge No.			
Time	Peak Flow (MGD)	Time	Peak Daily Precipitation (inches)	Time	Event Discharge (MGD)		
Day of Month	Flow (MGD)	Time	Intensity (inches/hr)	Time	Discharge (MGD)		
01	62.15	9:20	2.30	0.05	5 m		
02	56.19	68.43	12:00 AM	0.17	0.02	0.01	5 m
03	48.38	53.37	3:05 AM	0.17	0.02	0.02	5 m
04	43.89	50.59	12:00 AM				5 m
05	41.86	47.36	12:00 AM				5 m
06	40.08	46.63	12:00 AM				5 m
07	78.73	100.07	3:05 AM	2.75	0.68	0.41	5 m
08	53.94	66.85	3:35 PM	0.50	0.06	0.02	5 m
09	65.02	37.96	12:00 AM				5 m
10	69.64	75.84	12:00 AM				5 m
11	50.92	71.99	12:00 AM				5 m
12	48.01	100.02	7:35 PM	2.00	0.59	0.39	5 m
13	70.93	100.01	7:25 AM	0.33	0.04	0.02	5 m
14	47.69	60.91	12:00 AM				5 m
15	37.98	70.49	12:00 AM				5 m
16	45.13	47.45	12:00 AM				5 m
17	40.71	47.15	12:00 AM				5 m
18	38.28	44.82	12:00 AM				5 m
19	45.74	85.81	5:55 PM	2.42	0.34	0.14	5 m
20	54.64	96.54	12:05 AM	0.25	0.03	0.02	5 m
21	40.99	47.76	12:00 AM				5 m
22	39.55	45.99	12:00 AM				5 m
23	36.96	42.84	12:00 AM				5 m
24	42.18	52.31	12:00 AM				5 m
25	35.92	39.22	12:00 AM				5 m
26	33.10	37.61	12:00 AM				5 m
27	32.23	39.19	12:00 AM				5 m
28	31.44	37.78	12:00 AM				5 m
29	32.42	39.35	12:00 AM				5 m
30	44.90	57.47	12:00 AM				5 m
31	41.40	54.58	12:00 AM				5 m
<b>Totals:</b>	<b>1449.50</b>		<b>11.08</b>	<b>2.08</b>			

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Telephone: 260-427-6513

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (month/day/yr): 06/21/23

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Telephone: 260-427-6513

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (month/day/yr): 06/21/23

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

State Form 42046 (04-92-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN003191

Facility: Fort Wayne - 2 Le Branch WWTP Monitoring Period: [MONTH] 5-2023 Public Notification Requirements Met?  Y

Design Peak Runoff Rate (MGD): 85 Daily Average Flow (MGD): 74 Measure of Material (M) or Estimated (E) must be specified

Day of Month	CSO Control No. 49		CSO Control No. 50		CSO Control No. 51		CSO Control No. 52		CSO Control No. 53		CSO Control No. 54		CSO Control No. 55				
	Time Discharge Began	Event Discharge or Duration (Hour)	M	E	Time Discharge Began	Event Discharge or Duration (Hour)	M	E	Time Discharge Began	Event Discharge or Duration (Hour)	M	E	Time Discharge Began	Event Discharge or Duration (Hour)	M	E	
01																	
02																	
03																	
04																	
05																	
06																	
07	5:45 AM	M 0.67	M	0.057	M	5:30 AM	M	0.58	M	0.002	M						
08																	
09																	
10																	
11	8:10 PM	M 0.58	M	0.124	M	7:55 PM	M	0.50	M	0.009	M						
12																	
13																	
14																	
15																	
16																	
17																	
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19																	
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24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
<b>Totals:</b>	<b>2</b>	<b>1.25</b>	<b>0.181</b>	<b>2</b>	<b>1.08</b>	<b>0.011</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5656 (06/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5656 (06/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met: Y  
 Monitoring Period: (MONTH) 5-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 CSO Outfall No. 74  
 WWTW Inflow Data: Precipitation Data - Trained AAV LFT Gauge

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Peak Flow Began (approx)	Time Peak Flow Ended (approx)	Peak Flow Intensity (inches/hr)	Total Daily Precipitation (inches)	Design Average Flow (MGD)	CSO Outfall No. 74		CSO Outfall No. 13		CSO Outfall No. 17	
								Time Discharge Began	Time Discharge Ended	Flow (MGD)	Time Discharge Began	Time Discharge Ended	Flow (MGD)
01	69.15	90.20	12:45 AM	1:57	0.20	0.04	5 m						
02	56.19	68.43	8:40 AM	0:08	0.01	0.01	5 m						
03	48.88	58.37	3:40 AM	0:17	0.02	0.02	5 m						
04	43.89	50.59	12:00 AM				5 m						
05	41.85	47.36	12:00 AM				5 m						
06	40.08	46.69	12:00 AM				5 m						
07	78.73	100.07	3:05 AM	2:38	0.81	0.48	5 m	4:50 AM	1:00 AM	5:10 AM	1.75	M	0.091
08	53.94	66.85	8:20 PM	0:25	0.03	0.02	5 m						
09	69.02	87.96	12:00 AM				5 m						
10	69.64	75.84	12:00 AM				5 m						
11	50.82	71.89	12:00 AM				5 m						
12	48.01	100.02	7:53 PM	1:52	0.79	0.42	5 m	8:10 PM	1:00 AM	3:42	M	0.822	M
13	70.93	100.01	7:40 AM	0:25	0.03	0.01	5 m	12:00 AM	1:00 AM	2:08	M	0.015	M
14	47.69	60.91	12:00 AM				5 m						
15	37.98	70.49	12:00 AM				5 m						
16	45.13	47.45	12:00 AM				5 m						
17	40.71	47.15	12:00 AM				5 m						
18	38.28	44.82	12:00 AM				5 m						
19	45.24	85.81	6:00 PM	2:42	0.39	0.14	5 m	6:50 PM	1:00 AM	0.67	M	0.024	M
20	54.64	96.54	12:05 AM	0:17	0.02	0.02	5 m						
21	40.99	47.76	12:00 AM				5 m						
22	39.55	45.99	12:00 AM				5 m						
23	56.96	42.84	12:00 AM				5 m						
24	42.18	52.31	12:00 AM				5 m						
25	35.92	39.22	12:00 AM				5 m						
26	35.10	37.61	12:00 AM				5 m						
27	32.23	39.19	12:00 AM				5 m						
28	31.44	37.78	12:00 AM				5 m						
29	32.42	39.85	12:00 AM				5 m						
30	44.90	57.47	12:00 AM				5 m						
31	41.40	54.58	12:00 AM				5 m						
<b>Total:</b>	<b>1449.50</b>			<b>9.50</b>	<b>2.30</b>			<b>4</b>	<b>13.17</b>	<b>1.73</b>	<b>1</b>	<b>1.75</b>	<b>0.091</b>

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yy): 06/21/23

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met: Y  
 Monitoring Period: (MONTH) 5-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 CSO Outfall No. 74  
 WWTW Inflow Data: Precipitation Data - Trained AAV LFT Gauge

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Peak Flow Began (approx)	Time Peak Flow Ended (approx)	Peak Flow Intensity (inches/hr)	Total Daily Precipitation (inches)	Design Average Flow (MGD)	CSO Outfall No. 74		CSO Outfall No. 13		CSO Outfall No. 17	
								Time Discharge Began	Time Discharge Ended	Flow (MGD)	Time Discharge Began	Time Discharge Ended	Flow (MGD)
01	69.15	90.20	12:45 AM	1:57	0.20	0.04	5 m						
02	56.19	68.43	8:40 AM	0:08	0.01	0.01	5 m						
03	48.88	58.37	3:40 AM	0:17	0.02	0.02	5 m						
04	43.89	50.59	12:00 AM				5 m						
05	41.85	47.36	12:00 AM				5 m						
06	40.08	46.69	12:00 AM				5 m						
07	78.73	100.07	3:05 AM	2:38	0.81	0.48	5 m	4:50 AM	1:00 AM	5:10 AM	1.75	M	0.091
08	53.94	66.85	8:20 PM	0:25	0.03	0.02	5 m						
09	69.02	87.96	12:00 AM				5 m						
10	69.64	75.84	12:00 AM				5 m						
11	50.82	71.89	12:00 AM				5 m						
12	48.01	100.02	7:53 PM	1:52	0.79	0.42	5 m	8:10 PM	1:00 AM	3:42	M	0.822	M
13	70.93	100.01	7:40 AM	0:25	0.03	0.01	5 m	12:00 AM	1:00 AM	2:08	M	0.015	M
14	47.69	60.91	12:00 AM				5 m						
15	37.98	70.49	12:00 AM				5 m						
16	45.13	47.45	12:00 AM				5 m						
17	40.71	47.15	12:00 AM				5 m						
18	38.28	44.82	12:00 AM				5 m						
19	45.24	85.81	6:00 PM	2:42	0.39	0.14	5 m	6:50 PM	1:00 AM	0.67	M	0.024	M
20	54.64	96.54	12:05 AM	0:17	0.02	0.02	5 m						
21	40.99	47.76	12:00 AM				5 m						
22	39.55	45.99	12:00 AM				5 m						
23	56.96	42.84	12:00 AM				5 m						
24	42.18	52.31	12:00 AM				5 m						
25	35.92	39.22	12:00 AM				5 m						
26	35.10	37.61	12:00 AM				5 m						
27	32.23	39.19	12:00 AM				5 m						
28	31.44	37.78	12:00 AM				5 m						
29	32.42	39.85	12:00 AM				5 m						
30	44.90	57.47	12:00 AM				5 m						
31	41.40	54.58	12:00 AM				5 m						
<b>Total:</b>	<b>1449.50</b>			<b>9.50</b>	<b>2.30</b>			<b>4</b>	<b>13.17</b>	<b>1.73</b>	<b>1</b>	<b>1.75</b>	<b>0.091</b>

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yy): 06/21/23





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

State Form 50546 (04/04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (04/04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month: Y	
Design Peak Hourly Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified.	
WWT Plant Data - Old and New #11 Gease		CSO Outlet No. 19	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Discharge Began	Time Discharge Ended
01 65.15	90.20	10:10 AM	11:50 AM
02 56.19	68.43	12:05 AM	1:00 AM
03 48.38	53.37	3:35 AM	4:30 AM
04 43.89	50.59	12:00 AM	12:00 AM
05 41.86	47.36	12:00 AM	12:00 AM
06 40.08	46.63	12:00 AM	12:00 AM
07 78.73	100.07	3:00 AM	3:20 AM
08 53.94	66.85	3:35 PM	4:30 PM
09 65.02	87.96	12:00 AM	12:00 AM
10 69.64	75.84	12:00 AM	12:00 AM
11 50.92	71.99	12:00 AM	12:00 AM
12 46.01	100.02	7:50 PM	7:50 PM
13 70.93	100.01	6:35 AM	6:35 AM
14 47.69	60.91	12:00 AM	12:00 AM
15 37.98	70.49	12:00 AM	12:00 AM
16 45.13	47.45	12:00 AM	12:00 AM
17 40.71	47.15	12:00 AM	12:00 AM
18 38.28	44.82	12:00 AM	12:00 AM
19 45.24	85.81	5:55 PM	7:15 PM
20 54.64	96.64	12:15 AM	12:00 AM
21 40.99	47.76	12:00 AM	12:00 AM
22 39.55	45.99	12:00 AM	12:00 AM
23 36.96	42.84	12:00 AM	12:00 AM
24 42.18	52.31	12:00 AM	12:00 AM
25 35.92	39.22	12:00 AM	12:00 AM
26 33.10	37.61	12:00 AM	12:00 AM
27 32.23	39.19	12:00 AM	12:00 AM
28 31.44	37.78	12:00 AM	12:00 AM
29 32.42	38.85	12:00 AM	12:00 AM
30 44.90	57.47	12:00 AM	12:00 AM
31 41.40	54.58	12:00 AM	12:00 AM
Total:	1449.80	8.91	2.53

Typed or Printed Name and Title of Facility Executive Officer or Authorized Agent: Jennifer E. Leach  
 Telephone: 260-477-6113  
 Signature of Facility Executive Officer or Authorized Agent: Jennifer E. Leach  
 Date (month/day): 06/21/23

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month: Y	
Design Peak Hourly Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified.	
WWT Plant Data - Old and New #11 Gease		CSO Outlet No. 21	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Discharge Began	Time Discharge Ended
01 65.15	90.20	10:10 AM	11:50 AM
02 56.19	68.43	12:05 AM	1:00 AM
03 48.38	53.37	3:35 AM	4:30 AM
04 43.89	50.59	12:00 AM	12:00 AM
05 41.86	47.36	12:00 AM	12:00 AM
06 40.08	46.63	12:00 AM	12:00 AM
07 78.73	100.07	3:00 AM	3:20 AM
08 53.94	66.85	3:35 PM	4:30 PM
09 65.02	87.96	12:00 AM	12:00 AM
10 69.64	75.84	12:00 AM	12:00 AM
11 50.92	71.99	12:00 AM	12:00 AM
12 46.01	100.02	7:50 PM	7:50 PM
13 70.93	100.01	6:35 AM	6:35 AM
14 47.69	60.91	12:00 AM	12:00 AM
15 37.98	70.49	12:00 AM	12:00 AM
16 45.13	47.45	12:00 AM	12:00 AM
17 40.71	47.15	12:00 AM	12:00 AM
18 38.28	44.82	12:00 AM	12:00 AM
19 45.24	85.81	5:55 PM	7:15 PM
20 54.64	96.64	12:15 AM	12:00 AM
21 40.99	47.76	12:00 AM	12:00 AM
22 39.55	45.99	12:00 AM	12:00 AM
23 36.96	42.84	12:00 AM	12:00 AM
24 42.18	52.31	12:00 AM	12:00 AM
25 35.92	39.22	12:00 AM	12:00 AM
26 33.10	37.61	12:00 AM	12:00 AM
27 32.23	39.19	12:00 AM	12:00 AM
28 31.44	37.78	12:00 AM	12:00 AM
29 32.42	38.85	12:00 AM	12:00 AM
30 44.90	57.47	12:00 AM	12:00 AM
31 41.40	54.58	12:00 AM	12:00 AM
Total:	1449.80	8.91	2.53

Typed or Printed Name and Title of Facility Executive Officer or Authorized Agent: Jennifer E. Leach  
 Telephone: 260-477-6113  
 Signature of Facility Executive Officer or Authorized Agent: Jennifer E. Leach  
 Date (month/day): 06/21/23



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

State Form 50546 (04/97-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (04/97-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 7 of 12		Public Notification Requirements Met? Y							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: [MONTH] 5-2023		Design Peak Hourly Flow (MGD): 85		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									
Date of Month	Time of Peak Flow (mm/dd/yyyy)	Peak Flow (MGD)	Precipitation Peak - Storm S.I. (in)	Time of Peak Precipitation (mm/dd/yyyy)	Peak Precipitation (in/hr)	CSO Overall No.		CSO Overall No.		CSO Overall No.		CSO Overall No.	
						M	E	M	E	M	E	M	E
01	05:15	90.20	2.33	0:28	0.05	5 m							
02	05:19	68.43	12:30 AM	0:25	0.01	5 m							
03	05:38	51.37	3:30 AM	0:17	0.02	5 m							
04	05:59	50.59	12:00 AM			5 m							
05	06:06	47.36	12:00 AM			5 m							
06	06:08	46.63	12:00 AM			5 m							
07	06:07	100.07	3:00 AM	2:75	0.48	5 m							
08	05:34	66.85	3:30 PM	0:42	0.03	5 m							
09	05:02	87.96	12:00 AM			5 m							
10	05:04	75.84	12:00 AM			5 m							
11	05:02	71.99	12:00 AM			5 m							
12	04:01	100.02	7:25 PM	2:08	0.88	0.46	5 m						
13	07:53	100.01	7:35 AM	0:25	0.03	0.01	5 m						
14	07:09	60.93	12:00 AM			5 m							
15	07:58	70.49	12:00 AM			5 m							
16	05:13	47.45	12:00 AM			5 m							
17	04:01	47.15	12:00 AM			5 m							
18	03:28	44.82	12:00 AM			5 m							
19	04:24	85.81	5:45 PM	3:00	0.51	0.20	5 m						
20	04:04	96.54	12:00 AM	0:17	0.02	0.02	5 m						
21	04:09	47.76	12:00 AM			5 m							
22	03:55	45.99	12:00 AM			5 m							
23	03:06	42.84	12:00 AM			5 m							
24	02:18	52.31	12:00 AM			5 m							
25	03:02	39.22	12:00 AM			5 m							
26	03:10	37.61	12:00 AM			5 m							
27	03:23	39.19	12:00 AM			5 m							
28	03:44	37.78	12:00 AM			5 m							
29	03:42	39.85	12:00 AM			5 m							
30	04:00	57.47	12:00 AM			5 m							
31	04:40	54.58	12:00 AM			5 m							
Totals:		1449.50		11.42	2.60		0	0	0.000	0	0.000	0	0.000

City: Fort Wayne		Permit Number: IN0032191		Page 7 of 12		Public Notification Requirements Met? Y							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: [MONTH] 5-2023		Design Peak Hourly Flow (MGD): 85		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									
Date of Month	Time of Peak Flow (mm/dd/yyyy)	Peak Flow (MGD)	Precipitation Peak - Storm S.I. (in)	Time of Peak Precipitation (mm/dd/yyyy)	Peak Precipitation (in/hr)	CSO Overall No.		CSO Overall No.		CSO Overall No.		CSO Overall No.	
						M	E	M	E	M	E	M	E
01	05:15	90.20	2.33	0:28	0.05	5 m							
02	05:19	68.43	12:30 AM	0:25	0.01	5 m							
03	05:38	51.37	3:30 AM	0:17	0.02	5 m							
04	05:59	50.59	12:00 AM			5 m							
05	06:06	47.36	12:00 AM			5 m							
06	06:08	46.63	12:00 AM			5 m							
07	06:07	100.07	3:00 AM	2:75	0.48	5 m							
08	05:34	66.85	3:30 PM	0:42	0.03	5 m							
09	05:02	87.96	12:00 AM			5 m							
10	05:04	75.84	12:00 AM			5 m							
11	05:02	71.99	12:00 AM			5 m							
12	04:01	100.02	7:25 PM	2:08	0.88	0.46	5 m						
13	07:53	100.01	7:35 AM	0:25	0.03	0.01	5 m						
14	07:09	60.93	12:00 AM			5 m							
15	07:58	70.49	12:00 AM			5 m							
16	05:13	47.45	12:00 AM			5 m							
17	04:01	47.15	12:00 AM			5 m							
18	03:28	44.82	12:00 AM			5 m							
19	04:24	85.81	5:45 PM	3:00	0.51	0.20	5 m						
20	04:04	96.54	12:00 AM	0:17	0.02	0.02	5 m						
21	04:09	47.76	12:00 AM			5 m							
22	03:55	45.99	12:00 AM			5 m							
23	03:06	42.84	12:00 AM			5 m							
24	02:18	52.31	12:00 AM			5 m							
25	03:02	39.22	12:00 AM			5 m							
26	03:10	37.61	12:00 AM			5 m							
27	03:23	39.19	12:00 AM			5 m							
28	03:44	37.78	12:00 AM			5 m							
29	03:42	39.85	12:00 AM			5 m							
30	04:00	57.47	12:00 AM			5 m							
31	04:40	54.58	12:00 AM			5 m							
Totals:		1449.50		11.42	2.60		0	0	0.000	0	0.000	0	0.000

Typist or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Telephone: 250-427-6213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (mm/dd/yyyy): 06/21/23

Typist or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Telephone: 250-427-6213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (mm/dd/yyyy): 06/21/23



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 5046 (06/9-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 5046 (06/9-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y <input type="checkbox"/> N	
Design Peak Inflow Flow (MGD): 85		Design Average Flow (MGD): 74	
WVTP Inflow Data		Prescription Date - Antimony Box 8 PPT Cause	
Day of Month	Average Peak Inflow (MGD)	Peak Flow (MGD)	Time of Peak (mm:ss)
01	63.15	90.20	12:25 AM
02	56.19	68.43	2:00 AM
03	48.38	53.37	3:10 AM
04	43.69	50.59	12:00 AM
05	41.55	47.56	12:00 AM
06	40.08	46.63	12:00 AM
07	78.73	100.07	3:10 AM
08	52.94	66.85	3:40 PM
09	63.02	87.96	12:00 AM
10	69.64	75.84	12:00 AM
11	50.92	71.99	12:00 AM
12	48.01	100.02	7:35 PM
13	70.93	100.01	7:45 AM
14	47.69	60.91	12:00 AM
15	37.98	70.49	12:00 AM
16	45.13	47.45	12:00 AM
17	40.71	47.15	12:00 AM
18	38.28	44.82	12:00 AM
19	45.24	85.81	6:05 PM
20	54.64	96.54	12:05 AM
21	40.99	47.76	12:00 AM
22	39.55	45.99	12:00 AM
23	36.96	42.84	12:00 AM
24	42.18	52.31	12:00 AM
25	35.92	39.22	12:00 AM
26	33.10	37.61	12:00 AM
27	32.23	39.19	12:00 AM
28	31.44	37.78	12:00 AM
29	32.42	39.85	12:00 AM
30	44.90	57.47	12:00 AM
31	41.40	54.38	12:00 AM
<b>Totals:</b>	<b>1449.50</b>	<b>11.75</b>	<b>3.09</b>

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y <input type="checkbox"/> N	
Design Peak Inflow Flow (MGD): 85		Design Average Flow (MGD): 74	
WVTP Inflow Data		Prescription Date - Antimony Box 8 PPT Cause	
Day of Month	Average Peak Inflow (MGD)	Peak Flow (MGD)	Time of Peak (mm:ss)
01	63.15	90.20	12:25 AM
02	56.19	68.43	2:00 AM
03	48.38	53.37	3:10 AM
04	43.69	50.59	12:00 AM
05	41.55	47.56	12:00 AM
06	40.08	46.63	12:00 AM
07	78.73	100.07	3:10 AM
08	52.94	66.85	3:40 PM
09	63.02	87.96	12:00 AM
10	69.64	75.84	12:00 AM
11	50.92	71.99	12:00 AM
12	48.01	100.02	7:35 PM
13	70.93	100.01	7:45 AM
14	47.69	60.91	12:00 AM
15	37.98	70.49	12:00 AM
16	45.13	47.45	12:00 AM
17	40.71	47.15	12:00 AM
18	38.28	44.82	12:00 AM
19	45.24	85.81	6:05 PM
20	54.64	96.54	12:05 AM
21	40.99	47.76	12:00 AM
22	39.55	45.99	12:00 AM
23	36.96	42.84	12:00 AM
24	42.18	52.31	12:00 AM
25	35.92	39.22	12:00 AM
26	33.10	37.61	12:00 AM
27	32.23	39.19	12:00 AM
28	31.44	37.78	12:00 AM
29	32.42	39.85	12:00 AM
30	44.90	57.47	12:00 AM
31	41.40	54.38	12:00 AM
<b>Totals:</b>	<b>1449.50</b>	<b>11.75</b>	<b>3.09</b>

Type of Principal Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Telephone: 260-427-6213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (month/day): 06/21/23

Type of Principal Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Telephone: 260-427-6213

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Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (month/day): 06/21/23



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

State Form 0544 (04-01-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 0544 (04-01-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: 10 of 12		Permit Number: IN002191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: [MONTH] 5-2023		Check box if no CSO discharge occurred for the month:		Y		
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		74		
CSO Outfall No. 01		CSO Outfall No. 02		CSO Outfall No. 03		
Day of Month	Time Discharge Begins	Time Discharge Ends	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)	Event Discharge or Duration (MGD)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Totals:</b>	0	0	0.000	0	0.000	0.000



City: Fort Wayne		Page 11 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? <input type="checkbox"/>		Y	
Monitoring Period: (MONTH) 5-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 74		Design Average Flow (MGD): 34		Design Average Flow (MGD): 45	
WWTW Treatment Data - 1st, 2nd, and 3rd Cells		CSO Outfall No. 74		CSO Outfall No. 44	
Time of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak (HH:MM)	Time of Discharge (HH:MM)	Event Duration (Hours)
01	69.15	90.20	12:05 AM		
02	56.19	68.43	2:15 AM		
03	48.38	53.37	3:30 AM		
04	43.89	50.59	12:00 AM		
05	41.86	47.36	12:00 AM		
06	40.08	46.69	12:00 AM		
07	78.75	100.07	3:00 AM	6:07 AM	1.827 M
08	53.94	66.85	3:40 PM		
09	65.02	87.96	12:00 AM		
10	69.64	75.84	12:00 AM		
11	50.92	71.99	12:00 AM		
12	48.01	100.02	7:40 PM	8:33 PM	1.428 M
13	70.93	100.01	7:40 AM		
14	47.69	60.91	12:00 AM		
15	37.98	70.49	12:00 AM		
16	45.13	47.45	12:00 AM		
17	40.71	47.15	12:00 AM		
18	38.28	44.82	12:00 AM		
19	45.24	85.81	5:50 PM		
20	54.64	96.54	12:10 AM		
21	40.99	47.76	12:00 AM		
22	39.55	45.99	12:00 AM		
23	36.96	42.84	12:00 AM		
24	42.18	52.31	12:00 AM		
25	35.92	39.22	12:00 AM		
26	33.10	37.61	12:00 AM		
27	32.25	38.19	12:00 AM		
28	31.44	37.78	12:00 AM		
29	32.42	39.85	12:00 AM		
30	44.50	57.47	12:00 AM		
31	41.40	54.53	12:00 AM		
<b>Totals:</b>	<b>1449.50</b>		<b>11.50</b>	<b>2.42</b>	<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Telephone: 260-427-6213  
 I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEMS DESIGNED TO ASSURE THE ACCURACY AND COMPLETENESS OF THE INFORMATION REPORTED HEREON. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yyyy): 06/21/23



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: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brummer WWTP	Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 5-2023	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	
07	Wet Weather Day
08	Wet Weather Day
09	
10	
11	
12	Wet Weather Day
13	Wet Weather Day
14	
15	
16	
17	
18	
19	Wet Weather Day
20	Wet Weather Day
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent <i>Jennifer E. Lash</i>	Telephone 260-427-6213
--	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent <i>Jennifer E. Lash</i>	Date (mm/dd/yy) 06/21/23
---	-----------------------------

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN0002191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
		<b>Major:</b> Yes		<b>City of Fort Wayne:</b> 200 E BERRY ST FT WAYNE, IN 46602		<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46603	
<b>Permitted Features:</b>		902 External Outfall		<b>Discharge:</b>			
<b>Report Dates &amp; Status</b>		<b>Monitoring Period:</b> From 09/01/03 to 09/31/03		<b>DMR Due Date:</b> 06/30/03		<b>Status:</b> MtdDMR Validated	
<b>Considerations for Form Completion</b>		CSO - 003 POND WHEN USED AS CSO ONLY					
<b>Principal Executive Officer</b>		<b>First Name:</b> Jennifer		<b>Title:</b> Program Manager			
		<b>Last Name:</b> Lash				<b>Telephone:</b> 260-477-0213	
<b>No Data Indicator (NDD)</b>		-					
<b>Form NDD:</b>		-					
<b>Code:</b>		<b>Permittee Name</b>		<b>Monitoring Location</b>		<b>Quantity or Loading</b>	
		Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3 Value 3		Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3 Value 3		Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3 Value 3	
9007 Duration		E0 - Effluent Gross 0 -		E0 - Effluent Gross 0 -		Req Net MD TOTAL, 48 - 8hrs C - No Discharge	
7003 Overflow volumes (SSS volumes, CSO volumes)		E0 - Effluent Gross 0 -		E0 - Effluent Gross 0 -		Req Net MD TOTAL, 24 - 8hrs C - No Discharge	
7007 Precipitation, monthly accumulation		E0 - Effluent Gross 0 -		E0 - Effluent Gross 0 -		Req Net MD TOTAL, 96 - 8hrs C - No Discharge	
8110 Discharge event observation (Visual Monitoring)		E0 - Effluent Gross 0 -		E0 - Effluent Gross 0 -		Req Net MD TOTAL, 48 - 8hrs C - No Discharge	
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>EDR Check Errors</b>							
No errors.							
<b>Comments</b>							
<b>Attachments</b>							
		<b>Name</b>		<b>Type</b>		<b>Size</b>	
IN0002191_0002_Lump_2003_04.pdf				pdf		208744.0	
IN0002191_0002_CSORND_2003_06.pdf				pdf		438215.0	
<b>Report Last Saved By</b>		FORT WAYNE WWTP					
<b>User:</b>		JETEFADMR					
<b>Name:</b>		Jennifer Lash					
<b>E-Mail:</b>		jennifer.lash@cityofwayne.org					
<b>Date/Time:</b>		2003-06-21 13:53 (Time Zone: -04:00)					
<b>Report Last Signed By</b>		JETEFADMR					
<b>User:</b>		Jennifer Lash					
<b>Name:</b>		Jennifer Lash					
<b>E-Mail:</b>		jennifer.lash@cityofwayne.org					
<b>Date/Time:</b>		2003-06-21 13:51 (Time Zone: -04:00)					



DMR Copy of Record

<b>Permit</b> Permit #: IN0002191 Subject: Yes Permitted Features: 003 External Outfall Report Dates & Status: From 6/6/10/3 to 6/6/10/3 Monitoring Period: From 6/6/10/3 to 6/6/10/3 Considerations for Permit Completion: CSO - 50' POND WHEN USED AS CSO ONLY Principal Executive Officer:		Permittee: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802 Discharge: 003-C CSO P10-023, 001 POND - 903 FT E OF PEMBERTON DR DMR Due Date: 06/28/23 Status: NetDMR Validated Telephone:		Facility: Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DENEGERS AVE FORT WAYNE, IN 46823	
Form NOOI: -- No Data Indicator (NOOI)		Title:		Quantity or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units	
Name:		Monitoring Location:		# of Es. Frequency of Analysis Sample Type	
Parameter:		Season of Perm. NOOI:		Value 3 Units	
Sample Permit Req. Value NOOI:		EG - Effluent Gross 0 --		Reg Mon MO TOTL, 42 - 1/Time C - No Discharge WNGS - When Discharging RT - RCOTOT	
5207 Durables		EG - Effluent Gross 0 --		Reg Mon MO TOTL, 26 - 1/Time C - No Discharge ALBY - All Events ES - ESTMA	
7403 Overflow volume (350 volume, CSO volume)		EG - Effluent Gross 0 --		Reg Mon MO TOTL, 0M - 1/Time ALBY - All Events RT - RCOTOT RT - RCOTOT	
7887 Precipitation, monthly accumulation		EG - Effluent Gross 0 --		Reg Mon MO TOTL, 46 - 1/Time C - No Discharge ALBY - All Events RT - RCOTOT	
84155 Discharge event observations (Visual Monitoring)		EG - Effluent Gross 0 --		Reg Mon MO TOTL, 46 - 1/Time C - No Discharge ALBY - All Events RT - RCOTOT	
<b>Submittal Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>DMR Check Errors</b> No errors. Comments:					
Attachments: No attachments.					
Report Last Saved By: FORT WAYNE WWTP					
User: JETEFACMR Name: Jennifer Lash Email: jennifer.lash@cityofnorthwayne.org Date/Time: 2023-06-21 13:34 (Time Zone: -04:00)					
Report Last Signed By:					
User: JETEFACMR Name: Jennifer Lash Email: jennifer.lash@cityofnorthwayne.org Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)					

DMR Copy of Record

<b>Permit</b>	Permit #:	NR832181	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
	Major:	Yes	Permitter Address:	CITY OF FORT WAYNE 505 S BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2801 DWYSEN AVE FORT WAYNE, IN 46803
	Permitted Feature:	DA External Outfall	Discharge:	MLC CSO -22.0A, 119 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER	Statue:	NotDMR Validated
	Report Dates & Status	From 8/21/23 to 8/21/23	DMR Due Date:	8/29/23	Telephone:	
	Monitoring Period:	From 8/21/23 to 8/21/23	Considerations for Permit Completion	CSO -22.090 MUNICIPAL MAJOR ALLEN COUNTY		
	Principal Executive Officer:		Title:			
	First Name:					
	Last Name:					
	No Data Indicator (NODI)					
	Firm NODI					
	Code:	Permittee Name	Monitoring Location	Session #	Permit NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 1 Value 1 Qualifier 2 Value 3
1003	Denials	EG - Effluent Cross	0	-		Reg Max MD TOT% 42 - 100% C - No Discharge
1005	Overflow volume (250 volume, CSO volume)	EG - Effluent Cross	0	-		Reg Max MD TOT% 28 - 100% C - No Discharge
1007	Precipitation, monthly accumulation	EG - Effluent Cross	0	-		0 Reg Max MD TOT% 98 - 100% g
8105	Discharge event observable (Visual Monitoring)	EG - Effluent Cross	0	-		Reg Max MD TOT% 42 - 100% C - No Discharge
<b>Submission Note</b>						
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.						
<b>DMR Check Errors</b>						
No errors.						
<b>Comments</b>						
Attachments						
No attachments.						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
User: JETEFADMR						
Name: Jennifer Lush						
E-Mail: jennifer.lush@cityoffortwayne.org						
Date/Time: 2023-06-21 13:31 (Time Zone: -04:00)						
<b>Report Last Signed By</b>						
User: JETEFADMR						
Name: Jennifer Lush						
E-Mail: jennifer.lush@cityoffortwayne.org						
Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)						

DMR Copy of Record

Permit #	IN0002191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility	FORT WAYNE WWTP P.L. BRUNER WPC 2801 DIVISIDER AVE FORT WAYNE, IN 46803									
Major	Yes	Permittee Address		Facility Location										
Permitted Features	005 External Outfall	Discharge	995-C CSD, J11-164, 310 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD	Status	MAINTAIN/Validated									
Report Date & Status		DMR Due Date	9/6/2023											
Monitoring Period	From 6/5/1023 to 9/30/23													
Considerations for Permit Completion														
Principal Executive Officer														
First Name		Title		Telephone										
Last Name														
No Data Indicator (NOD)														
Form NOD														
Code	Activity Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading	Quality or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5	Units	Frequency of Analysis	Sample Type
5037	Sanitation	EG - Effluent Gross	0	-		11.07	Res Max MO TOTAL	EG - Inflow	0			WY05 - When Discharging	RT - ROOTOT	RT - ROOTOT
7403	Overflow volume (559 volumes, CSD volume)	EG - Effluent Gross	0	-		3.47%	Res Max MO TOTAL	35 - Night	0			ALEN - All Events	ES - ESTIMA	ES - ESTIMA
7887	Precipitation, monthly accumulations	EG - Effluent Gross	0	-		2.8	Res Max MO TOTAL	35 - Inflow	0			ALEN - All Events	RT - ROOTOT	RT - ROOTOT
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-		6.3	Res Max MO TOTAL	96 - Flow	0			ALEN - All Events	RT - ROOTOT	RT - ROOTOT

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JTEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-21 13:31 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JTEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> W0832191		<b>Permittee:</b> FORT WAYNE WWTTP		<b>Facility:</b> FORT WAYNE WWTTP	
<b>Major:</b> Yes		<b>Permit Address:</b> CITY OF FORT WAYNE 203 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BRUNNER WFC 2031 DWINGER AVE FORT WAYNE, IN 46803	
<b>Permitted Features:</b> SOT External Outfall		<b>Discharge:</b> 897-C CSO: 603-692, 250 FEET DE OF ELECTRIC AVE. & BROWN ST.		<b>Discharge:</b>			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 06/28/23		<b>Status:</b>		NotDMR Validated	
<b>Monitoring Period:</b> From 05/01/23 to 05/31/23		<b>Consolidations for Permit Completion</b>					
<b>CSO: 603-692 MUNICIPAL MAJOR ALLEN COUNTY</b>							
<b>Principal Executive Officer</b>							
<b>First Name:</b>		<b>Title:</b>					
<b>Last Name:</b>							
<b>No Data Indicator (NDD)</b>							
<b>Form W005:</b>							
<b>Code</b>		<b>Permittee</b>		<b>Monitoring Location</b>		<b>Quantity or Loading</b>	
						<b>Qualifier 1 Value 1</b> <b>Qualifier 2 Value 2</b> <b>Qualifier 3 Value 3</b> <b>Qualifier 4 Value 4</b>	
						<b>Units</b>	
						<b># of EC</b> <b>Frequency of Analysis</b> <b>Sample Type</b>	
S037 Duration		EG - Effluent Gross 0 -		Sample Permit Req. Value NDD		Req. Min MD TOTAL, 42 - None C - No Discharge	
75033 Overflow volume (535 volume, CSO volume)		EG - Effluent Gross 0 -		Sample Permit Req. Value NDD		Req. Min MD TOTAL, 38 - 8gal C - No Discharge	
75087 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		Sample Permit Req. Value NDD		Req. Min MD TOTAL, 38 - 8gal C - No Discharge	
84195 Discharge event observation (Visual Monitoring)		EG - Effluent Gross 0 -		Sample Permit Req. Value NDD		Req. Min MD TOTAL, 42 - None C - No Discharge	
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.							
<b>DBF Check Errors</b>							
No errors.							
<b>Comments</b>							
<b>Attachments</b>							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTTP							
<b>User:</b>		JETFADMR					
<b>Name:</b>		Jennifer Lash					
<b>E-Mail:</b>		jennifer.lash@cityofwayne.org					
<b>Date/Time:</b>		2023-06-21 13:31 (Time Zone: -04:00)					
<b>Report Last Signed By</b>							
<b>User:</b>		JETFADMR					
<b>Name:</b>		Jennifer Lash					
<b>E-Mail:</b>		jennifer.lash@cityofwayne.org					
<b>Date/Time:</b>		2023-06-21 13:31 (Time Zone: -04:00)					

DMIR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46832	Facility:	FORT WAYNE WWTP P.L. BLUNNER WPC 2674 DWENGER AVE FORT WAYNE, IN 46803								
Major:	Yes	Permit Address:	Discharge:	Facility Location:									
Permitted Features:	D11 External Outlet												
Report Dates & Status		DMIR Due Date:	06/28/23	Status:	MetDMIR Validated								
Monitoring Period:	From 05/01/23 to 06/30/23												
Considerations for Form Completion													
CDC: K06-233 MUNICIPAL, MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:		Title:		Telephone:									
Last Name:													
No Data Indicator (NDD)													
Form NDD:													
Code	Permitter	Monitoring Location	Session #	Perms	NDD	Quantity or Loading	Quality of Concentration	Value 1	Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
8007	Duration	EQ - Effluent Gross	0	-	-	Sample Permit Fee Value NDD	Req Min MD TOTAL	4E - Inflow	W008 - When Discharging	4E - RCO/TOT			
7100	Overflow volume [SSS volume, GSD volume]	EQ - Effluent Gross	0	-	-	Sample Permit Fee Value NDD	Req Min MD TOTAL	3E - Inflow	W008 - When Discharging	4E - RCO/TOT			
7007	Precipitation, monthly accumulation	EQ - Effluent Gross	0	-	-	Sample Permit Fee Value NDD	Req Min MD TOTAL	4E - Inflow	W008 - When Discharging	4E - RCO/TOT			
8115	Discharge event observation [Visual Monitoring]	EQ - Effluent Gross	0	-	-	Sample Permit Fee Value NDD	Req Min MD TOTAL	4E - Inflow	W008 - When Discharging	4E - RCO/TOT			

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

**Self Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFAJOUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-06-21 13:31 (Time Zone: -04:00)

Report Last Signed By  
User: JTEFAJOUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-06-21 13:31 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit #:</b> IN6032191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP							
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BOLINGER WPC 2651 DRENGER AVE FORT WAYNE, IN 46803							
<b>Permitted Feature:</b> 012 External Outfall	<b>Discharge:</b> 013-C CSD: K26-204 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.								
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 06/26/23	<b>Status:</b> NetDMR Validated							
<b>Monitoring Period:</b> From 05/01/23 to 05/31/23									
<b>Considerations for Form Completion:</b>									
<b>CSO: K26-204 MUNICIPAL MAJOR ALLEN COUNTY</b>									
<b>Principal Executive Officer:</b>									
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>							
<b>Last Name:</b>									
<b>No Data Indicator (NDD):</b> --									
<b>Form NDD:</b>									
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analyte</b>	<b>Sample Type</b>
50027	Dissolved	EG - Effluent Gross	0	--	Req Max MO TOTAL, 42 - 4300 G - No Discharge	Req Max MO TOTAL, 42 - 4300 G - No Discharge	10105	When Discharging RT - NO0707	RT - NO0707
50063	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--	Req Max MO TOTAL, 38 - 4000 G - No Discharge	Req Max MO TOTAL, 38 - 4000 G - No Discharge	ALUY - All Events	ES - ESTMA	RT - NO0707
50067	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Max MO TOTAL, 30 - 4000 G - No Discharge	Req Max MO TOTAL, 30 - 4000 G - No Discharge	ALUY - All Events	RT - NO0707	RT - NO0707
8118	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Req Max MO TOTAL, 45 - 8000 G - No Discharge	Req Max MO TOTAL, 45 - 8000 G - No Discharge	ALUY - All Events	RT - NO0707	RT - NO0707

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

**ESR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETSFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:31 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETSFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

**Permit #** IN0002191  
**Major** Yes  
**Permitted Features:** 013 External Outfall  
**Report Dates & Status**  
**Monitoring Period:** From 05/13/23 to 05/24/23  
**Considerations for Form Completion**  
**CSO:** K05-228 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer**  
**First Name:**  
**Last Name:**  
**No Daily Indicator (NOD)**  
**Form NOD:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 013-C  
 CSO: K05-228 - 80 FT N OF THIEME DR & BERRY ST  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. DELANER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
**DMR Date:** 06/08/23  
**Status:** NotDMR Validated  
**Title:** Telephone:

Code	Parameter Name	Monitoring Location	Section 8 Param. NOD	Sample Permit Req. Value NOD	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5	Units	# of ES	Frequency of Analysis	Sample Type
80207	Durability	ES - Effluent Gross	0	--		12.17					Reg Mon MO TOTAL, ES - Nitro	0	WQ05 - When Discharging RT - RC01010 WQ05 - When Discharging RT - RC01010	RT - RC01010
74053	Overflow volume (SSD volume)	ES - Effluent Gross	0	--		3.3					Reg Mon MO TOTAL, SS - Mg/L	0	AL07 - All Events	ES - ESTIMA
75057	Precipitation, monthly accumulation	ES - Effluent Gross	0	--		3.3					Reg Mon MO TOTAL, SS - Nitro	0	AL07 - All Events	ES - ESTIMA
84165	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	--		4.0					Reg Mon MO TOTAL, MS - Flow	0	AL07 - All Events	RT - RC01010

**Submission Note**  
 If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**ESR Check Errors**  
 No errors.  
**Comments**  
**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
**User:** JETSFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:29 (Time Zone: -04:00)  
**Report Last Signed By**  
**User:** JETSFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:01 (Time Zone: -04:00)

DMR Copy of Record

**Permit**

Permit #: IN0832191  
 Major: Yes  
 Permittee: FORT WAYNE WWTP  
 City of Fort Wayne  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location:  
 FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2007 DWINGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: 017  
 External Outfall  
 Discharge: 017-C  
 CSC: K07-175 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE

**Report Dates & Status**

Monitoring Period: From 05/01/23 To 05/01/23  
 DMR Due Date: 06/08/23  
 Status: NoDMR Validated

Considerations for Form Completion  
 CSO: K07-175/HOSPITAL MAJORALLEN COUNTY

Principal Executive Officer

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 No Data Indicator (NDD): \_\_\_\_\_  
 Form NDD: \_\_\_\_\_ Telephone: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Season #	Param. NDD	Quality or Loading	Quantity or Concentration	# of EA	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		Units
5007	Davolium	EG - Effluent Gross	0	--	1.25	Req Min: MO TOTAL	0	0	MG/L
7003	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	--	0.051	Req Min: MO TOTAL	0	0	MG/L
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.2	Req Min: MO TOTAL	0	0	INCH
8195	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	1.2	Req Min: MO TOTAL	0	0	MG/L

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

DMR Check Error: No errors.

Comments

Attachments: No attachments.

Report Last Saved By: JETIFADM  
 User: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-05-21 13:29 (Time Zone: -04:00)

Report Last Signed By: JETIFADM  
 User: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-05-21 13:31 (Time Zone: -04:00)



DMR Copy of Record

<b>Permit #</b>	IN002191	<b>Permittee</b>	FORT WAYNE WWTP	<b>Facility</b>	FORT WAYNE WWTP									
<b>Major</b>	Yes	<b>Permittee Address</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location</b>	P.L. BRUNNER WPC 2801 DIVINGER AVE FORT WAYNE, IN 46833									
<b>Permitted Features</b>	013 External Outfall	<b>Discharge</b>	018-C CSO: K11-182 - 150 FT W OF BROADWAY & ROXBELL BLVD	<b>Status</b>	NonDMR Validated									
<b>Report Dates &amp; Status</b>		<b>DMR Due Date</b>	06/28/23											
<b>Monitoring Period</b>	From 05/01/23 to 05/31/23													
<b>Considerations for Form Completion</b>														
<b>CSO: K11-182 MUNICIPAL MAJORALLEN COUNTY</b>														
<b>Principal Executive Officer</b>														
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>										
<b>Last Name:</b>														
<b>No Data Indicator (NDD)</b>														
<b>Form NDD:</b>														
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit NDD</b>	<b>Sample Permit Fee</b>	<b>Sample NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b>Value 1</b>	<b>Value 2</b>	<b>Units</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8037	Duration	EG - Effluent Gross	0	-					43.8	Reg Res MD TOTAL	Reg - Other	0	WH08 - When Discharging RT - R0202P WH08 - When Discharging RT - R0202P	RT - R0202P
74083	Overflow volume [588 volume, CSO volume]	EG - Effluent Gross	0	-				0.224	Reg Res MD TOTAL	Reg - Major	0	AUBV - All Events	ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				2.53	Reg Res MD TOTAL	Reg - Other	0	AUBV - All Events	RT - R0202P	
84188	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				6.3	Reg Res MD TOTAL	Reg - Other	0	AUBV - All Events	RT - R0202P	
<b>Submission Note</b>														
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.														
<b>ESR Check Errors</b>														
No errors.														
<b>Comments</b>														
Attachments														
No attachments.														
<b>Report Last Saved By</b>														
FORT WAYNE WWTP														
<b>User:</b> JTEFADM														
<b>Name:</b> Jennifer Lutz														
<b>E-Mail:</b> jennifer.lutz@cityofwayne.org														
<b>Date/Time:</b> 2023-06-21 13:50 (Time Zone: -04:00)														
<b>Report Last Signed By</b>														
<b>User:</b> JTEFADM														
<b>Name:</b> Jennifer Lutz														
<b>E-Mail:</b> jennifer.lutz@cityofwayne.org														
<b>Date/Time:</b> 2023-06-21 13:51 (Time Zone: -04:00)														

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN002191		<b>Permitter:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permit Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BOLLINGER WPC 2621 DWINGER AVE FORT WAYNE, IN 46803	
<b>Permitted Features:</b> D2 External Outfall		<b>Discharge:</b>		<b>Stat:</b>		NetDMR Validated	
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 06/28/23		<b>Stat:</b>		NetDMR Validated	
<b>Monitoring Period:</b> From 05/01/23 to 05/31/23		<b>Considerations for Form Completion:</b>		<b>Stat:</b>		NetDMR Validated	
<b>CSD:</b> K15-116MUNICIPAL MAJORALLEN COUNTY		<b>Principal Executive Officer:</b>		<b>Stat:</b>		NetDMR Validated	
<b>First Name:</b>		<b>Title:</b>		<b>Stat:</b>		NetDMR Validated	
<b>Last Name:</b>		<b>Title:</b>		<b>Stat:</b>		NetDMR Validated	
<b>No Data Indicator (NOD):</b>		<b>Title:</b>		<b>Stat:</b>		NetDMR Validated	
<b>Form NOD:</b>		<b>Title:</b>		<b>Stat:</b>		NetDMR Validated	
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Season 8 Param. NOD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>
SC017	Dissulfide	EG - Effluent Gross	0	Sample Permit Req. Value NOD	13.83	0	WWS - When Discharging RT - SC01707
71563	Overflow volume (SSS volume, CSD volume)	EG - Effluent Gross	0	Sample Permit Req. Value NOD	2.64	0	WWS - When Discharging RT - SC01707
71617	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NOD	2.53	0	WWS - When Discharging RT - SC01707
81155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Req. Value NOD	5.2	0	WWS - When Discharging RT - SC01707

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

**EG Check Error**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETBFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:20 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETBFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:21 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN652191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46602		<b>Facility Location:</b>		P.L. BOLLNER WPC 3601 DRENGER AVE FORT WAYNE, IN 46603	
<b>Permitted Feature:</b> C21 External Outfall		<b>Discharge:</b>		<b>Discharge:</b> B14-C			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 05/28/23		<b>Status:</b>		NetDMR Validated	
<b>Monitoring Period:</b> From 05/01/23 to 05/31/23							
<b>Considerations for Permit Compliance</b>							
<b>CSO: K13-044 MUNICIPAL MAJOR ALLEN COUNTY</b>							
<b>Principal Executive Officer</b>							
<b>First Name:</b>				<b>Title:</b>			
<b>Last Name:</b>							
<b>No Data Indicator (NDD):</b>							
<b>Form NDD:</b>							
<b>Date</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Season</b>	<b>Permit NDD</b>	<b>Quality of Loading</b>	<b>Quality of Concentration</b>	<b># of Es</b>
		<b>Qualifier 1</b>	<b>Qualifier 2</b>	<b>Qualifier 3</b>	<b>Qualifier 4</b>	<b>Qualifier 5</b>	<b>Qualifier 6</b>
5/23/27	Denison	ES - Effluent Gross	0	--	Sample Permit Req Value NDD	VLN Reg Mon MO TOTAL	ES - ESTMA ES - ESTMA
5/23/27	Denison	ES - Effluent Gross	0	--	Sample Permit Req Value NDD	3.48 Reg Mon MO TOTAL	ES - ESTMA ES - ESTMA
5/23/27	Precipitation, monthly accumulation	ES - Effluent Gross	0	--	Sample Permit Req Value NDD	2.53 Reg Mon MO TOTAL	ES - ESTMA ES - ESTMA
5/23/27	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	--	Sample Permit Req Value NDD	4.2 Reg Mon MO TOTAL	ES - ESTMA ES - ESTMA

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

**ESR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETSFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-05-21 13:20 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETSFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-05-21 13:31 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit #</b>	IN022181	<b>Permittee</b>	FORT WAYNE WWTP	<b>Facility</b>	FORT WAYNE WWTP			
<b>Major</b>	Yes	<b>Permittee Address</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location</b>	P.L. BRUNSER WPC 3001 DUNSMUIR AVE FORT WAYNE, IN 46603			
<b>Permitted Features</b>	023 External Outfall	<b>Discharge</b>	03-C CSO: L06-103 - 30 FT NW OF JACKSON ST & SUPERIOR ST	<b>Status</b>	NotDMR Validated			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date</b>	06/26/23					
<b>Monitoring Period</b>	From 05/01/23 to 05/01/23							
<b>Considerations for Permit Compliance</b>								
<b>Principal Executive Officer</b>								
<b>First Name</b>		<b>Title</b>						
<b>Last Name</b>								
<b>No Data Indicator (NDD)</b>								
<b>From NDD:</b>								
<b>Code</b>	<b>Account Name</b>	<b>Monitoring Location</b>	<b>Session # Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># WGL</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Overfall	03 - Effluent Gross	0	0	4.0 Res Mon MD TOTAL	0	W003 - When Discharging RT - RC0707 W003 - When Discharging RT - RC0707	
7453	Overflow volume (SS volume, CSO volume)	03 - Effluent Gross	0	0	1.87 Res Mon MD TOTAL	0	AL07 - All Events AL07 - All Events	03 - ESTIMA 03 - ESTIMA
7657	Precipitation, monthly accumulation	03 - Effluent Gross	0	0	2.28 Res Mon MD TOTAL	0	AL07 - All Events AL07 - All Events	03 - ESTIMA 03 - ESTIMA
84165	Discharge event observation (Visual Monitoring)	03 - Effluent Gross	0	0	4.2 Res Mon MD TOTAL	0	AL07 - All Events AL07 - All Events	03 - ESTIMA 03 - ESTIMA
<b>Submission Info</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.								
<b>SR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JSTEPADUR							
<b>Name:</b>	Jennifer Leah							
<b>E-Mail:</b>	jennifer.leah@cityoffortwayne.org							
<b>Date/Time:</b>	2023-06-21 13:26 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	JSTEPADUR							
<b>Name:</b>	Jennifer Leah							
<b>E-Mail:</b>	jennifer.leah@cityoffortwayne.org							
<b>Date/Time:</b>	2023-06-21 13:27 (Time Zone: -04:00)							

DMR Copy of Record

Permit # 80532191  
 Major Yes  
 Permitted Features: S4 External Outfall  
 Permittee: FORT WAYNE WWTP  
 City of Fort Wayne  
 200 S BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 034-C  
 CSO: L08-429 - 225 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 3501 DAVENGER AVE  
 FORT WAYNE, IN 46803

Report Date & Status: 06/28/23  
 Monitoring Period: From 05/01/23 to 05/31/23  
 DMR Due Date: 06/28/23  
 Status: NotDMR Validated  
 Considerations for Form Completion: CSO: L08-429/INCPAL MAJORALLEN COUNTY

Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Issues # Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	3.2	Reg Non-MO TOTAL	0	0	0	W1008 - When Discharging RT - RC00707 W1008 - When Discharging RT - RC00707
71003	Overflow volume (SSS volumes, CSO volume)	EG - Effluent Gross	0	0.008	Reg Non-MO TOTAL	0	0	0	AUEV - All Events ES - ESTMA AUEV - All Events ES - ESTMA
71007	Precipitation, monthly accumulation	EG - Effluent Gross	0	2.28	Reg Non-MO TOTAL	0	0	0	AUEV - All Events RT - RC00707 AUEV - All Events RT - RC00707
81185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	3.2	Reg Non-MO TOTAL	0	0	0	AUEV - All Events RT - RC00707 AUEV - All Events RT - RC00707

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

Edit Check Errors: No errors.

Comments: [Blank]

Attachments: No attachments.

Report Last Saved By: JETEFADMR

PORT WAYNE WWTP: Jennifer Lush  
 Email: jennifer.lush@cityoffortwayne.org

Date/Time: 2023-06-21 13:26 (Time Zone: -04:00)

Report Last Signed By: JETEFADMR

User: Jennifer Lush

Name: Jennifer Lush

Email: jennifer.lush@cityoffortwayne.org

Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)

DMIR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IN002191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP										
	<b>Majors:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2851 DIVISER AVE FORT WAYNE, IN 46803										
<b>Permitted Features:</b>	<b>Discharge:</b> D05 External Outfall	<b>DMR Due Date:</b> 9/30/23	<b>Status:</b> NetDMR Validated										
<b>Report Dates &amp; Status</b>	<b>Monitoring Location:</b> From 6/8/1/23 to 6/8/1/23												
<b>Consideration for Permit Completion</b>	<b>Consent:</b> CSO, LSE-421 MUNICIPAL MAJOR ALLEN COUNTY												
<b>Principal Executive Officer</b>	<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>										
<b>Last Name:</b>	<b>No Data Indicator (NODI)</b>												
<b>Form NODI</b>													
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Reason if Param. NODI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b>Qualifier 1</b>	<b>Qualifier 2</b>	<b>Qualifier 3</b>	<b>Qualifier 4</b>	<b>Qualifier 5</b>	<b>Unit</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8007	Duration	EG - Effluent Gross	0	-	Sample Permit Req. State NODI	0	2.02	Req Non MO TOTAL	02 - Nitro	0	mg/L	WH02 - What Challenging RT - ACC002	RT - ACC002
7003	Overflow volume [SSB volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. State NODI	0	0.08	Req Non MO TOTAL	05 - Algal	0	g	AL05 - Al Events	ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. State NODI	0	2.08	Req Non MO TOTAL	06 - Nitro	0	g	AL06 - Al Events	ES - ESTMA
8115	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. State NODI	0	3.2	Req Non MO TOTAL	06 - Nitro	0	g	AL06 - Al Events	RT - ACC002

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

**EDR Check Errors**  
No errors

**Comments**

**Attachments**  
No attachments

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-21 13:27 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN0021191		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee:</b> CITY OF FORT WAYNE		<b>Facility Location:</b> P.L. BRUNNER WPC	
<b>Permitted Features:</b> 027 External Outfall		<b>Permittee Address:</b> 200 E BERRY ST		<b>Facility Location:</b> 2601 DWENGER AVE	
<b>Report Dates &amp; Status:</b> From 8/5/13 to 8/31/13		<b>Discharge:</b> 627-G		<b>Facility Location:</b> FORT WAYNE, IN 46603	
<b>Monitoring Period:</b> From 8/5/13 to 8/31/13		<b>DMR Due Date:</b> 06/28/13		<b>Status:</b> No DMR Validated	
<b>Consolidation for Form Completion:</b> CSO: M10-20MUNICIPAL MAJORALLEN COUNTY		<b>DMR Due Date:</b> 06/28/13		<b>Status:</b> No DMR Validated	
<b>Principal Executive Officer:</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>First Name:</b>		<b>Last Name:</b>		<b>Telephone:</b>	
<b>No Data Indicator (NDD):</b>		<b>Form NDD:</b>		<b>Form NDD:</b>	
<b>Form NDD:</b>		<b>Form NDD:</b>		<b>Form NDD:</b>	
<b>Site</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Session #</b>	<b>Session #</b>
8007 Duration	ES - Effluent Gross	0	-	0	-
7003 Overflow volume (SS volume, CSO volume)	ES - Effluent Gross	0	-	0	-
7007 Precipitation, monthly accumulation	ES - Effluent Gross	0	-	0	-
8110 Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	0	-
<b>Submission Rate</b>					
If a permittee now does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>ESR Check Error</b>					
No errors.					
<b>Comments</b>					
<b>Attachments</b>					
No attachments.					
<b>Report Last Saved By</b>					
FORT WAYNE WWTP					
<b>User:</b>	JTEFADMR				
<b>Name:</b>	Jennifer Lash				
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org				
<b>Date/Time:</b>	2013-08-21 13:35 (Time Zone: -04:00)				
<b>Report Last Signed By</b>					
<b>User:</b>	JTEFADMR				
<b>Name:</b>	Jennifer Lash				
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org				
<b>Date/Time:</b>	2013-06-21 13:51 (Time Zone: -04:00)				

DMIR Copy of Record

<b>Permit #:</b> IN022191	<b>Permitter:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP							
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 250 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BELINGER WPC 2501 DWINGER AVE FORT WAYNE, IN 46803							
<b>Permitted Feature:</b> C29 External Outfall	<b>Discharge:</b> 829-C								
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 8/28/23	<b>Status:</b> McDMR Validated							
<b>Monitoring Period:</b> From 05/01/23 to 05/31/23									
<b>Considerations for Permit Completion:</b> CSC: M10-328 MUNICIPAL MAJORALLEN COUNTY									
<b>Principal Executive Officer:</b>	<b>Title:</b>	<b>Telephone:</b>							
<b>First Name:</b>									
<b>Last Name:</b>									
<b>No Data Indicator (NDD):</b> -									
<b>Form NDD:</b> -									
<b>Code</b>	<b>Permitter Name</b>	<b>Monitoring Location</b>	<b>Season</b>	<b>Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Req. NDD NDD	Req Min MC TOTAL, EG - Inflow C - No Discharge	1	W1000 - When Discharging RT - R00707	RT - R00707
7003	Overflow volume [SSS volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. NDD NDD	Req Min MC TOTAL, 26 - Inflow C - No Discharge	1	AURV - All Events	ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. NDD NDD	2.27 Req Min MC TOTAL, 0W - Inflow	1	AURV - All Events	RT - R00707
8110	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. NDD NDD	Req Min MC TOTAL, 44 - Inflow C - No Discharge	1	AURV - All Events	RT - R00707
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>ESR Check Errors</b>									
No errors.									
<b>Comments</b>									
<b>Attachments</b>									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b> JETEFADUR									
<b>Name:</b> Jennifer Lash									
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org									
<b>Date/Time:</b> 2023-06-21 13:32 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
<b>User:</b> JETEFADUR									
<b>Name:</b> Jennifer Lash									
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org									
<b>Date/Time:</b> 2023-06-21 13:51 (Time Zone: -04:00)									



DMR Copy of Record

<b>Permit #:</b> IN0032191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP												
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b> P.L. BRUNNER WPC 2807 DAVENPORT AVE FORT WAYNE, IN 46803												
<b>Permitted Features:</b> 025 External Outfall	<b>Discharge:</b>													
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 06/28/23	<b>Status:</b> NotDMR Validated												
<b>Monitoring Period:</b> From 05/01/22 to 05/31/23														
<b>Considerations for Permit Completion:</b>														
<b>CEO:</b> MI-359/MUNICIPAL MAJORALLEN COUNTY														
<b>Principal Executive Officer:</b>														
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>												
<b>Last Name:</b>														
<b>No Data Indicator (NDD):</b>														
<b>Form NO2:</b>														
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Issues # Param. NO2</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b>Value 1</b>	<b>Qualifier 1</b>	<b>Value 2</b>	<b>Qualifier 2</b>	<b>Value 3</b>	<b>Qualifier 3</b>	<b># of Ex.</b>	<b>Frequency of Analyte</b>	<b>Sample Type</b>
5027	Duration	EG - Effluent Cross	0	-	Sample Permit Req. Value NO2	0.03	Req. Max MO TOTAL	0	0	0	0	0	WH02 - When Discharging RT - IN00707 WH02 - When Discharging RT - IN00707	RT - IN00707
74003	Overflow volumes (585 volumes, CSD volumes)	EG - Effluent Cross	0	-	Sample Permit Req. Value NO2	0.037	Req. Max MO TOTAL	24 - 30gal	0	0	0	0	AL07 - All Events AL07 - All Events	ES - ESTMA ES - ESTMA
70887	Precipitation, monthly accumulation	EG - Effluent Cross	0	-	Sample Permit Req. Value NO2	2.08	Req. Max MO TOTAL	0W - 0/100	0	0	0	0	AL07 - All Events AL07 - All Events	RT - IN00707 RT - IN00707
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	-	Sample Permit Req. Value NO2	0	Req. Max MO TOTAL	0W - 0/100	0	0	0	0	AL07 - All Events AL07 - All Events	RT - IN00707 RT - IN00707
<b>Submission Note</b>														
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.														
<b>EG Check Errors</b>														
No errors.														
<b>Comments</b>														
Attachments														
No attachments.														
<b>Report Last Saved By</b>														
FORT WAYNE WWTP														
<b>User:</b> JETTFACMR														
<b>Name:</b> Jennifer Lash														
<b>E-Mail:</b> Jennifer.Lash@cityoffortwayne.org														
<b>Date/Time:</b> 2023-06-21 13:27 (Time Zone: -04:00)														
<b>Report Last Signed By</b>														
JETTFACMR														
<b>Name:</b> Jennifer Lash														
<b>E-Mail:</b> Jennifer.Lash@cityoffortwayne.org														
<b>Date/Time:</b> 2023-06-21 13:51 (Time Zone: -04:00)														

DMR Copy of Record

Permit #: 268822191	Permittee: FORT WAYNE WWTP	Facility Location: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location: P.L. BEUNER WPC 5601 DIVISADER AVE FORT WAYNE, IN 46803
Permitted Features: 032 External Outfall	Discharge: 633-C CSD: M10-305 - 120 FT N OF CLARK ST & HARRISON ST	Status: NotDMR Validated
Report Date & Status: From 06/01/23 to 06/01/23	DMR Due Date: 06/03/23	
Monitoring Period: From 06/01/23 to 06/01/23		
Considerations for Form Completion: CSD: M10-305 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer:	First Name:	Title:
Last Name:	Last Name:	Telephone:
No Data Indicator (NDD):		
Form NDD: -		

Code	Parameter Name	Monitoring Location	Session #	Plan	NDD	Quantity or Concentration	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
9007	Duration	EG - Effluent Gross	0	-		4.28	Reg Ion MO TOTAL	EG - ions	0	WH02 - When Discharging RT - R00702 WH03 - When Discharging RT - R00702
7053	Overflow volume [358 volume, CSD volume]	EG - Effluent Gross	0	-		1.57	Reg Ion MO TOTAL	35 - Mg/L	0	AL01 - All Events ES - ESTIMA AL02 - All Events ES - ESTIMA
7057	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		0.28	Reg Ion MO TOTAL	35 - ions	0	AL01 - All Events RT - R00702 AL02 - All Events RT - R00702
8195	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-		3.2	Reg Ion MO TOTAL	45 - ions	0	AL01 - All Events RT - R00702 AL02 - All Events RT - R00702

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

DMR Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
PORT WAYNE WWTP

User: JTEFAZMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-06-21 13:27 (Time Zone: -04:00)

Report Last Signed By  
User: JTEFAZMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-06-21 13:31 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit #:</b>	IM0002194	<b>Permitted:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2601 DAVENGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	003 External Outfall	<b>Discharge:</b>	833-C	<b>Starts:</b>	NWDMR Validated
<b>Report Dates &amp; Status:</b>	From 8/6/13 to 9/21/23	<b>DMR Due Date:</b>	8/31/23		
<b>Monitoring Period:</b>	Consolidations for Form Completion				
<b>CDC:</b>	W10-313MUNICIPAL MAJORALLEN COUNTY				
<b>Principal Executive Officer:</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>First Name:</b>					
<b>Last Name:</b>					
<b>No Data Indicator (NDDI)</b>	--				
<b>Form NDDI:</b>	--				

Code	Parameter Name	Monitoring Location	Station # Param. NDDI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. Tests	Frequency of Analysis	Sample Type
8037	Duration	EG - Effluent Gross	0 --	Sample Permit Fee Value NDDI	1.53 Reg Res MD TOTAL	0	0	EG - 10hrs EG - 10hrs Reg Res MD TOTAL
7403	Overflow volumes (\$88 volume, CSO volume)	EG - Effluent Gross	0 --	Sample Permit Fee Value NDDI	3.228 Reg Res MD TOTAL	0	0	08 - 10gal AUBV - All Events AUBV - All Events
7087	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	Sample Permit Fee Value NDDI	2.42 Reg Res MD TOTAL	0	0	08 - 10gal AUBV - All Events AUBV - All Events
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 --	Sample Permit Fee Value NDDI	2.2 Reg Res MD TOTAL	0	0	08 - 10gal AUBV - All Events AUBV - All Events

**Submission Note**  
If a parameter row does not contain any values for the Sample or Effluent Trading, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**  
No errors.

**Comments**  
No comments.

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWP7P

**User:** JETEFADM  
**Name:** Jennifer Leah  
**E-Mail:** jennifer.leah@cityoffortwayne.org  
**Date/Time:** 2023-09-21 13:25 (Time Zone: -04:00)

**Report Last Signed By**  
JETEFADM  
**User:** Jennifer Leah  
**Name:** Jennifer Leah  
**E-Mail:** jennifer.leah@cityoffortwayne.org  
**Date/Time:** 2023-09-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit #:</b> IN002191	<b>Permittee:</b> FORT WAYNE WWTWP	<b>Facility:</b> FORT WAYNE WWTWP													
<b>Majors:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BOLANER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803													
<b>Permitted Features:</b> 036 External Outfall	<b>Discharge:</b> 838-C CSC: M18-032 - 620 FT N OF STATE BLVD & WESTBROOK DR														
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 9/30/23	<b>Status:</b> NotDMR Validated													
<b>Monitoring Period:</b> From 8/5/19/23 to 8/31/23															
<b>Considerations for Form Completion:</b>															
<b>Principal Executive Officer:</b>															
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>													
<b>Last Name:</b>															
<b>No Data Indicator (NDD):</b>															
<b>Form NDD:</b>															
<b>Code</b>	<b>Parameter</b>	<b>Notes</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b>Value 1</b>	<b>Qualifier 1</b>	<b>Value 2</b>	<b>Qualifier 2</b>	<b>Units</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Disinfect		EG - Effluent Cross	0	--	Sample Permit Req Value NDD		Req Min MD TOTAL, EG - Inflow C - No Discharge						WHS2 - Inflow Discharge	RT - RC00027
7423	Overflow volume (SS2 volume, CS2 volume)		EG - Effluent Cross	0	--	Sample Permit Req Value NDD		Req Min MD TOTAL, 3R - Inflow C - No Discharge						AUEV - All Events	EG - EG75MA
7557	Precipitation, monthly accumulation		EG - Effluent Cross	0	--	Sample Permit Req Value NDD	*	2-42 Req Min MD TOTAL, RW - Inflow C - No Discharge						AUEV - All Events	RT - RC00027
8185	Discharge event observations (Visual Monitoring)		EG - Effluent Cross	0	--	Sample Permit Req Value NDD		Req Min MD TOTAL, 4E - Inflow C - No Discharge						AUEV - All Events	RT - RC00027
<b>Submission Note</b>															
If a parameter row does not contain any values for the Sample row Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Occurrences, Frequency of Analysis, and Sample Type.															
<b>File Check Errors</b>															
No errors.															
<b>Comments</b>															
Attachments															
No attachments.															
<b>Report Last Saved By</b>															
FORT WAYNE WWTWP															
<b>User:</b> JETE/ADMIR															
<b>Name:</b> Jennifer Lash															
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org															
<b>Date/Time:</b> 2023-06-21 13:36 (Time Zone: -04:00)															
<b>Report Last Signed By</b>															
User: JETE/ADMIR															
Name: Jennifer Lash															
E-Mail: jennifer.lash@cityoffortwayne.org															
Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)															

DMR Copy of Record

<b>Permit</b>	Permit #: Major:	IN0032191 Yes	Permittee: Permittee Address:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility: Facility Location:	FORT WAYNE WWTP P.L. BRUNER WPC 200 E DWENZER AVE FORT WAYNE, IN 46803
<b>Permitted Features</b>	Discharge:	018 External Outfall	Discharge:	029-C CSO, NWS-022 - 103 FT N OF HANNA ST & BERRY ST	Status:	McDMR Validated
<b>Report Dates &amp; Status</b>	Monitoring Period:	From 5/5/13 to 5/31/13	DMR Due Date:	6/28/13		
<b>Considerations for Permit Compliance</b>	Principal Executive Officer:		Title:		Telephone:	
<b>First Name:</b>	<b>Last Name:</b>					
<b>No Data Indicator (NDD)</b>						
<b>From NDD:</b>						
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Season 3 Perm. NDD</b>	<b>Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 2 Qualifier 4 Value 2</b>	<b>Quality or Concentration</b>	<b># of SL</b> <b>Frequency of Analyte</b> <b>Sample Type</b>
3037	Duration	00 - Effluent Gross	0	--	Reg Min MO TOTAL, 00 - Inflow C - No Discharge	WWS - When Discharging RT - SCOTD
74503	Overflow volume (358 volume, CSO volume)	00 - Effluent Gross	0	--	Reg Min MO TOTAL, 358 - Mgal C - No Discharge	ALRY - All Events ES - ESTMA
7887	Precipitation, monthly accumulation	00 - Effluent Gross	0	--	Sample Percent Res Value NDD 3.28	ALRY - All Events RT - SCOTD
84198	Discharge event observation (Visual Monitoring)	00 - Effluent Gross	0	--	Reg Min MO TOTAL, 45 - Inflow C - No Discharge	ALRY - All Events RT - SCOTD
<b>Submission Note</b>						
If a parameter row does not contain any values for the Sample row Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analyte, and Sample Type.						
<b>ER Check Errors</b>						
No errors.						
<b>Comments</b>						
<b>Attachments</b>						
No attachments.						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
<b>User:</b>	JETEFACMR					
<b>Name:</b>	Jennifer Lash					
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org					
<b>Date/Time:</b>	2013-06-21 13:28 (Time Zone: -4:00)					
<b>Report Last Signed By</b>						
<b>User:</b>	JETEFACMR					
<b>Name:</b>	Jennifer Lash					
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org					
<b>Date/Time:</b>	2013-06-21 13:51 (Time Zone: -4:00)					

DMR Copy of Record

**Permit**  
 Permit #: IN032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DOWNGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 544 External Outfall  
 Discharge: 844-C  
 CSD: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

**Report Dates & Status:** 962823  
 Status: NotDMR Validated

**Monitoring Period:** From 6/30/23 to 6/30/23  
 Considerations for Permit Compliance

**CSD:** N22-093 MUNICIPAL MAJOR ALLEN COUNTY

**Principal Executive Officer:**

**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NDD):** \_\_\_\_\_

**Form NDD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Section 8 Permit NDD	Section 11 Permit 1 Quatifier 1 Value 1	Section 11 Quatifier 2 Value 2	Section 11 Quatifier 3 Value 3	Unit	# of Ex.	Frequency of Analysis	Sample Type
5037	Burdles	ES - Effluent Gross	0	-	-	-	Req Max MD TOTAL, ES - Inflow C - No Discharge	1	WAGS - Visual Discharge RT - NDD0707	RT - NDD0707
7403	Overflow volume (500 volumes, CSD volume)	ES - Effluent Gross	0	-	-	-	Req Max MD TOTAL, ES - Inflow C - No Discharge	1	AUEV - All Events ES - ERTMA	ES - ERTMA
7687	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	-	-	E42 Req Max MD TOTAL, ES - Inflow C - No Discharge	1	AUEV - All Events AUEV - All Events AUEV - All Events	RT - NDD0707 RT - NDD0707 RT - NDD0707
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	-	-	Req Max MD TOTAL, ES - Inflow C - No Discharge	1	AUEV - All Events	RT - NDD0707

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

**EDR Check Error:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADM  
 JETEFADM  
 jennifer.leah@cityoffortwayne.org  
 2023-06-21 13:36 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADM  
 JETEFADM  
 jennifer.leah@cityoffortwayne.org  
 2023-06-21 13:35 (Time Zone: -04:00)

DMR Copy of Record

**Permit**

Permit #: IN6832191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2821 DIVINGER AVE  
 FORT WAYNE, IN 46833

Permitted Features: 045 External Outfall  
 Discharge: 045-C  
 CSO: N32-033 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status: From 05/01/23 to 05/01/23  
 Monitoring Period: Considerations for Permit Compliance  
 DMS Due Date: 05/26/23  
 Status: NADMR Validated

CSO: N32-133, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

No Data Indicator (NOD): -

Form NODS:

Code	Permittee Name	Monitoring Location	Reason #	Permit NOD	Qualifier 1 Value 1	Qualifier 1 Value 2	Qualifier 1 Value 3	Qualifier 2 Value 1	Qualifier 2 Value 2	Qualifier 2 Value 3	Qualifier 2 Value 4	# of Ex.	Frequency of Analysis	Sample Type
50037	Sanitation	03 - Effluent Gross	0	-	Reg Min MO TOTAL	02 - Inflow	03 - No Discharge	04 - Inflow	05 - Inflow	06 - Inflow	07 - Inflow	08 - Inflow	09 - Inflow	10 - Inflow
74093	Overflow volume (SSS volume, CSO volume)	03 - Effluent Gross	0	-	Reg Min MO TOTAL	02 - Inflow	03 - No Discharge	04 - Inflow	05 - Inflow	06 - Inflow	07 - Inflow	08 - Inflow	09 - Inflow	10 - Inflow
75887	Precipitation, monthly accumulation	03 - Effluent Gross	0	-	Reg Min MO TOTAL	02 - Inflow	03 - No Discharge	04 - Inflow	05 - Inflow	06 - Inflow	07 - Inflow	08 - Inflow	09 - Inflow	10 - Inflow
84185	Discharge event observations (Visual Monitoring)	03 - Effluent Gross	0	-	Reg Min MO TOTAL	02 - Inflow	03 - No Discharge	04 - Inflow	05 - Inflow	06 - Inflow	07 - Inflow	08 - Inflow	09 - Inflow	10 - Inflow

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

**EDR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:06 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:51 (Time Zone: -04:00)





DMR Copy of Record

<b>Permit #:</b>	W0002181	<b>Permittee:</b>	FORT WAYNE WWTTP	<b>Facility:</b>	FORT WAYNE WWTTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 202 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b>	CSO External Outfall	<b>Discharge:</b>	898-C CSO: 019-277 - 500 FT N OF COOMBS ST & HERBERT ST	<b>Status:</b>	HydMWR Validated			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	6/6/2023					
<b>Monitoring Period:</b>	From 6/6/1/23 to 6/6/1/23							
<b>Considerations for Form Completion</b>								
<b>CSO: 019-277 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>								
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>Alt Data Indicator (NOO)</b>								
<b>Form NOO:</b>								
<b>Code</b>	<b>Permittee</b>	<b>Monitoring Location</b>	<b>Issues #</b>	<b>Permit. NOO</b>	<b>Quality of Compliance</b>	<b># of EA</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units		
50237	Duration	EG - Effluent Cross	0	-	1.25 Req Run MO TOTAL	SI - Volume	0	WWSDE - When Discharging RT - RC00707 WWSDE - When Discharging RT - RC00707
74055	Overflow volume (SSS volume, CSO volume)	EG - Effluent Cross	0	-	6.191 Req Run MO TOTAL	SI - Total	0	AUDN - All Events AUDN - All Events ES - ESTMA ES - ESTMA
74887	Precipitation, weekly accumulation	EG - Effluent Cross	0	-	2.08 Req Run MO TOTAL	SI - Volume	0	AUDN - All Events AUDN - All Events RT - RC00707 RT - RC00707
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	-	2.3 Req Run MO TOTAL	SI - Area	0	AUDN - All Events AUDN - All Events RT - RC00707 RT - RC00707
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>EDR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTTP								
<b>User:</b>	JTEFAZMR							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org							
<b>Date/Time:</b>	2023-06-21 13:28 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	JTEFAZMR							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org							
<b>Date/Time:</b>	2023-06-21 13:51 (Time Zone: -04:00)							

DMR Copy of Record

Permit #	IN0032191	Permittee	FORT WAYNE WWTP	Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WOC 3601 EWINGERS AVE FORT WAYNE, IN 46803				
Permittee	Mujan	Permittee Address	CITY OF FORT WAYNE 200 E BEDFORD ST FT WAYNE, IN 46802	Facility Location:					
Permitted Features:	001 External Outfall	Discharge?	001-C CSO: 022-002 - 120 FT HW OF ST JOSEPH DR & WOODROW AVE	Status:	Master Validated				
Report Dates & Dates	From 05/01/03 to 05/01/03	DMR Due Date:	06/28/23	Telephone:					
Monitoring Period:	From 05/01/03 to 05/01/03	Considerations for Form Completion							
Principal Executive Officer		First Name:							
Last Name:		Title:							
No Data Indicator (NDD)									
Form NDD:									
Creek	Permittee Name	Monitoring Location	Session # Param. NDD	Quantity or Loading	Quality of Concentration	# of Ev.	Frequency of Analysis	Sample Type	
5037	Duration	EG - Effluent Disch	0	-				Req Min MO TOTAL, BE - Inflow C - No Discharge	WV00 - When Discharging RT - RCO/TOT
7003	Overflow volume (SS volume, CSO volume)	EG - Effluent Disch	0	-				Req Min MO TOTAL, BE - Inflow C - No Discharge	ALRY - All Events ES - EST/MA
7007	Precipitation, monthly accumulation	EG - Effluent Disch	0	-				3.27 Req Min MO TOTAL, BE - Inflow	ALRY - All Events RT - RCO/TOT
84-95	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	-				Req Min MO TOTAL, 4C - Flow C - No Discharge	ALRY - All Events RT - RCO/TOT
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample no, Effluent Testing, then none of the following fields will be submitted for that row: Link, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>DMR Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE WWTP</p> <p><b>User:</b> JTEFADMR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofwayne.org <b>Date/Time:</b> 2023-06-21 13:33 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b></p> <p><b>User:</b> JTEFADMR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofwayne.org <b>Date/Time:</b> 2023-06-21 13:51 (Time Zone: -04:00)</p>									



DMR Copy of Record

<b>Permit</b>	39832191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP
<b>Permit #:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2501 DIVIDGER AVE FORT WAYNE, IN 46803
<b>Permitted Feature:</b>	054 Domestic Outfall	<b>Discharge:</b>	054-C CSD: 033-080 - 240 FT E OF MERCER AVE & HOLLIS LN	<b>Status:</b>	Not DMR Validated
<b>Report Dates &amp; Status</b>	From 05/01/23 to 05/01/23	<b>DMR Due Date:</b>	06/23/23		
<b>Monitoring Period:</b>	From 05/01/23 to 05/01/23				
<b>Conditions for Form Completion</b>					
<b>CSD:</b>	033-080 MUNICIPAL MAJOR ALLEN COUNTY				
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>First Name:</b>					
<b>Last Name:</b>					
<b>No Data Indicator (NDD)</b>					
<b>Form NDD:</b>					

Code	Parameter Name	Monitoring Location	Season #	Form NDD	Quantity or Loading	Quality or Concentration	F of EC	Frequency of Analysis	Sample Type
30037	Dryfall	ES - Effluent Cross	0	-	Sample Permit Fee Value NDD	Op Min MO TOTAL C - No Discharge	WHDS	When Challenging	RT - NDDOTF
74053	Overflow volume (SSG volume, CSO volume)	ES - Effluent Cross	0	-	Sample Permit Fee Value NDD	Op Min MO TOTAL C - No Discharge	AURV - All Events	ES - ESTMA	RT - NDDOTF
75887	Precipitation, monthly estimation	ES - Effluent Cross	0	-	Sample Permit Fee Value NDD	3.08 Op Min MO TOTAL SW - Inflow	AURV - All Events	RT - NDDOTF	RT - NDDOTF
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Cross	0	-	Sample Permit Fee Value NDD	Op Min MO TOTAL C - No Discharge	AURV - All Events	RT - NDDOTF	RT - NDDOTF

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-21 13:32 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-05-21 13:51 (Time Zone: -04:00)

DMIR Copy of Record

**Permit**  
 Permit #: IN0832191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.O. BOX 192 - 435 FT N OF N ANTHONY BLVD & WAYNE ST  
 FORT WAYNE, IN 46803

**Permitted Feature**  
 055 External Outfall  
 Discharge: CSC 192-192 - 435 FT N OF N ANTHONY BLVD & WAYNE ST

**Report Dates & Status**  
 Monitoring Period: From 05/01/23 to 05/31/23  
 Status: NotDMIR Validated

**Monitoring Period**  
 Conditions for Form Completion  
 CSO: P08-192 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

**Last Name:**  
 Title:

**No Data Indicator (NOD)**

**Form NOD:**

Code	Parameter Name	Monitoring Location	Season #	Form NOD	Quantity of Loading		Quality or Consumption		# of EA	Frequency of Analysis	Sample Type
					Quar 1	Quar 2	Quar 1	Quar 2			
1007	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	1.28	Reg Res MD TOTAL	EG - 18hrs	0	WQCB - When Discharging RT - RC0702P WQCB - When Discharging RT - RC0702P	
1003	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	0.211	Reg Res MD TOTAL	SS - 18hr	0	AUEV - All Events ES - ESTMA AUEV - All Events ES - ESTMA	
1001	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	3.28	Reg Res MD TOTAL	SW - 18hrs	0	AUEV - All Events RT - RC0702P AUEV - All Events RT - RC0702P	
04155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	0	Reg Res MD TOTAL	dc - 18hrs	0	AUEV - All Events RT - RC0702P AUEV - All Events RT - RC0702P	

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

**ESR Check Error**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE 1997P  
 User: JETSFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-06-21 13:28 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETSFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0002191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWINGERLAVE FORT WAYNE, IN 46603
Major:	Yes	Permit Address:			
Permitted Features:	056 External Outfall	Discharger:	056-C	Statistic:	MetDMR Validated
Report Dates & Status	From 05/07/23 to 05/31/23	DMR Due Date:	06/26/23		
Monitoring Period	Considerations for Flow Completion				
CDC: J03-313	MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDDI)					
Form NO2:					

Code	Parameter Name	Monitoring Location	Session #	Param. NO2	Sample Permit Req. Value NO2	Quantity or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5	Units	# of Ex.	Frequency of Analysis	Sample Type
5027	Duration	EG - Effluent Cross	0	--		0.0						0		WHDS - When Discharging RT - RC02T07	RT - RC02T07
7400	Overflow volume (350 volumes, CSO volume)	EG - Effluent Cross	0	--		1.00						0		ALDN - All Events	ES - ESTIMA
7887	Precipitation, weekly accumulates	EG - Effluent Cross	0	--		2.0						0		ALDN - All Events	ES - ESTIMA
8410	Discharge event observations (Visual Monitoring)	EG - Effluent Cross	0	--		2.0						0		ALDN - All Events	ES - ESTIMA

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

**EGM Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JTEFADMJL  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:22 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JTEFADMJL  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-06-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IN0032181	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
	<b>Major:</b> Yes	<b>Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Location:</b> P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	<b>Discharge:</b> E57 External Outfall	<b>DMR Due Date:</b> 06/28/23	<b>Status:</b> NotDMR Validated
<b>Report Dates &amp; Status</b>	<b>Monitoring Period:</b> From 06/15/23 to 06/31/23		
<b>Considerations for Form Completion</b>	<b>Consolidation:</b> YES		
<b>Principal Executive Officer</b>			
<b>First Name:</b>	<b>Title:</b>		<b>Telephone:</b>
<b>Last Name:</b>			
<b>No. Data Indicator (NDOI)</b>			
<b>Form NDOI</b>			
<b>Code</b>	<b>Permittee Name</b>	<b>Numbering Location</b>	<b>Reason # Perm. NDOI</b>
8007 Duration		EG - Effluent Cross	0
7009 Overflow volume (SSS volume, CSO volume)		EG - Effluent Cross	0
7087 Precipitation, monthly accumulation		EG - Effluent Cross	0
8115 Discharge event observation (Visual Monitoring)		EG - Effluent Cross	0
<b>Submission Note</b>			
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
<b>DMR Check Errors</b>			
No errors			
<b>Comments</b>			
<b>Attachments</b>			
No attachments			
<b>Report Last Saved By</b>			
FORT WAYNE WWTP	JCTEFADMR	Jennifer Lash	jennifer.lash@cityofindianapolis.org
<b>User:</b>			
<b>Name:</b>			
<b>E-Mail:</b>			
<b>Date/Time:</b>			
<b>Report Last Signed By</b>			
<b>User:</b>			
<b>Name:</b>			
<b>E-Mail:</b>			
<b>Date/Time:</b>			

DMR Copy of Record

Permit #:	90032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BESSY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWIGGERS AVE FORT WAYNE, IN 46803		
Permitted Features:	SD External Outfall	Discharge:	900-C 000: 900-031 - 073 FT NE OF GREENWALT AVE & MAUMEE AVE	Status:	McDMR Validated		
Report Dates & Dates		DMR Due Date:	06/28/23	Telephone:			
Monitoring Period:	From 05/01/23 to 05/31/23						
Considerations for Permit Completion							
Principal Executive Officer							
First Name:		Title:					
Last Name:							
No Data Indicator (NDD)							
Form NO02							
Code	Parameter Name	Monitoring Location	Session # Param. NO02	Quantity or Loading	Quality or Concentration	# of Ex. Frequency of Analysis	Sample Type
5007	Durdan	EG - Effluent Gross	0	Sample Permit Fee Value NO02	Req Min MD TOTAL, EG - Value G - No Discharge	WH03 - When Discharging	RT - NO0707
7003	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Fee Value NO02	Req Min MD TOTAL, SS - Total G - No Discharge	AUDY - All Events	ES - ES75MA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Fee Value NO02	Req Min MD TOTAL, SS - Value G	AUDY - All Events	RT - NO0707
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Fee Value NO02	Req Min MD TOTAL, EG - Value G - No Discharge	AUDY - All Events	RT - NO0707
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>DMR Check Errors</b>							
No errors.							
<b>Comments</b>							
<b>Attachments</b>							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
User:	JETEFADM						
Name:	Jennifer Lash						
E-Mail:	Jennifer.Lash@cityofwayne.org						
Date/Time:	2023-06-21 13:24 (Time Zone: -04:00)						
<b>Report Last Signed By</b>							
User:	JETEFADM						
Name:	Jennifer Lash						
E-Mail:	Jennifer.Lash@cityofwayne.org						
Date/Time:	2023-06-21 13:51 (Time Zone: -04:00)						



DMR Copy of Record

Permit #	06032195	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BEUNER WPC 2001 DAMINGER AVE FORT WAYNE, IN 46803
Permitted Features	061 External Outfall	Discharge	061-C CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD	Status	NonDMR Validated
Report Date & Status		DMR Due Date	06/26/23	Telephone	
Monitoring Period	From 05/01/23 to 05/31/23				
Considerations for Form Completion					
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title			
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Session # Param. NDD	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4				
5007	Duration	EG - Effluent Gross	0	--				WWSW - When Discharging RT - R00707 G - No Discharge
7400	Overflow volume [SSS volume, CSO volume]	EG - Effluent Gross	0	--				ALRY - All Events ES - ESTMA G - No Discharge
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				ALRY - All Events ES - ESTMA G - No Discharge
8110	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				ALRY - All Events ES - ESTMA G - No Discharge

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

Eff Check Errors  
No errors

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFADUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-06-21 13:33 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #:	INS02191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 252 E BERRY ST FT WAYNE, IN 46832	Facility Location:	P.L. BRUNNER WPC 2501 DWIGDEN AVE FORT WAYNE, IN 46803
Permitted Feature:	Discharge:	002 Excess Outfall	Discharge:	663-C CSO: R14-138 - 200 FT W OF LAVERNE AVE & STATE BLVD	Status:	NotDMR Validated
Report Dates & Status	DMR Due Date:	From 6/30/23 to 6/30/23	DMR Due Date:	6/30/23	Telephone:	
Monitoring Period:	Consolidation for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY	Principal Executive Officer:		Title:			
Last Name:						
No Data Indicator (NDD)						
Form NDD:						

Code	Parameter Name	Monitoring Location	Section # Form NDD	Quantity of Loading Quarter 1 Value 1 Quarter 2 Value 2 Value 3 Value 4	Quality of Concentration Quarter 1 Value 1 Quarter 2 Value 2 Value 3 Value 4	# of EC	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Cross	0	--				Op Min MO TOTAL EC - mins C - No Discharge
7003	Overflow volume [SS volume, CSO volume]	EG - Effluent Cross	0	--				Op Min MO TOTAL SS - mgal C - No Discharge
7007	Precipitation, monthly accumulation	EG - Effluent Cross	0	--				Op Min MO TOTAL SS - volume C - No Discharge
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	--				Op Min MO TOTAL EC - mins C - No Discharge

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

EDR Check Errors  
No errors.

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFADMR  
Name: Jennifer Leah  
E-Mail: jennifer.leah@cityoffortwayne.org  
Date/Time: 2023-06-21 13:33 (Time Zone: -04:00)

Report Last Signed By  
User: JTEFADMR  
Name: Jennifer Leah  
E-Mail: jennifer.leah@cityoffortwayne.org  
Date/Time: 2023-06-21 13:35 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0003191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major	Yes	Permit Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BRUNNER WPC 2001 DAVENGER AVE FORT WAYNE, IN 46803
Permitted Features	064 External Outfall	Discharger	064-C CSO: 803-035 - 819 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE	Status	NotDMR Validated
Report Dates & Status		DMR Due Date	04/28/23	Telephonic	
Monitoring Period	From 05/01/23 to 05/31/23				
Considerations for Permit	Consolidation for Permit				
CD: 503-035 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title			
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Percent of Param. NDD	Sample Permit Req. Value NDD	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4			
5037	Duration	EG - Effluent Gross	0	-	Req Min MD TOTAL, EG - None C - No Discharge		WY03 - When Discharging RT - ROOTOT	RT - ROOTOT
74003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	-	Req Min MD TOTAL, SS - None C - No Discharge		AUDY - All Events	ES - ESTMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Min MD TOTAL, PR - None C - No Discharge	0	AUDY - All Events	RT - ROOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Min MD TOTAL, ec - None C - No Discharge		AUDY - All Events	RT - ROOTOT

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

EG Check Errors  
No errors

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFADM  
Name: Jennifer Lash  
E-Mail: Jennifer.Lash@cityoftwainy.org  
Date/Time: 2023-06-21 13:26 (Time Zone: -04:00)

Report Last Signed By  
User: JTEFADM  
Name: Jennifer Lash  
E-Mail: Jennifer.Lash@cityoftwainy.org  
Date/Time: 2023-06-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 CHRYSLER AVE FORT WAYNE, IN 46803
Permitted Features:	016 External Outfall	Discharge:	988-C	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	06/26/23	Telephone:	
Monitoring Period:	From 05/01/23 to 05/31/23				
Considerations for Form Completion					
CSD: N18-354 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No. Data Indicator (NDOI)					
Form NDOI:					

Code	Parameter Name	Monitoring Location	Session # Param. NDOI	Quantity or Loading	Quality or Concentration	# of EC	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
5037	Scatchell	EG - Effluent Gross	0					
				Res Min MD TOTAL	Res - Min	WVSS - Wet Discharge	RT - RCOTOT	
				C - No Discharge				
7453	Overflow volume (330 volumes, CSD volume)	EG - Effluent Gross	0					
				Res Min MD TOTAL	Res - Total	ALERT - All Events	ES - ESTIMA	
				C - No Discharge				
				3.27		ALERT - All Events	RT - RCOTOT	
7857	Precipitation, monthly accumulations	EG - Effluent Gross	0					
				Res Min MD TOTAL	Res - Total	ALERT - All Events	RT - RCOTOT	
				C - No Discharge				
8455	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0					
				Res Min MD TOTAL	Res - Total	ALERT - All Events	RT - RCOTOT	
				C - No Discharge				

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

**Exit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** Jennifer.Lash@cityofnorthwayne.org  
**Date/Time:** 2023-05-21 13:34 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** Jennifer.Lash@cityofnorthwayne.org  
**Date/Time:** 2023-05-21 13:31 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN0032181	Permittee:	FORT WAYNE WWTTP	Facility:	FORT WAYNE WWTTP
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNER WPC 2601 DIMENGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	000 External Outfall	<b>Discharge:</b>	EG-C	<b>Status:</b>	NetDMR Validated
<b>Report Dates &amp; Status</b>	From 05/01/23 to 05/13/23	<b>DMR Due Date:</b>	04/28/23		
<b>Monitoring Period:</b>	From 05/01/23 to 05/13/23				
<b>Constitutions for Permit Completion</b>					
<b>CSO - P10-001 250' EAST, NE OF PEMBERTON DR &amp; MAGRA DR</b>					
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>Last Name:</b>					
<b>No Data Indicator (NDDI)</b>					
<b>Form NDDI:</b>					
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Session #</b>	<b>Session #</b>
9007	Denitrification	EG - Effluent Gross	0	-	
74003	Overflow volume (320 volumes, CSO volume)	EG - Effluent Gross	0	-	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	
84100	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	
<b>Submission Note</b>					
If a parameter row does not contain any values for the Sample row, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>EG Check Errors</b>					
No errors.					
<b>Comments</b>					
<b>Attachments</b>					
No attachments.					
<b>Report Last Saved By</b>					
FORT WAYNE WWTTP					
<b>User:</b>	JTEFADMR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org
<b>Date/Time:</b>	2023-06-21 13:34 (Time Zone: -04:00)	<b>Report Last Signed By</b>	JTEFADMR	<b>Name:</b>	Jennifer Lash
<b>User:</b>	JTEFADMR	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org	<b>Date/Time:</b>	2023-06-21 13:51 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0322191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP		
Major	Yes	Permittee Address	CITY OF FORT WAYNE 305 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BEHNSER WPC 3051 DOWNING AVE FORT WAYNE, IN 46803		
Permitted Features	051 External Outfall	Discharge	881-C	Status	NotDMR Validated		
Report Dates & Status		DMR Due Date	6/23/23	Telephone			
Monitoring Period	From 8/5/10 to 8/31/23						
Considerations for Firm Completion							
CSO - R14-030, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.							
Principal Executive Officer							
First Name		Title					
Last Name							
No Data Indicator (NOD)							
Form NO2							
Code	Parameter Name	Monitoring Location	Season & Param. NO2	Quantity or Loading	# of EA	Frequency of Analysis	Sample Type
5027	Surfides	EG - Stewart Drive @ -	-	Surfides Permit Req Value NO2		Req: Min 80 T07% C - No Discharge	WAGS - When Discharging RT - RC0707
7403	Overflow volume (SS volume)	EG - Stewart Drive @ -	-	Surfides Permit Req Value NO2		Req: Min 80 T07% C - No Discharge	ALRY - AE Events ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Stewart Drive @ -	-	Surfides Permit Req Value NO2		Req: Min 80 T07% C - No Discharge	ALRY - AE Events RT - RC0707
8195	Discharge event observation [Visual Monitoring]	EG - Stewart Drive @ -	-	Surfides Permit Req Value NO2		Req: Min 80 T07% C - No Discharge	ALRY - AE Events RT - RC0707
<p>Submitter Note</p> <p>If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>Edit Check Errors</p> <p>No errors.</p> <p>Comments</p> <p>Attachments</p> <p>No attachments.</p> <p>Report Last Saved By</p> <p>FORT WAYNE WWTP</p> <p>User: JTEFACMR</p> <p>Name: Jennifer Lash</p> <p>E-Mail: Jennifer.Lash@cityofwayne.org</p> <p>Date/Time: 2023-06-21 13:35 (Time Zone: -04:00)</p> <p>Report Last Signed By</p> <p>User: JTEFACMR</p> <p>Name: Jennifer Lash</p> <p>E-Mail: Jennifer.Lash@cityofwayne.org</p> <p>Date/Time: 2023-06-21 13:31 (Time Zone: -04:00)</p>							



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

July 21, 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 June 2023

We are pleased to enclose a completed CSO MRO form for the month of June 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of June on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of June. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21 for June.

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,

Jennifer E. Lash  
Program Manager - Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### V – Visual Inspection

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

### C – Model Charts

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

### S – Storm Runoff

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

### P – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine





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

State Form 50546 (04/09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (04/09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191

Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: MONTH: 6-2023 Check box if no CSO discharge occurred for the month: Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Verified (M) or Estimated (E) must be specified

Date of Month	WWT Plant Data			Design Average Flow (MGD)			CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 86						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD) (0.5-3.0 m)	Flow (MGD)	Depth (ft)	Velocity (ft/s)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	
01	39.99	57.99	57.99																
02	32.75	54.01	12:00 AM																
03	31.33	36.88	12:00 AM																
04	30.87	37.09	12:00 AM																
05	37.12	45.25	12:00 AM																
06	40.49	45.18	5:05 PM	0.17	0.02	0.01													
07	39.88	45.50	12:00 AM																
08	41.27	65.52	12:00 AM																
09	33.57	46.61	12:00 AM																
10	46.40	58.04	12:00 AM																
11	36.08	60.95	3:05 PM	2.08	0.26	0.11													
12	32.56	43.78	12:00 AM																
13	39.77	38.10	9:35 AM	4.50	0.71	0.22													
14	63.52	88.03	12:00 AM	0.50	0.08	0.08													
15	35.02	41.52	12:00 AM																
16	31.73	37.31	12:00 AM																
17	30.74	36.76	12:00 AM																
18	30.23	36.12	12:00 AM																
19	31.10	35.50	12:00 AM																
20	31.32	35.83	12:00 AM																
21	32.04	36.01	12:00 AM																
22	38.36	49.04	12:00 AM																
23	31.07	34.84	12:00 AM																
24	29.25	34.78	12:00 AM																
25	54.06	100.46	7:10 AM	1.50	0.64	0.35													
26	56.77	100.49	5:00 AM	1.08	0.68	0.49													
27	44.00	59.58	12:00 AM																
28	33.85	42.61	12:00 AM																
29	31.19	36.59	12:00 AM																
30	31.18	42.84	11:00 PM	0.08	0.01	0.01													
<b>Total:</b>	<b>1117.46</b>			<b>9.91</b>	<b>2.40</b>														

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
Telephone: 264-427-4213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR VIOLATING REGULATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (month/day): 7/21/2023



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

Site Form 5546 (6-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Site Form 5546 (6-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN003191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: 1 MONTH 6-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Exceeded (M) or Estimated (E) must be specified

Day of Month	Time	Flow (MGD)	Flow (MGD)	CSO Outfall No. 74		CSO Outfall No. 47		CSO Outfall No. 64	
				Time Discharge or Event (M/G)	Event Discharge or Event (M/G)	Time Discharge or Event (M/G)	Event Discharge or Event (M/G)	Time Discharge or Event (M/G)	Event Discharge or Event (M/G)
01									
02									
03									
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26									
27									
28									
29									
30									
<b>Total:</b>		1117.46		9.83	2.40	0	0.00	0	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 264-472-6213  
 Date (mm/dd/yyyy): 7/21/2023

City: Fort Wayne Permit Number: IN003191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: 1 MONTH 6-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Exceeded (M) or Estimated (E) must be specified

Day of Month	Time	Flow (MGD)	Flow (MGD)	CSO Outfall No. 74		CSO Outfall No. 47		CSO Outfall No. 64	
				Time Discharge or Event (M/G)	Event Discharge or Event (M/G)	Time Discharge or Event (M/G)	Event Discharge or Event (M/G)	Time Discharge or Event (M/G)	Event Discharge or Event (M/G)
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30									
<b>Total:</b>									

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 264-472-6213  
 Date (mm/dd/yyyy): 7/21/2023

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yyyy): 7/21/2023



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

State Form 50446 (8-04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50446 (8-04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 3 of 12		Public Notification Requirements Met?	
Facility: Fort Wayne - P.L. Brunner WWTP		MONTH: 6-2023		Y		Y	
Monitoring Period: 6-2023		Design Average Flow (MGD): 85		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 85		Measure/Observe (M) or Estimated (E)		Y	
Watershed Data		Mediation Data - Range of LA Catch		CSO Outfall No.		CSO Outfall No.	
Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Period (Month)	Flow (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Event Duration (MGD)
01	39.59	07:00 AM	12:00 AM				
02	32.75	04:01	12:00 AM				
03	31.33	36.88	12:00 AM				
04	30.87	37.09	12:00 AM				
05	37.12	45.25	12:00 AM				
06	40.49	45.18	5:10 PM				
07	39.88	45.50	12:00 AM				
08	41.27	65.52	12:00 AM				
09	33.51	46.61	12:00 AM				
10	46.40	58.94	12:00 AM				
11	36.08	60.95	2:55 PM				
12	32.56	43.78	12:00 AM				
13	39.77	88.10	9:45 AM				
14	63.32	88.03	12:35 AM				
15	35.02	41.52	12:00 AM				
16	31.73	37.31	12:00 AM				
17	30.74	36.76	12:00 AM				
18	30.23	36.12	12:00 AM				
19	31.10	35.90	12:00 AM				
20	31.32	35.83	12:00 AM				
21	32.04	36.01	12:00 AM				
22	38.36	49.04	12:00 AM				
23	31.07	34.84	12:00 AM				
24	29.28	34.78	12:00 AM				
25	54.06	100.46	7:10 AM				
26	56.77	100.49	5:05 AM				
27	44.00	59.58	12:00 AM				
28	33.85	42.61	12:00 AM				
29	31.19	36.59	12:00 AM				
30	31.18	42.64	8:40 PM				
Totals:	1117.45		5.17	0.80		3	6.09

City: Fort Wayne		Permit Number: IN0032191		Page 3 of 12		Public Notification Requirements Met?	
Facility: Fort Wayne - P.L. Brunner WWTP		MONTH: 6-2023		Y		Y	
Monitoring Period: 6-2023		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 74		Design Average Flow (MGD): 74		Measure/Observe (M) or Estimated (E)		Y	
Watershed Data		Mediation Data - Range of LA Catch		CSO Outfall No.		CSO Outfall No.	
Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Period (Month)	Flow (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Event Duration (MGD)
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30							
Totals:							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
264-47-4213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (mm/dd/yyyy): 7/21/2023

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
264-47-4213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (mm/dd/yyyy): 7/21/2023



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

State Form 55946 (6-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Permit Number: IN0623191							
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y							
Monitoring Period: MONTH 6-2023		Check box if no CSO discharges occurred for the month:									
Design Peak Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Exceeded (M) or Exceeded (E) must be specified							
Day of Month	Time Discharge Event	CSO Discharge		CSO Discharge		CSO Discharge		CSO Discharge		CSO Discharge	
		M	E	M	E	M	E	M	E	M	E
		Point Discharge (MG)	Non-Point Discharge (MG)	Point Discharge (MG)	Non-Point Discharge (MG)	Point Discharge (MG)	Non-Point Discharge (MG)	Point Discharge (MG)	Non-Point Discharge (MG)	Point Discharge (MG)	Non-Point Discharge (MG)
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13	10:00 PM	M	0.17	M	0.004	M	9:55 PM	M	0.50	M	0.001
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	7:30 AM	M	0.50	M	0.108	M	5:15 PM	M	0.25	M	0.014
26	2:35 PM	M	0.58	M	0.055	M	2:30 PM	M	0.58	M	0.002
27											
28											
29											
30											
<b>Totals:</b>	3	D	1.25	0.167		D	3	E	1.33	0.017	



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

State Form 50246 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50246 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne			Permit Number: IN003191			
Facility: Fort Wayne - P.L. Bruner WWTP			Public Notification Requirements Met? <input type="checkbox"/>			
Monitoring Period: 6-2023			Check box if no CSO discharge occurred for the month: <input type="checkbox"/>			
Design Peak Hourly Flow (MGD): 85			Design Average Flow (MGD): 74			
WWTW Influent Data			CSO Outfall No. 13			
Time	Peak Flow (MGD)	Flow (MGD)	Time	Event Duration (Hours)	Event Discharge or Estimated (MGD)	Event Discharge or Estimated (MGD)
01	39.99	57.99	12:00 AM			
02	32.75	54.01	12:00 AM			
03	31.33	36.88	12:00 AM			
04	30.87	37.09	12:00 AM			
05	37.12	45.25	12:00 AM			
06	40.49	45.18	5:15 PM	0.08	0.01	0.01
07	39.88	45.50	12:00 AM			
08	41.27	65.82	12:00 AM			
09	33.51	46.61	12:00 AM			
10	46.40	58.04	12:00 AM			
11	36.08	60.95	3:03 PM	1.83	0.22	0.08
12	32.56	43.78	12:00 AM			
13	39.77	88.10	9:40 AM	4.00	0.61	0.19
14	65.82	88.03	12:45 AM	0.17	0.02	0.01
15	35.02	41.52	12:00 AM			
16	31.73	37.31	12:00 AM			
17	30.74	36.76	12:00 AM			
18	30.23	36.12	12:00 AM			
19	31.10	35.90	12:00 AM			
20	31.52	35.85	12:00 AM			
21	32.04	36.01	12:00 AM			
22	38.36	49.04	12:00 AM			
23	31.07	34.84	12:00 AM			
24	29.28	34.78	12:00 AM			
25	54.06	100.46	7:10 AM	1.50	0.61	0.30
26	56.77	100.49	5:00 AM	1.17	0.85	0.51
27	44.00	39.38	12:00 AM			
28	33.85	42.61	12:00 AM			
29	31.19	36.59	12:00 AM			
30	31.18	42.64	11:00 PM	0.08	0.01	0.01
<b>Total:</b>	<b>1117.46</b>		<b>8.83</b>	<b>2.13</b>	<b>0.806</b>	<b>0.147</b>

City: Fort Wayne			Permit Number: IN003191			
Facility: Fort Wayne - P.L. Bruner WWTP			Public Notification Requirements Met? <input type="checkbox"/>			
Monitoring Period: 6-2023			Check box if no CSO discharge occurred for the month: <input type="checkbox"/>			
Design Peak Hourly Flow (MGD): 85			Design Average Flow (MGD): 74			
WWTW Influent Data			CSO Outfall No. 17			
Time	Peak Flow (MGD)	Flow (MGD)	Time	Event Duration (Hours)	Event Discharge or Estimated (MGD)	Event Discharge or Estimated (MGD)
01	39.99	57.99	12:00 AM			
02	32.75	54.01	12:00 AM			
03	31.33	36.88	12:00 AM			
04	30.87	37.09	12:00 AM			
05	37.12	45.25	12:00 AM			
06	40.49	45.18	5:15 PM	0.08	0.01	0.01
07	39.88	45.50	12:00 AM			
08	41.27	65.82	12:00 AM			
09	33.51	46.61	12:00 AM			
10	46.40	58.04	12:00 AM			
11	36.08	60.95	3:03 PM	1.83	0.22	0.08
12	32.56	43.78	12:00 AM			
13	39.77	88.10	9:40 AM	4.00	0.61	0.19
14	65.82	88.03	12:45 AM	0.17	0.02	0.01
15	35.02	41.52	12:00 AM			
16	31.73	37.31	12:00 AM			
17	30.74	36.76	12:00 AM			
18	30.23	36.12	12:00 AM			
19	31.10	35.90	12:00 AM			
20	31.52	35.85	12:00 AM			
21	32.04	36.01	12:00 AM			
22	38.36	49.04	12:00 AM			
23	31.07	34.84	12:00 AM			
24	29.28	34.78	12:00 AM			
25	54.06	100.46	7:10 AM	1.50	0.61	0.30
26	56.77	100.49	5:00 AM	1.17	0.85	0.51
27	44.00	39.38	12:00 AM			
28	33.85	42.61	12:00 AM			
29	31.19	36.59	12:00 AM			
30	31.18	42.64	11:00 PM	0.08	0.01	0.01
<b>Total:</b>	<b>1117.46</b>		<b>8.83</b>	<b>2.13</b>	<b>0.806</b>	<b>0.147</b>

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

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
Telephone: 264-477-6213

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (mm/dd/yy): 7/21/2023



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
Site Form 5946 (04/01-13)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
Site Form 5946 (04/01-13)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN003191  
 Facility: Fort Wayne - P.L. Brunner WWTTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 6-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Exceed (M) or Estimated (E) must be specified

Day of Month	Peak Hourly Flow (MGD)	Time (AM/PM)	Precipitation (Inch)	Flow Velocity (ft/sec)	Flow Depth (ft)	Flow Area (sq ft)	Flow Velocity (ft/sec)	Flow Depth (ft)	Flow Area (sq ft)	CSO Detail No. 18			CSO Detail No. 22							
										Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)					
01	39.99	17:00 AM																		
02	32.75	12:00 AM																		
03	31.33	12:00 AM																		
04	30.87	12:00 AM																		
05	37.12	12:00 AM																		
06	40.49	5:15 PM	0.08	0.01	0.61	5 m														
07	39.88	45:30	12:00 AM																	
08	41.27	6:52	12:00 AM																	
09	33.51	46:61	12:00 AM																	
10	46.40	58:04	12:00 AM																	
11	36.08	60:95	3:05 PM	1.83	0.22	0.08	5 m													
12	32.56	45:78	12:00 AM																	
13	39.77	88:10	9:40 AM	4.00	0.61	0.19	5 m	9:00 PM	M	3:00	M	3:013	M	2:47	M	0.338	M			
14	63.52	88:03	12:45 AM	0.17	0.02	0.01	5 m	12:00 AM	M	3:00	M	0.849	M							
15	35.02	41:52	12:00 AM																	
16	31.73	37:31	12:00 AM																	
17	30.74	36:76	12:00 AM																	
18	30.23	36:12	12:00 AM																	
19	31.10	35:90	12:00 AM																	
20	31.32	35:83	12:00 AM																	
21	32.04	36:01	12:00 AM																	
22	38.36	49:04	12:00 AM																	
23	31.07	34:84	12:00 AM																	
24	29.28	34:78	12:00 AM																	
25	54.06	100:46	7:10 AM	1.50	0.61	0.30	5 m	7:45 AM	M	4:08	M	2:860	M	7:45 AM	M	1:08	M	0:494	M	
26	36.77	100:49	5:00 AM	1.17	0.65	0.51	5 m	2:50 PM	M	4:17	M	7:070	M	2:40 PM	M	1:33	M	0:504	M	
27	44.00	59:58	12:00 AM																	
28	33.85	42:61	12:00 AM																	
29	31.19	36:59	12:00 AM																	
30	31.18	42:64	11:00 PM	0.08	0.01	0.01	5 m													
<b>Total:</b>	<b>1117.46</b>									<b>4</b>	<b>14.25</b>	<b>13.792</b>	<b>3</b>	<b>5.08</b>	<b>1.246</b>					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 264-424-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yy): 7/21/2023

City: Fort Wayne Permit Number: IN003191  
 Facility: Fort Wayne - P.L. Brunner WWTTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 6-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Exceed (M) or Estimated (E) must be specified

Day of Month	Peak Hourly Flow (MGD)	Time (AM/PM)	Precipitation (Inch)	Flow Velocity (ft/sec)	Flow Depth (ft)	Flow Area (sq ft)	Flow Velocity (ft/sec)	Flow Depth (ft)	Flow Area (sq ft)	CSO Detail No. 31			CSO Detail No. 74			CSO Detail No. 85				
										Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)		
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				
13	9:50 PM	M	2.17	M	0.028	M														
14	12:00 AM	M	0.38	M	0.002	M														
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25	5:30 PM	M	0.83	M	0.012	M														
26	4:00 PM	M	1.33	M	0.007	M														
27																				
28																				
29																				
30																				
<b>Total:</b>	<b>4</b>	<b>4.91</b>	<b>0.849</b>	<b>0.049</b>	<b>0.007</b>	<b>0.012</b>				<b>4</b>	<b>14.25</b>	<b>13.792</b>	<b>3</b>	<b>5.08</b>	<b>1.246</b>					



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



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

City: Fort Wayne		Page 7 of 12		Permit Number: 000002101		
Facility: Fort Wayne - P.L. Evanser WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: 06/01/2018 - 06/30/2018		Check box if no CSO discharge occurred for the month.		Y		
Design Peak Hourly Flow (MGD): 0.85		Maximum/Minimum (M) or Estimated (E) must be specified.		Y		
Design Peak Hourly Flow (MGD): 0.85		Design Average Flow (MGD): 0.85		Y		
Day	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Day	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	07:00 AM	0.00	0.00	0.00	0.00	0.00
02	08:00 AM	0.00	0.00	0.00	0.00	0.00
03	09:00 AM	0.00	0.00	0.00	0.00	0.00
04	10:00 AM	0.00	0.00	0.00	0.00	0.00
05	11:00 AM	0.00	0.00	0.00	0.00	0.00
06	12:00 PM	0.00	0.00	0.00	0.00	0.00
07	01:00 PM	0.00	0.00	0.00	0.00	0.00
08	02:00 PM	0.00	0.00	0.00	0.00	0.00
09	03:00 PM	0.00	0.00	0.00	0.00	0.00
10	04:00 PM	0.00	0.00	0.00	0.00	0.00
11	05:00 PM	0.00	0.00	0.00	0.00	0.00
12	06:00 PM	0.00	0.00	0.00	0.00	0.00
13	07:00 AM	0.00	0.00	0.00	0.00	0.00
14	08:00 AM	0.00	0.00	0.00	0.00	0.00
15	09:00 AM	0.00	0.00	0.00	0.00	0.00
16	10:00 AM	0.00	0.00	0.00	0.00	0.00
17	11:00 AM	0.00	0.00	0.00	0.00	0.00
18	12:00 PM	0.00	0.00	0.00	0.00	0.00
19	01:00 PM	0.00	0.00	0.00	0.00	0.00
20	02:00 PM	0.00	0.00	0.00	0.00	0.00
21	03:00 PM	0.00	0.00	0.00	0.00	0.00
22	04:00 PM	0.00	0.00	0.00	0.00	0.00
23	05:00 PM	0.00	0.00	0.00	0.00	0.00
24	06:00 PM	0.00	0.00	0.00	0.00	0.00
25	07:00 AM	0.00	0.00	0.00	0.00	0.00
26	08:00 AM	0.00	0.00	0.00	0.00	0.00
27	09:00 AM	0.00	0.00	0.00	0.00	0.00
28	10:00 AM	0.00	0.00	0.00	0.00	0.00
29	11:00 AM	0.00	0.00	0.00	0.00	0.00
30	12:00 PM	0.00	0.00	0.00	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:   
 Signature of Principal Executive Officer or Authorized Agent:   
 Date: 06/30/2018

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:   
 Signature of Principal Executive Officer or Authorized Agent:   
 Date: 06/30/2018

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:   
 Signature of Principal Executive Officer or Authorized Agent:   
 Date: 06/30/2018

City: Fort Wayne		Page 7 of 12		Permit Number: 000002101		
Facility: Fort Wayne - P.L. Evanser WWTP		Public Notification Requirements Met?		Y		
Monitoring Period: 06/01/2018 - 06/30/2018		Check box if no CSO discharge occurred for the month.		Y		
Design Peak Hourly Flow (MGD): 0.85		Maximum/Minimum (M) or Estimated (E) must be specified.		Y		
Design Peak Hourly Flow (MGD): 0.85		Design Average Flow (MGD): 0.85		Y		
Day	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Day	Time	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
01	07:00 AM	0.00	0.00	0.00	0.00	0.00
02	08:00 AM	0.00	0.00	0.00	0.00	0.00
03	09:00 AM	0.00	0.00	0.00	0.00	0.00
04	10:00 AM	0.00	0.00	0.00	0.00	0.00
05	11:00 AM	0.00	0.00	0.00	0.00	0.00
06	12:00 PM	0.00	0.00	0.00	0.00	0.00
07	01:00 PM	0.00	0.00	0.00	0.00	0.00
08	02:00 PM	0.00	0.00	0.00	0.00	0.00
09	03:00 PM	0.00	0.00	0.00	0.00	0.00
10	04:00 PM	0.00	0.00	0.00	0.00	0.00
11	05:00 PM	0.00	0.00	0.00	0.00	0.00
12	06:00 PM	0.00	0.00	0.00	0.00	0.00
13	07:00 AM	0.00	0.00	0.00	0.00	0.00
14	08:00 AM	0.00	0.00	0.00	0.00	0.00
15	09:00 AM	0.00	0.00	0.00	0.00	0.00
16	10:00 AM	0.00	0.00	0.00	0.00	0.00
17	11:00 AM	0.00	0.00	0.00	0.00	0.00
18	12:00 PM	0.00	0.00	0.00	0.00	0.00
19	01:00 PM	0.00	0.00	0.00	0.00	0.00
20	02:00 PM	0.00	0.00	0.00	0.00	0.00
21	03:00 PM	0.00	0.00	0.00	0.00	0.00
22	04:00 PM	0.00	0.00	0.00	0.00	0.00
23	05:00 PM	0.00	0.00	0.00	0.00	0.00
24	06:00 PM	0.00	0.00	0.00	0.00	0.00
25	07:00 AM	0.00	0.00	0.00	0.00	0.00
26	08:00 AM	0.00	0.00	0.00	0.00	0.00
27	09:00 AM	0.00	0.00	0.00	0.00	0.00
28	10:00 AM	0.00	0.00	0.00	0.00	0.00
29	11:00 AM	0.00	0.00	0.00	0.00	0.00
30	12:00 PM	0.00	0.00	0.00	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>







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

Site Form 90546 (6/09-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Site Form 90546 (6/09-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Client: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Bruner WWTP  
 Monitoring Period: (MONTH) 6-2013  
 Design Peak Hourly Flow (MGD): 85  
 Design Average Flow (MGD): 74  
 WWT Plant Inflow Data

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak (am/pm)	Precipitation (inches)	Freshwater Flow (MGD)	Total Flow (MGD)	Flow Intensity (MGD/in)	Measure/Interest (M) or Estimated (E)	CSO Outfall No. 13			CSO Outfall No. 49		
									Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)
01	39.59	57.99	12:00 AM	5 m										
02	32.75	54.01	12:00 AM	5 m										
03	31.33	36.88	12:00 AM	5 m										
04	30.87	37.09	12:00 AM	5 m										
05	37.12	45.25	12:00 AM	5 m										
06	40.49	43.18	4:55 PM	0.25	0.03	0.01	5 m							
07	39.88	45.50	12:00 AM	5 m										
08	41.27	65.52	12:00 AM	5 m										
09	33.51	46.61	12:00 AM	5 m										
10	46.40	58.04	12:00 AM	5 m										
11	36.08	60.95	3:10 PM	2.33	0.28	0.08	5 m							
12	32.56	43.78	12:00 AM	5 m										
13	39.77	88.10	7:10 AM	4.58	0.89	0.25	5 m							
14	63.32	88.03	12:00 AM	0.33	0.04	0.04	5 m							
15	35.02	41.52	12:00 AM	5 m										
16	31.73	37.31	12:00 AM	5 m										
17	30.74	36.76	12:00 AM	5 m										
18	30.23	36.12	12:00 AM	5 m										
19	31.10	35.90	12:00 AM	5 m										
20	31.32	35.93	12:00 AM	5 m										
21	32.04	36.01	12:00 AM	5 m										
22	38.36	49.04	12:00 AM	5 m										
23	31.07	34.84	12:00 AM	5 m										
24	29.28	34.78	12:00 AM	5 m										
25	54.06	100.46	7:05 AM	2.17	1.03	0.68	5 m							
26	55.77	100.49	5:05 AM	0.75	0.15	0.09	5 m							
27	44.00	59.38	12:00 AM	5 m										
28	33.85	42.61	12:00 AM	5 m										
29	31.19	36.59	12:00 AM	5 m										
30	31.18	42.64	10:50 PM	0.08	0.01	0.01	5 m							
<b>Totals:</b>	<b>1117.46</b>			<b>10.50</b>	<b>2.43</b>			<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 260-477-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yy): 7/2/2013

Client: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Bruner WWTP  
 Monitoring Period: (MONTH) 6-2013  
 Design Peak Hourly Flow (MGD): 85  
 Design Average Flow (MGD): 74  
 WWT Plant Inflow Data

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak (am/pm)	Precipitation (inches)	Freshwater Flow (MGD)	Total Flow (MGD)	Flow Intensity (MGD/in)	Measure/Interest (M) or Estimated (E)	CSO Outfall No. 51			CSO Outfall No. 74			CSO Outfall No. 81		
									Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
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22																	
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25																	
26																	
27																	
28																	
29																	
30																	
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	

Public Notification Requirements Met: Y  
 Check box if no CSO discharge occurred for the month: Y  
 Check box if no CSO discharge occurred for the month: Y

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

State Form 5546 (R49-12)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (R49-12)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page 10 of 12 Permit Number: IN0032191

Facility: Fort Wayne - P.L. Bruner WWTP Public Notification Requirements Met? Y

Monitoring Period: (MONTH) 6-2023 Check box if no CSO discharge occurred for the month: Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified.

Day of Month	CSO Outfall No. 42			CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 81			CSO Outfall No. 74		
	Time Discharge Began	Event Duration or Discharge (MG)	Event Discharge (MG)	Time Discharge Began	Event Duration or Discharge (MG)	Event Discharge (MG)	Time Discharge Began	Event Duration or Discharge (MG)	Event Discharge (MG)	Time Discharge Began	Event Duration or Discharge (MG)	Event Discharge (MG)	Time Discharge Began	Event Duration or Discharge (MG)	Event Discharge (MG)
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
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22															
23															
24															
25															
26															
27															
28															
29															
30															
<b>Total:</b>	0	0.00	0.000	0	0.00	0.000	0	0.00	0.000	0	0.00	0.000	0	0.00	0.000



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 Site Form 5546 (8-69-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 Site Form 5546 (8-69-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CIV: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  
 Monitoring Period: 6-2023 Check box if no CSO discharge occurred for the month:  N  
 Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified. 74  
 Discharge Average Flow (MGD): 45  
 CSD Outfall No. 44  
 CSD Outfall No. 45  
 CSD Outfall No. 74

Day of Month	Time Discharge Begins	Time Discharge Ends	Flow (MGD)	Event	Discharge	Flow (MGD)	Event	Discharge	Flow (MGD)	Event	Discharge	Flow (MGD)
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
<b>Totals:</b>	0	74	0.000	0.000	0	74	0.000	0.000	0	74	0.000	0.000

CIV: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  
 Monitoring Period: 6-2023 Check box if no CSO discharge occurred for the month:  N  
 Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified. 74  
 Discharge Average Flow (MGD): 45  
 CSD Outfall No. 44  
 CSD Outfall No. 45  
 CSD Outfall No. 74

Day of Month	Time Discharge Begins	Time Discharge Ends	Flow (MGD)	Event	Discharge	Flow (MGD)	Event	Discharge	Flow (MGD)	Event	Discharge	Flow (MGD)
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
<b>Totals:</b>	0	74	0.000	0.000	0	74	0.000	0.000	0	74	0.000	0.000

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-477-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (month/day): 7/1/2023

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY INTO THE BEST OF MY KNOWLEDGE, THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-477-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (month/day): 7/1/2023

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY INTO THE BEST OF MY KNOWLEDGE, THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 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] 6-2023	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	
13	Wet Weather Day
14	Wet Weather Day
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	Wet Weather Day
26	Wet Weather Day
27	
28	
29	
30	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent <i>Jennifer E. Lash, Program Manager</i>	Telephone 260-427-6213
--	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent <i>Jennifer E. Lash</i>	Date (mm/dd/yy) 7/21/2023
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DMR Copy of Record

Permit #:	IN032191	Permittees:	FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BEBANNER WPC 2601 CHENEGY AVE FORT WAYNE, IN 46803									
Major:	Yes	Permittee Address:	882-C CSO 028-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLUBERUM BLVD	Facility Location:										
Permitted Features:	002 External Outfall	Discharge:	CSO 028-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLUBERUM BLVD	Status:	NotDMR Validated									
Report Dates & Status		DMR Due Date:	8/10/2023	Telephone:	260-427-6213									
Monitoring Period:	From 8/6/2023 to 8/6/2023													
Constitutions for Permit Completion														
CSO - 002 POND WHEN USED AS CSO ONLY														
Principal Executive Officer		Title:	Program Manager											
First Name:	Jennifer													
Last Name:	Lash													
No Data Indicator (NODI)														
Form NODI:														
Scale		Monitoring Location	Season #	Permit NODI										
00027	Dardian	EG - Effluent Gross	0	-										
74003	Overflow volume (338 volume, CSO volume)	EG - Effluent Gross	0	-										
70007	Precipitation, mostly accumulation	EG - Effluent Gross	0	-										
81105	Discharge event observations (Manual Monitoring)	EG - Effluent Gross	0	-										
<p><b>Submission Note</b> If a parameter row does not contain any values for the Samps or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>Edit Check Errors</b> No errors. Comments</p>														
<p><b>Attachments</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Type</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>IN032191_GOSC_Label_2023_06.pdf</td> <td>pdf</td> <td>340180.0</td> </tr> <tr> <td>IN032191_GOSC_CSOMD_2023_06.pdf</td> <td>pdf</td> <td>1043841.0</td> </tr> </tbody> </table>						Name	Type	Size	IN032191_GOSC_Label_2023_06.pdf	pdf	340180.0	IN032191_GOSC_CSOMD_2023_06.pdf	pdf	1043841.0
Name	Type	Size												
IN032191_GOSC_Label_2023_06.pdf	pdf	340180.0												
IN032191_GOSC_CSOMD_2023_06.pdf	pdf	1043841.0												
<p><b>Report Last Signed By</b> FORT WAYNE WWTP</p> <p>User: JETEFADUR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2023-07-21 16:45 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b></p> <p>User: JETEFADUR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2023-07-21 16:45 (Time Zone: -04:00)</p>														

DMR Copy of Record

**Permit:**  
 Permit #: 90222191  
 Major: Yes  
 Permittee: FORT WAYNE WWTP  
 Permittee Address: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 903-C  
 CSD P-19-025, 001 POND - 900 FT E OF PEMBERTON DR  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BOLANER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** 003 External Outfall  
**Report Date & Status:** 8/12/2023  
**Monitoring Period:** From 06/01/23 to 06/30/23  
**Considerations for Form Completion:** DMR Due Date: 8/12/2023  
 CSD - 001 POND WHEN USED AS CSD ONLY  
 Principal Executive Officer: [Redacted] Telephone: [Redacted]  
 First Name: [Redacted]  
 Last Name: [Redacted] Title: [Redacted]

**Form NO22:** [Redacted]  
 No Data Indicator (NOD): [Redacted]

Code	Parameter Name	Monitoring Location	Session #	Param. NO22	Quantity or Loading			Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	
1007	Durables	EG - Effluent Gross	0	-	Reg Min MD TOTAL G - No Discharge	02 - None	WHQS - When Discharging RT - RC0207	0
1603	Overflow volume (332 volume, CSD volume)	EG - Effluent Gross	0	-	Reg Min MD TOTAL G - No Discharge	02 - None	ALBY - All Events	02 - RC0207
1887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.43 Reg Min MD TOTAL G - No Discharge	02 - None	ALBY - All Events	02 - RC0207
1915	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Min MD TOTAL G - No Discharge	02 - None	ALBY - All Events	02 - RC0207

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

**Run Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Edited By:** FORT WAYNE WWTP

**User:** JETSFACHR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:37 (Time Zone: -04:00)

**Report Last Signed By:** JETSFACHR

**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: F.L. BRUNNER WPC  
 2801 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 004  
 External Outlet  
**Discharge:** 004-C  
 CSO: 003-090, 210 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER

**Report Dates & Status:**  
 Monitoring Period: From 06/19/2013 to 08/20/2013  
 DMR Due Date: 01/28/2013  
 Status: NotDMRA Validated

**Considerations for Permit Completion:**  
 CSO: 003-000 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

**No Date Indicator (NODI):**  
 Firm NODI:

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Sample Period Type	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3	Units	# of ECs	Frequency of Analysis	Sample Type
00027	Davities	EG - Effluent Gross	0	--	Sample Period Type Value NODI							Req Min MD TOTAL, BS - None C - No Discharge		WQDS - When Discharging RT - SCOOTOT	
71083	Overflow volume [BSB volume, CSO volume]	EG - Effluent Gross	0	--	Sample Period Type Value NODI							Req Min MD TOTAL, BS - Mgd C - No Discharge		ALDY - All Events BS - BETHA	
75887	Precipitation, monthly accumulations	EG - Effluent Gross	0	--	Sample Period Type Value NODI							Req Min MD TOTAL, BS - None C - No Discharge		ALDY - All Events BS - SCOOTOT	
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Period Type Value NODI							Req Min MD TOTAL, BS - None C - No Discharge		ALDY - All Events BS - SCOOTOT	

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

**Edit Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments

**Report Last Saved By:**  
 FORT WAYNE WWTP

**User:** JETSFACHUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:34 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETSFACHUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0032181  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permit Address:** CITY OF FORT WAYNE  
 202 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWANER AVE  
 FORT WAYNE, IN 46803  
**Permitted Feature:** 005 External Outfall  
**Discharger:** 666-C  
**CSO: J11-164, 219 FT SE OF MAINTD BLVD & INDIANA VILLAGE BLVD**  
**Report Dates & Status:** 01/28/23  
**Status:** NoDMR Validated  
**Monitoring Period:** From 06/01/23 to 06/30/23  
**Constitutions for Form Completion:** CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**  
**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Reason #	Param. NOD	Quantity or Loading			# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Discharge	EG - Effluent Gross	0	--	Sample Period: 15m Value: NOD	7.17 Reg Max MD TOTAL	0	0	EG - Inflow WHCS - When Discharging RT - R002T07 WHCS - When Discharging RT - R002T07	RT - R002T07
74003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--	Sample Period: 15m Value: NOD	0.428 Reg Max MD TOTAL	0	0	ALSD - All Events ALSD - All Events	ES - ESTMA ES - ESTMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Period: 15m Value: NOD	2.28 Reg Max MD TOTAL	0	0	ALSD - All Events ALSD - All Events	RT - R002T07 RT - R002T07
81103	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Period: 15m Value: NOD	4.8 Reg Max MD TOTAL	0	0	ALSD - All Events ALSD - All Events	RT - R002T07 RT - R002T07

**Substitute Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Self Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:34 (Time Zone: -04:00)  
**Report Last Signed By:**  
 User: JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)



DMR Copy of Record

**Permit**  
 Permit #: M00032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803

Permit Features: 007 External Outfall  
 Discharge:

Report Dates & Status: 07/29/23  
 Monitoring Period: From 06/01/23 to 06/30/23  
 Status: Next DMR Validated

Considerations for Permit Completion  
 CSO: K03-002 MUNICIPAL MAJOR ALLEN COUNTY

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

Code	Parameter	Monitoring Location	Received # Permit	Sample Permit Per	Value	Quality or Concentration	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Durhelin	EG - Effluent Gross	0	-			Req Mon MO TOTAL	EG - Nitro					WH05 - When Discharging	RT - RC01TOT
								G - No Discharge						
7003	Overflow volume [BS volume, CSO volume]	EG - Effluent Gross	0	-			Req Mon MO TOTAL	TR - Mgd					AL01 - All Events	ES - EST6M
								G - No Discharge						
7887	Precipitation, wet/dry accumulation	EG - Effluent Gross	0	-			2.28	ES - Nitro					AL01 - All Events	RT - RC01TOT
								Req Mon MO TOTAL	TR - Nitro				AL01 - All Events	RT - RC01TOT
								G - No Discharge						
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-			Req Mon MO TOTAL	MG - 6M					AL01 - All Events	RT - RC01TOT
								G - No Discharge						

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

Edit Check Errors  
 No errors.

Comments

Attachments  
 No attachments

Report Last Saved By  
 FORT WAYNE WWTP

User: JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofcswayne.org  
 Date/Time: 2023-07-21 10:34 (Time Zone: -04:00)

Report Last Signed By  
 User: JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofcswayne.org  
 Date/Time: 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** INR02311  
**Permit #:** INR02311  
**Major:** Yes  
**Permitted Features:** 011 External Outfall  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2621 DWIGLER AVE  
 FORT WAYNE, IN 46803

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 202 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharger:** 011-C  
 CSC: K06-029 - SE OF MAIN ST. & CAMP ALLEN DR.  
**Reporting Dates & Status:** From 06/01/23 to 06/30/23  
**DMR Due Date:** 07/28/23  
**Status:** Not DMR Validated

**Monitoring Period:** Considerations for Pumps Completion  
**CSC:** K06-033 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NDD):**  
**Form NDD:**

Date	Parameter Name	Monitoring Location	Season #	Param NDD	Quantity of Loading			Quality of Concentration			# of EC	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Qualifier 2	Qualifier 3			
5/23/23	Domestic	ES - Effluent Disch	0	--	Sample	Req Min MD TOTAL	ES - 100%	WQCB - When Discharging RT - SCOTDIF					
					Percent Full	C - No Discharge							
7/4/23	Overflow volume [99] volume, DSO volume]	ES - Effluent Disch	0	--	Sample	Req Min MD TOTAL	ES - 100%	AL-ET - All Events				ES - BETHUS	
					Percent Full	C - No Discharge							
7/26/23	Precipitation, monthly accumulation	ES - Effluent Disch	0	--	Sample	2.28	ES - 100%	AL-ET - All Events				RT - SCOTDIF	
					Percent Full	Req Min MD TOTAL	ES - 100%	AL-ET - All Events				RT - SCOTDIF	
					Value NDD	C - No Discharge							
8/1/23	Stackings event observation (Visual Monitoring)	ES - Effluent Disch	0	--	Sample	Req Min MD TOTAL	ES - 100%	AL-ET - All Events				RT - SCOTDIF	
					Percent Full	C - No Discharge							

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** JETEFADUR  
**Fort Wayne WWTP:** Jennifer Lash  
**User:** jennifer.lash@cityoffortwayne.org  
**E-Mail:** 2023-07-21 10:34 (Time Zone: -04:00)  
**Date/Time:**

**Report Last Signed By:** JETEFADUR  
**User:** Jennifer Lash  
**Name:** jennifer.lash@cityoffortwayne.org  
**E-Mail:** 2023-07-21 10:45 (Time Zone: -04:00)  
**Date/Time:**

DMR Copy of Record

**Permit:** IN0032191  
**Permit #:** IN0032191  
**Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** Facility Location:  
 FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWINGERS LANE  
 FORT WAYNE, IN 46803  
**Permitted Features:** D12 External Outlet  
**Discharge:** 812-C  
 CSC- K05-034 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

**Report Dates & Status:** 8/7/2023  
**Monitoring Period:** From 06/01/23 to 06/30/23  
**DMR Due Date:** 8/7/2023  
**Status:** NotDMR Validated  
**Considerations for Permit Completion:**

**CSO:** K05-034 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_

**No Data Indicator (NDD):** \_\_\_\_\_  
**Form NDD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Season	F	P	M	Quantity of Loading			# of EL	Frequency of Analysis	Sample Type
							Qualifier 1	Qualifier 2	Qualifier 3			
50207	Duration	EG - Effluent Gross	0	-	-	-	Sample	Permit Day	Value NDD	0.02	EG - Inflow	WWSB - When Discharging RT - RC00T07
74263	Overflow volume (559 volume, CSO volume)	EG - Effluent Gross	0	-	-	-	Sample	Permit Day	Value NDD	0.001	30 - Mg/L	ALBY - All Events
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	Sample	Permit Day	Value NDD	3.38	30 - Inflow	ALBY - All Events
84145	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	Sample	Permit Day	Value NDD	1.0	40 - Inflow	ALBY - All Events

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

**DMR Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMR  
 Jennifer Lash

**Report Last Saved By:** JETEFADMR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-21 10:34 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** M0022181  
**Permit #:** FORT WAYNE WWTP  
**Major:** 'Yes' CITY OF FORT WAYNE  
 205 E BERRY ST  
 FT WAYNE, IN 46602  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2807 DOWNSIDER AVE  
 FORT WAYNE, IN 46823

**Permitted Features:** C13 External Outfall  
**Discharge:** C13-C  
 CSC: K05-258 - 80 FT N OF THEME DR & BERRY ST

**Report Dates & Status:** From 06/01/23 to 06/30/23  
**Monitoring Period:** 07/28/23  
**Contributions for Permit Completion:** NotDMR Validated

**CSC:** K05-258 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NDD):** \_\_\_\_\_  
**Form NDD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Invent # Param. NDD	Sample Period Rate Value NDD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
10207	Discharge	EG - Effluent Gross	0	-	0	0	0	WY08 - When Discharging WY08 - When Discharging	RT - RC02T07
74263	Overflow volume [558 volume, CSC volume]	EG - Effluent Gross	0	-	0	0	0	AL07 - All Events AL07 - All Events	ES - EST0A ES - EST0A
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0	0	0	AL07 - All Events AL07 - All Events	RT - RC02T07 RT - RC02T07
84115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0	0	0	AL07 - All Events AL07 - All Events	RT - RC02T07 RT - RC02T07

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

**Full Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETSFADMAR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-21 10:32 (Time Zone: -04:00)

**Report Last Signed By:** JETSFADMAR  
**User:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 017 External Outfall  
**Permit #: 017**  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permit Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 017 External Outfall  
**Discharge:** CSO: 007-176 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE  
**Report Date & Status:** 01/28/23  
**Status:** NewDMR Validated

**Monitoring Period:** From 06/05/22 to 06/30/23  
**DMR Due Date:** 01/28/23  
**Considerations for Form Completion:**

**CSO:** 007-176/ENCDFAL MAJORVILLE COUNTY  
**Principal Executive Officer:**

**First Name:** [Blank]  
**Last Name:** [Blank]  
**Title:** [Blank]  
**Telephone:** [Blank]

**No Date Indicator (NOD):** -  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Reason # From NOD	Sample Permit File Value NOD	Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4	Quality or Consumption	Units	# of EC	Frequency of Analysis	Sample Type
5037	Overflow	EG - Effluent Gross	0	-	0	0	0	0	0	Reg Max MD TOTL	0	0	WWS - When Discharging RT - 000107
1493	Overflow volume (599 volume), CSO volume	EG - Effluent Gross	0	-	0	0	0	0	0	Reg Max MD TOTL	0	0	WWS - When Discharging RT - 000107
1667	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0	0	0	0	0	Reg Max MD TOTL	0	0	WWS - When Discharging RT - 000107
0118	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0	0	0	0	0	Reg Max MD TOTL	0	0	WWS - When Discharging RT - 000107

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

**EDI Check Errors:** No errors.

**Comments:**

**Attachments:**

**Report Last Saved By:** JETSFADMR  
**PORT WAYNE WWTP**

**User:** Jennifer Lutz  
**Name:** Jennifer Lutz  
**E-Mail:** jennifer.lutz@cityoffortwayne.org  
**Date/Time:** 2023-01-21 10:33 (Time Zone: -08:00)

**Report Last Signed By:** JETSFADMR  
**User:** Jennifer Lutz  
**Name:** Jennifer Lutz  
**E-Mail:** jennifer.lutz@cityoffortwayne.org  
**Date/Time:** 2023-01-21 10:45 (Time Zone: -08:00)

DMR Copy of Record

**Permit:** IN0032191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2651 DIVINGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 019  
 Effluent Outfall  
**Discharge:** 018-C  
 CSO: K11-165 - 150 FT W OF BROADWAY & RUDSELL BLVD  
**Report Dates & Status:** 0126023  
**Status:** NetDMR Validated  
**Monitoring Period:** From 06/01/23 to 06/30/23  
**Constituents for Pumps Completion:**  
 CSO: K11-165/UNCLP/AL MAJORALLIN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**No Data Indicator (NDD):**  
**Form NDD:**

Code	Parameter Name	Monitoring Location	System # From NDD	Sample Period Frequency	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3	Units	# of EC	Frequency of Analysis	Sample Type
5007	Overflow	EG - Effluent Gross	0	0	0	0	0	0	0	0	0	0	0	0
7103	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0	0	0	0	0	0	0	0
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	0	0	0	0	0	0	0
8115	Discharge event observation (Must Monitoring)	EG - Effluent Gross	0	0	0	0	0	0	0	0	0	0	0	0

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

**Self Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** JETFDADR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityofwayne.org  
**User:** JETFDADR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 15:33 (Time Zone: -04:00)

**Report Last Signed By:** JETFDADR  
**User:** JETFDADR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 15:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: 200022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 201 CHENSER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permit Features: CSO  
 External Outfall  
 Discharge: CSO-C  
 CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD  
 Report Date & Status: 01/28/23  
 Status: NotDMR Validated  
 Monitoring Period: From 04/01/23 to 06/30/23  
 Considerations for Form Completion: CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY  
 Principal Executive Officer: [Blank]  
 Telephone: [Blank]

**Form NOO:**  
 No Data Indicator (NOD): [Blank]

Date	Parameter Name	Monitoring Location	Reason If Param. NOD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex.	Frequency of Analyte	Sample Type
2023-07-01	Duration	EG - Effluent Gross	-	Sample Permit Rec Value NOD	0.00	0	WQCS - When Discharging RT - RC01TOT WQCS - When Discharging RT - RC01TOT	RT - RC01TOT
2023-07-01	Overflow volume [558 volume, CSO volume]	EG - Effluent Gross	-	Sample Permit Rec Value NOD	1.248	0	RT - Major Rec Mon MD TOTL, RT - Major	ES - ESTIMA ES - ESTIMA
2023-07-01	Precipitation, monthly accumulation	EG - Effluent Gross	-	Sample Permit Rec Value NOD	2.13	0	RT - Major Rec Mon MD TOTL, RT - Major	RT - RC01TOT RT - RC01TOT
2023-07-01	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	-	Sample Permit Rec Value NOD	3.0	0	RT - Major Rec Mon MD TOTL, RT - Major	RT - RC01TOT RT - RC01TOT

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Emulsions, Frequency of Analyte, and Sample Type.  
 DMR Check Errors: No errors.  
 Comments: [Blank]

**Attachments:**  
 No attachments.  
 Report Last Saved By: JETSFADNR  
 User: Jennifer Lash  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-07-21 10:33 (Time Zone: -04:00)

Report Last Signed By: JETSFADNR  
 User: Jennifer Lash  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0032191 **Fort Wayne WWTP**  
**Major:** Yes **City of Fort Wayne**  
**Permittee Address:** 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permittee Feature:** 021 **Discharge**  
 External Outfall  
**CSO:** K19-044 MUNICIPAL MAJOR ALLEN COUNTY

**Report Dates & Status:** From 06/01/03 to 06/03/03 **DMR Due Date:** 07/28/03 **Status:** NotDMR Validated  
**Monitoring Period:** Considerations for Permit Completion

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

**No Data Indicator (NDDI):** **Form NDDI:**

Code	Parameter Name	Monitoring Location	Events # From NDDI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analyte	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units			
5007	Duration	EG - Effluent Gross	0	-	4.81	Req Max MD TOTAL	SE - Sinks	0	WHOS - When Discharging WHOS - When Discharging	SE - RC0707 SE - RC0707
7405	Overflow volume [585 volume, CSO volume]	EG - Effluent Gross	0	-	2.04	Req Max MD TOTAL	SE - Sinks	0	ALEV - All Events ALEV - All Events	ES - ESTMA ES - ESTMA
7887	Prohibition, exceed accumulation	EG - Effluent Gross	0	-	2.03	Req Max MD TOTAL	SE - Sinks	0	ALEV - All Events ALEV - All Events	SE - RC0707 SE - RC0707
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	4.0	Req Max MD TOTAL	SE - Sinks	0	ALEV - All Events ALEV - All Events	SE - RC0707 SE - RC0707

**Submission Note**

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

**ERT Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:33 (Time Zone: -04:00)

**Report Last Signed By:** JETEFACMR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** 96032191  
**Permit #:** 96032191  
**Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 255 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BILBNER WPC  
 3071 OWENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 023  
 External Outfall  
**Discharge:** 023-C  
 CSO-LOS-023 - 80 FT NW OF JACKSON ST & SUPERIOR ST  
**Report Dates & Status:** From 06/01/03 to 06/30/03  
**Monitoring Period:** From 06/01/03 to 06/30/03  
**Considerations for Permit Completion:** MetDMR Validated  
**CSO:** LOS-13MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:** Title: Telephone:  
**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Season 1 Param. NOD	Season 2 Value 1	Season 2 Value 2	Season 2 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
5007	Dissolved Oxygen	EG - Effluent Gross	0	7.23	82	92	mg/l	0	1M	1M108 - Urban Discharge RT - R00702 1M109 - Urban Discharge RT - R00702
7063	Overflow volume (505 volume, CSO volume)	EG - Effluent Gross	0	2.142	26	1Mgal	ALLEV - All Events	0	1M	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0.8	6W	1Mgal	ALLEV - All Events	0	1M	RT - R00702
8188	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	4.2	45	1Mgal	ALLEV - All Events	0	1M	RT - R00702

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

**Get Check Errors:** No errors.

**Comments:**

**Attachments:**

**Report Last Saved By:** JETIFACMR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-31 10:28 (Time Zone: -04:00)

**Report Last Signed By:** JETIFACMR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-31 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: IN0002191 FORT WAYNE WWTP  
 Major: Yes CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location:  
 FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2601 DIVINGER AVE  
 FORT WAYNE, IN 46803  
 Permittee Address:  
 Discharge: 824-C  
 CSO: LN-420 - 200 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
 Status: NetDMR Validated

**Report Date & Status:**  
 Monitoring Period: From 06/01/23 to 06/30/23 DMR Due Date: 07/03/23  
 Considerations for Form Completion:

CSO: LN-420-MUNICIPAL MAJORALLEN COUNTY  
 Principal Executive Officer:  
 First Name: Title:  
 Last Name: Telephone:

No Data Indicator (NOD):  
 Form NOD:

Code	Parameter Name	Monitoring Location	Reason # Param. NOD	Sample Permit Rec. Value NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analyte	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 (Units Qualifier 1 Value 1 Qualifier 2 Value 2)	Qualifier 3 Value 3 Qualifier 4 Value 4	Units		
8027	Duration	EG - Effluent Gross	0	-	0.00	0.00	0	WQ05 - 0:00 Discharging RT - ACC007 WQ06 - 0:00 Discharging RT - ACC007	RT - ACC007
T4293	Overflow volume [500 volume, CSO volume]	EG - Effluent Gross	0	-	0.00	0.00	0	AL01 - All Events AL02 - All Events	ES - ESTMA ES - ESTMA
T887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.0	0.0	0	SW - 0:00 SW - 0:00	RT - ACC007 RT - ACC007
8416	Discharge event observations [Visual Monitoring]	EG - Effluent Gross	0	-	0.0	0.0	0	AL01 - All Events AL02 - All Events	RT - ACC007 RT - ACC007

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

Self Check Errors:  
 No errors.  
 Comments:

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP

User: JETEFACMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-07-21 10:29 (Time Zone: -04:00)

**Report Last Signed By:**  
 User: JETEFACMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-07-21 10:45 (Time Zone: -04:00)

DMIR Copy of Record

**Permit:** IN0002194  
**Permit #:** IN0002194  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BOLLNER WPC  
 2601 BOLLNER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 025 External Outfall  
**Discharge:** 025-C  
**Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802

**Report Dates & Status:** 01/08/23 - 07/21/23  
**DMIR Due Date:** 07/28/23  
**Status:** NetDMIR Validated

**Monitoring Period:** From 06/27/23 to 06/28/23  
**Constituent:** 025 External Outfall  
**CSO:** 025 External Outfall

**Principal Executive Officer:** [Blank]  
**First Name:** [Blank]  
**Last Name:** [Blank]  
**Title:** [Blank]

**Permittee Name:** [Blank]  
**Permittee Address:** [Blank]  
**Permittee City:** [Blank]  
**Permittee State:** [Blank]  
**Permittee Zip:** [Blank]

Code	Permittee Name	Maintaining Location	Reason #	Permit No	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
8207	Overfill	EG - Effluent Gross	0	-	Sample Permit Req. Value MOO	4.0 Req Mon MO TOTL, 02 - Inline	0	WY08 - When Discharging WY08 - When Discharging	RT - R02T07
7453	Overflow volume [333 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value MOO	5.15 Req Mon MO TOTL, 3P - Mgd	0	AL07 - All Events	ES - E27MA
7887	Presipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value MOO	5.9 Req Mon MO TOTL, 5W - Inline	0	AL07 - All Events	RT - R02T07
9410	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value MOO	3.0 Req Mon MO TOTL, 4K - Inline	0	AL07 - All Events	RT - R02T07

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

**Edit Check Errors:** No errors.

**Comments:** [Blank]

**Attachments:** [Blank]

**Report Last Saved By:** JETSFACMR  
**PORT WAYNE WWTP**

**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:29 (Time Zone: -04:00)

**Report Last Signed By:** JETSFACMR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0032191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP							
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location	P.L. BRUNNER WPC 2604 DWENGER AVE FORT WAYNE, IN 46603							
Permitted Features	027 External Outfall	Discharge	007-C CSO: M10-302 - 200 FT SE OF THIRD ST & CALHOUN ST									
Report Dates & Status		DMR Due Date	07/26/23	Status	NotDMR Validated							
Monitoring Period	From 06/01/22 to 06/30/23											
Considerations for Form Completion												
CSO: M10-302A/NOCPAL MAUCHALLON COUNTY												
Principal Executive Officer		Title		Telephone								
First Name:												
Last Name:												
No Data Indicator (NDD)												
Form NDD:												
State	Parameter Name	Monitoring Location	Season # From NDD	Sample Period Frequency	Quality or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Domestic	EG - Effluent Gross	0	--	Reg Met MD TOTL, EG - Inflow C - No Discharge				MGD		WQGS - When Discharging RT - RC02107	
74053	Overflow volume (555 volume), CSO volume	EG - Effluent Gross	0	--	Reg Met MD TOTL, SR - Mgd C - No Discharge				Mgd		ALBY - All Events ES - B37MA	
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	23P Reg Met MD TOTL, SW - Inflow				g		ALBY - All Events RT - RC02107 ALBY - All Events RT - RC02107	
81465	Discharge event observation (Inflow Monitoring)	EG - Effluent Gross	0	--	Reg Met MD TOTL, AC - Inflow C - No Discharge				MGD		ALBY - All Events RT - RC02107	
<b>Submitter Note</b>												
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.												
<b>EDI Check Errors</b>												
No errors.												
<b>Comments</b>												
Attachments												
No attachments.												
Report Last Saved By												
FORT WAYNE WWTP												
User:	JETSFACHR											
Name:	Jennifer Lash											
E-Mail:	jennifer.lash@cityoffortwayne.org											
Date/Time:	2023-07-21 10:38 (Time Zone: -04:00)											
Report Last Signed By												
User:	JETSFACHR											
Name:	Jennifer Lash											
E-Mail:	jennifer.lash@cityoffortwayne.org											
Date/Time:	2023-07-21 10:45 (Time Zone: -04:00)											

DMR Copy of Record

**Permit #:** 96022191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.J. BRUNGER WPC  
 2601 DRENGER AVE  
 FORT WAYNE, IN 46823

**Permitted Features:** 020 External Outlet **Discharge:** 028-C  
 CSO: MTS-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE

**Report Dates & Status:** **Monitoring Period:** From 06/01/23 to 06/30/23 **DMR Due Date:** 07/28/23 **Status:** NonDMR Validated

**Considerations for Permit Compliance:** CSO: MTS-238/MUNICIPAL, MALCOLLEN COUNTY

**Principal Executive Officer:** **Title:** Telephonic

**First Name:** **Last Name:**

**File Data Indicator (NOO):**

**Form NOO:**

Code	Parameter Name	Monitoring Location	Season F	Param. NOO	Quantity of Loading			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
8037	Disinfect	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO			Res Mon MD TOTAL, EG - Inflow	IN-EG - Inflow Discharge RT - 802002	
8037	Disinfect	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO			C - No Discharge		
T4263	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO			Res Mon MD TOTAL, SR - Inflow	AL-UV - All Events SS - SSTMA	
T4263	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO			C - No Discharge		
T8867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO		0	248	Res Mon MD TOTAL, RW - Inflow	AL-UV - All Events RT - 802002
T8867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO		0	248	Res Mon MD TOTAL, RW - Inflow	AL-UV - All Events RT - 802002
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO			Res Mon MD TOTAL, EG - Inflow	AL-UV - All Events RT - 802002	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Req. Value NOO			C - No Discharge		

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

**Edit Check Errors:**

**No errors.**

**Comments:**

**Attachments:**

**No attachments.**

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETSFADMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-07-21 10:25 (Time Zone: -04:00)

**Report Last Signed By:** JETSFADMR

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BEJNER WPC  
 3501 DIVENGER AVE  
 FORT WAYNE, IN 46833

Permitted Features: 020 External Outfall  
 Discharge: 625-C  
 CSC: M10-285 - 235 FT E OF DUCK ST & BARR ST

Report Dates & Status: From 06/01/23 to 06/30/23  
 DMR Day Date: 07/03/23  
 Status: NetDMR Validated

Monitoring Period: Considerations for Permit Compliance  
 CSO: M10-266/NECPAL MALCOLM LLEN COUNTY

Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

Alt Data Indicator (NOD): [Blank]

Code	Parameter Name	Monitoring Location	System F Param NOD	Quantity or Loading	Quality or Concentration	Value 3	Units	# of EL	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-	2.8 Reg Non MD TON, M - None	0	None	0	WWS - When Discharging RT - RC00107 WWS - When Discharging RT - RC00107	RT - RC00107
T4053	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0	-	5.18 Reg Non MD TON, SW - Mgpd	0	Mgal	0	ALRY - All Events	ES - ESTMA
T887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	5.8 Reg Non MD TON, SW - None	0	None	0	ALRY - All Events	RT - RC00107
9415	Discharge event observation (Final Monitoring)	EG - Effluent Gross	0	-	2.3 Reg Non MD TON, M - None	0	None	0	ALRY - All Events	RT - RC00107

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

666 Check Errors: No errors.

Comments: [Blank]

Attachments: No attachments.

Report Last Saved By: JETFAOMR  
 Jerrifer Lash  
 jerrifer.lash@cityoffortwayne.org  
 2023-07-21 13:21 (Time Zone: -04:00)

Report Last Signed By: JETFAOMR  
 Jerrifer Lash  
 jerrifer.lash@cityoffortwayne.org  
 2023-07-21 13:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit#:** IN6532191  
**Permittee Major:** Yes  
**Permittee Address:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 202 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2851 DWENGER AVE  
 FORT WAYNE, IN 46803

**Permittee Features:** 022  
 Effluent Outlet  
**Discharger:** 833-C  
 CSD: M10-325 - 120 FT N OF CLAIR ST & HARRISON ST

**Reporting Dates & Status:** 8/28/23  
**Monitoring Period:** From 8/6/23 to 8/6/23  
**DMR Due Date:** 8/28/23  
**Status:** NoDMR\_Validation

**Constitutions for Form Completion:** CSD: M10-308 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**No Data Indicator (NDDI):**  
**Form NDDI:**

Code	Parameter Name	Monitoring Location	Excuses #	Paym. NDDI	Quantity of Loading			Quality of Concentration			# of P.L.	Frequency of Analyte	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value	Units	Units			
5007	Duration	EG - Effluent Gross	0	-	Sample Period Rate Value NDDI	4.18	Req Max MD TOTAL	EG - Units	0	Units	0	WHOS - When Discharging WHOS - When Discharging RT - NDDIOT RT - NDDIOT	
7003	Overflow volume (SSS volume, CSD volume)	EG - Effluent Gross	0	-	Sample Period Rate Value NDDI	1.23	Req Max MD TOTAL	3R - Mg/L 3R - Mg/L	0	Units	0	AL87 - All Events AL87 - All Events ES - E33MA ES - E33MA	
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period Rate Value NDDI	8.8	Req Max MD TOTAL	3R - Mg/L 3R - Mg/L	0	Units	0	AL87 - All Events AL87 - All Events RT - NDDIOT RT - NDDIOT	
8115	Exchange event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Rate Value NDDI	4.2	Req Max MD TOTAL	4E - Units 4E - Units	0	Units	0	AL87 - All Events AL87 - All Events RT - NDDIOT RT - NDDIOT	

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

**ERT Check Errors:** No errors.

**Comments:**

**Attachments:**

**Report Last Saved By:** JETEFACMR  
 Jennifer Lush

**Fort Wayne WWTP:** jennifer.lush@cityofwayne.org  
 2023-07-31 10:31 (Time Zone: -04:00)

**User:** JETEFACMR  
 Jennifer Lush

**Name:** jennifer.lush@cityofwayne.org  
**E-Mail:** 2023-07-31 10:45 (Time Zone: -04:00)

**Date/Time:**

**Report Last Signed By:**

**User:**

**Name:**

**E-Mail:**

**Date/Time:**

DMR Copy of Record

**Parent:**  
**Permit #:** IN032191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Facility Address:** CITY OF FORT WAYNE  
**Permitted Feature:** 033 External Outfall **Discharge:** 633-C **Facility Location:** FORT WAYNE WWTP  
**Report Date & Status:** **DMR Due Date:** 6/10/2023 **Status:** NotDMR Validated  
**Monitoring Period:** From 6/6/2023 to 6/6/2023 **Table:**  
**Considerations for Fees Completion:**  
**CSO: M-0-313 MUNICIPAL MAJORALLEN COUNTY**  
**Principal Executive Officer:**

**First Name:**  
**Last Name:**  
**No Data Indicator (NOD):**  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Sample Param. NOD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3	# of Ex.	Frequency of Analyze	Sample Type
10027	Dissolve	EG - Effluent Gross	-	0.8 Reg Min MD TOTAL, 02 - Inline	0	0	0	WMOB - When Discharging RT - 800/10T WMOB - When Discharging RT - 800/10T
7403	Overflow volume (SS volume)	EG - Effluent Gross	-	1.3N Reg Min MD TOTAL, 20 - Mgal	0	0	0	ALSY - All Events ES - ESTMA ALSY - All Events ES - ESTMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	-	3.3T Reg Min MD TOTAL, 20 - Inline	0	0	0	ALSY - All Events RT - 800/10T ALSY - All Events RT - 800/10T
8415	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	-	1.2 Reg Min MD TOTAL, 40 - Inline	0	0	0	ALSY - All Events RT - 800/10T ALSY - All Events RT - 800/10T

**Submission Note:**  
 If a parameter row does not contain any values for the Sample per Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analyze, and Sample Type.  
**SR Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
**POST WAYNE WWTP**  
**User:** JETSFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:38 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** JETSFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)



DMR Copy of Record

**Permit:**  
 Permit #: 06002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 City of Fort Wayne  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BELUNGER WPC  
 2001 CHENEGERS AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 036 External Outfall  
**Report Dates & Status:** From 06/01/23 to 06/30/23  
**Monitoring Period:** DMR Due Date: 01/31/23  
**Considerations for Form Completion:** Status: NotDMR Violated  
 CSO: M19-002 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**No Date Indicator (NDD):** \_\_\_\_\_  
**Form NDD:** \_\_\_\_\_  
**Quantity of Loading:** \_\_\_\_\_  
**Qualifier 1 (Qualifier 1 Value 1 Qualifier 1 Value 2 Qualifier 1 Value 3 Qualifier 1 Value 4):** \_\_\_\_\_  
**Quality of Concentration:** \_\_\_\_\_  
**Qualifier 2 (Qualifier 2 Value 1 Qualifier 2 Value 2 Qualifier 2 Value 3 Qualifier 2 Value 4):** \_\_\_\_\_  
**Frequency of Analysis:** \_\_\_\_\_  
**Sample Type:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Section #	Param. NDD	Sample Permit Run Value NDD	Qualifier 1 (Qualifier 1 Value 1 Qualifier 1 Value 2 Qualifier 1 Value 3 Qualifier 1 Value 4)	Quality of Concentration	Qualifier 2 (Qualifier 2 Value 1 Qualifier 2 Value 2 Qualifier 2 Value 3 Qualifier 2 Value 4)	Frequency of Analysis	Sample Type
5007	Disinfectant	EG - Effluent Gross	0	-		Reg Non MD TOTAL, EG - Gross	0 - No Discharge	18H09 - 18H45 Discharge	RT - RO0707	
1043	Overflow volume (500 volume, CSO volume)	EG - Effluent Gross	0	-		Reg Non MD TOTAL, 3H - High	0 - No Discharge	AL05 - All Events	ES - ES7MA	
1347	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		EST		AL05 - All Events	RT - RO0707	
3415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-		Reg Non MD TOTAL, EG - Gross	0 - No Discharge	AL05 - All Events	RT - RO0707	

**Submission Note**

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

**DMR Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMR  
 JESSIE LASH  
 jessie.lash@cityoffortwayne.org  
 2023-07-21 10:38 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR  
 JESSIE LASH  
 jessie.lash@cityoffortwayne.org  
 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BOLLNER WPC 2001 DWINGER AVE FORT WAYNE, IN 46603
Permitted Features:	239 External Outfall	Discharge:	039-C CSO: 006-023 - 120 FT N OF HANNA ST & BERRY ST		
Report Date & Status	From 06/01/23 to 06/06/23	DMR Due Date:	07/28/23	Status:	MidDMR Validated
Monitoring Period:	Consolidations for Form Completion				
CSO:	006-023 MUNICIPAL WAUCH ALLEN COUNTY				
Principal Executive Officer		Title:		Telephonic:	
First Name:					
Last Name:					
Site Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	System # From NOD	Sample Point Run Value NOD	Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quality or Consumption	# of EC	Frequency of Analysis	Sample Type
5037	Domestic	EG - Effluent Disch	0	--				Req Max MD TOTAL, EG - Inflow C - No Discharge		WQDS - When Discharging RT - 800707	
7405	Overflow volume (855 volume, CSO volume)	EG - Effluent Disch	0	--				Req Max MD TOTAL, BR - Mgd C - No Discharge		ALBY - All Events	ES - BSTM
7587	Precipitation, monthly accumulation	EG - Effluent Disch	0	--				LF Req Max MD TOTAL, SW - Inflow g		ALBY - All Events	RT - 800707
8185	Discharge event observation (Missed Monitoring)	EG - Effluent Disch	0	--				Req Max MD TOTAL, GC - Inflow C - No Discharge		ALBY - All Events	RT - 800707

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETSFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:31 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETSFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0022181  
**Permit No.:** Yes  
**Permitted Features:** 044 External Outfall  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2021 DWYDNER AVE  
 FORT WAYNE, IN 46803

**Monitoring Period:** From 06/19/23 to 06/30/23  
**Discharge:** 044-C  
**DMR Due Date:** 07/05/23  
**Status:** NRCOMR Validated

**Monitoring Location:** Station 8 Permit, N009  
**Quality of Loading:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Quantity of Consumption:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Sample Type:**

Code	Parameter Name	Monitoring Location	Station # Permit, N009	Sample Permit Type Value N009	Quality of Loading	Quantity of Consumption	# of Ex.	Frequency of Analysis	Sample Type
10007	Dissolve	EG - Effluent Gross	0	-	Req Non MD TOTA, EG - None C - No Discharge	944-C	1	1	10007007
14003	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	-	Req Non MD TOTA, SR - Mgr C - No Discharge	944-C	1	1	10007003
18007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	237 Req Non MD TOTA, SW - None C - No Discharge	944-C	1	1	10007007
01105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Non MD TOTA, 46 - None C - No Discharge	944-C	1	1	10007005

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

**DMR Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityofportwayne.org  
 2023-07-21 10:38 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR  
 Jennifer Lash  
 jennifer.lash@cityofportwayne.org  
 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: 06832191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 2601 DWIGDEN AVE  
 FORT WAYNE, IN 46803

**Permitted Features:**  
 O&S External Outfall  
 Discharge: 845-C  
 CSC: 003-103 - 100 FT E OF PEGAN ST & SPY RUN AVE

**Report Dates & Status:**  
 Monitoring Period: From 06/01/03 to 06/30/03  
 DMR Due Date: 07/03/03  
 Status: NotDMR Validated

**Considerations for Permit Completion:**  
 CSC: 003-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

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

**No Data Indicator (NOD):**  
 Form NOD: -

Code	Parameter Name	Monitoring Location	Reason if Param. NOD	Quantity of Loading		Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
5007	Dissolve	EG - Effluent Gross	0	-	Permit Rec. Value NOD	Reg. Min MD TOTAL	Reg. Max MD TOTAL	0	1	RT - RC01TOT
1400	Overflow volume (200 volume, CSD volume)	EG - Effluent Gross	0	-	Permit Rec. Value NOD	Reg. Min MD TOTAL	Reg. Max MD TOTAL	0	1	ES - ES7MA
1807	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Rec. Value NOD	Reg. Min MD TOTAL	Reg. Max MD TOTAL	0	1	RT - RC01TOT
8100	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Rec. Value NOD	Reg. Min MD TOTAL	Reg. Max MD TOTAL	0	1	RT - RC01TOT

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP

**User:** JETEFADMJ  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org

**Date/Time:** 2003-07-21 19:38 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** JETEFADMJ  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org

**Date/Time:** 2003-07-21 19:45 (Time Zone: -04:00)

DMIR Copy of Record

**Permit**  
 Permit #: IM0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46802  
 Permittee: FORT WAYNE WWTP  
 Permittee Address: P.L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803  
 Permitted Feature: DAB External Outlet  
 Discharge: 948-C  
 CSO: 010-252 -- 360 FT W OF EDGEWATER & GARFIELD  
 Report Dates & Status: From 06/01/23 to 06/30/23  
 Monitoring Period: DMR Due Date: 07/28/23  
 Status: NotDMR Validated  
 Considerations for Form Completion: CSO: 010-252 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: Title:  
 First Name:  
 Last Name:  
 Telephone:  
 No Data Indicator (NOD):  
 Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Units	
50207	Duration	EG - Effluent Gross	0	-	Req Item MD TOTAL, EG - Items	C - No Discharge	Value 3	Units	WH08 - When Discharging RT - RC070T
					Sample Permit Ex. Value NOD				
74263	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	-	Req Item MD TOTAL, 551 - Mgal	C - No Discharge	Value 3	Units	AL05 - All Events ES - ESTMA
					Sample Permit Ex. Value NOD				
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Item MD TOTAL, 559 - Items	C - No Discharge	Value 3	Units	AL05 - All Events RT - RC070T
					Sample Permit Ex. Value NOD				
94185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Item MD TOTAL, 61 - Bins	C - No Discharge	Value 3	Units	AL05 - All Events RT - RC070T
					Sample Permit Ex. Value NOD				

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

**Edit Check Errors**  
 No errors.  
**Comments**  
**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFACUR  
 Name: Jennifer Lash  
 E-MAIL: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-07-31 10:35 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: JETEFACUR  
 Name: Jennifer Lash  
 E-MAIL: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-07-31 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DAVENPORT AVE  
 FORT WAYNE, IN 46803

Permitted Features: 000 External Outlet  
 Discharge: 000 External Outlet  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 06/15/23 to 06/20/23  
 DMR Due Date: 07/05/23

Considerations for Permit Compliance  
 CSD: 010-277 MUNICIPAL MAJOR ALLEN COUNTY

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

No Data Indicator (NOD)  
 Form NOD:

Code	Parameter	Monitoring Location	System	Param. NOD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
8037	Duration	EG - Effluent Gross	0	-	1.25	Reg Non MD TOTAL	00 - Intro	0	0	WQCS - When Discharging RT - R0010T WQCS - When Discharging RT - R0010T	RT - R0010T
7493	Overflow volume (558 volume, CEO volume)	EG - Effluent Gross	0	-	0.157	Reg Non MD TOTAL	00 - Mgal	0	0	ALRY - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.8	Reg Non MD TOTAL	00 - Mgal	0	0	ALRY - All Events	RT - R0010T
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0.8	Reg Non MD TOTAL	00 - Mgal	0	0	ALRY - All Events	RT - R0010T

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

**DMR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 PORT WAYNE WWTP

User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-07-21 10:23 (Time Zone: -04:00)

**Report Last Signed By**

User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-07-21 15:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IM0032191  
**Permit #:** IM0032191  
**Major:** Yes  
**Permitted Features:** 051  
 External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 8/6/123 to 9/6/2023  
**Consolidation for Permit Completion:**  
**CEO:** 002-000 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**As Data Indicator (NOD):**  
**Form NOD:**

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BOLINGER WPC  
 2807 DIMENGER AVE  
 FORT WAYNE, IN 46803

**Discharge:** 691-C  
 CSD: 022-002 - 125 FT NW OF ST JOSEPH DR & WOODROW AVE  
**DMR Due Date:** 9/12/2023  
**Status:** NotDMR Validated

Code	Parameter Name	Monitoring Location	Reason # From NOD	Quantity of Loading		Quality or Concentration		# of SL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
50307	Domition	EG - Effluent Gross	0	0	0	0	Req Min MO TOTAL EG - Inks C - No Discharge	0	WQDS - When Discharging RT - ROOTTOT	RT - ROOTTOT
74263	Overflow volume [558 volume, 050 volume]	EG - Effluent Gross	0	0	0	0	Req Min MO TOTAL BR - Mgd C - No Discharge	0	ALDY - All Events	ES - EST76A
75987	Prohibition, weekly accumulation	EG - Effluent Gross	0	0	0	0	2-43 Req Min MO TOTAL BR - Inks C - No Discharge	0	ALDY - All Events	RT - ROOTTOT
81165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	0	0	Req Min MO TOTAL OC - Inks C - No Discharge	0	ALDY - All Events	RT - ROOTTOT

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

**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** FORT WAYNE WWTP  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 15:25 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 15:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 2601 DIVENGER AVE  
 FORT WAYNE, IN 46833  
 Discharge: 950-C  
 Discharge: CSO: 003-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR  
 Status: NetDMR Validated

**Report Dates & Status:**  
 Monitoring Period: From 06/15/23 to 06/30/23  
 OMR Due Date: 8/28/23  
 Considerations for Form Completion:

CSO: 003-004 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NOD): \_\_\_\_\_  
 Form NOD: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Season # Param. NOD	Sample Permit Req. Value NOD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 3	Quality or Concentration Value 1 Value 2 Value 3	# of Ex. Units	Frequency of Analyte	Sample Type
50207	Durables	EG - Effluent Gross	0	-	Req Non MD TOTAL, EG - Units C - No Discharge		18508	When Discharging	RT - RC02T07
T4063	Overflow volume (500 volumes, CSO volumes)	EG - Effluent Gross	0	-	Req Non MD TOTAL, SR - Mgr C - No Discharge			ALRY - All Events	ES - ESTMA
T1667	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Non MD TOTAL, SW - Mins C - No Discharge	4		ALRY - All Events	RT - RC02T07
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Non MD TOTAL, 45 - Mins C - No Discharge			ALRY - All Events	RT - RC02T07

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

**Edit Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP

**User:** JETSFADMJ  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-01 10:35 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETSFADMJ  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-01 10:45 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** IN002191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 205 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 3651 DRENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Feature:** 054  
 External Outfall  
**Discharge:** 054-C  
 CSD: 033-080 - 340 FT E OF MERCER AVE & HOLLIS LY  
**Facility Location:**

**Report Dates & Status:** From 06/01/20 to 06/30/23  
**Monitoring Period:** DMR Due Date: 07/28/23  
**Consolidations for Form Completion:** Status: NotDMR Violated  
**CSD: 033-080 MUNICIPAL MAJOR ALLEN COUNTY**  
**Principal Executive Officer:** Telephone:

**First Name:** Title:  
**Last Name:**  
**No Data Indicator (NOD):**

Code	Parameter Name	Monitoring Location	Reason #	Permit NOD	Sample Permit Rec. Value NOD	Quantity or Loading	Quality of Concentration	Value 1	Value 2	Qualifier 1	Qualifier 2	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5027	Durdian	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD								Gal flow MD TOTAL C - No Discharge	WQGS - When Discharging	RT - R02T07	
7005	Overflow volume (555 volume, CSD volume)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD								Gal flow MD TOTAL C - No Discharge	ALDY - All Events	ES - E07MA	
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD								1.89 Gal flow MD TOTAL C - No Discharge	SW - 18MA ALDY - All Events	RT - R02T07 RT - R02T07	
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Rec. Value NOD								Gal flow MD TOTAL C - No Discharge	ALDY - All Events	RT - R02T07	

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

**DMR Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETSFACMR

**PORT WAYNE WWTP:** Jennifer Lash

**User:** jennifer.lash@cityofwayne.org

**E-Mail:** 2023-07-21 10:35 (Time Zone: -04:00)

**Date/Time:**

**Report Last Signed By:** JETSFACMR

**User:** Jennifer Lash

**Name:** jennifer.lash@cityofwayne.org

**E-Mail:** 2023-07-21 10:45 (Time Zone: -04:00)

**Date/Time:**

DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BELINDER WPC  
 2001 DWENIGER AVE  
 FORT WAYNE, IN 46823  
 Facility Location:  
 Permitted Features: 025 External Outfall  
 Discharge: 655-C  
 CSO: P06-192 - 435 FT N OF N ANTHONY BLVD & WAYNE ST  
 Report Dates & Status: 6/23/2023  
 Status: NotDMR Validated  
 Monitoring Period: From 06/01/23 to 06/30/23  
 Considerations for Form Completion:

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:  
 First Name:  
 Last Name:  
 Title:  
 Telephone:  
 No Data Indicator (NOD):  
 Form NOD:

Code	Parameter Name	Monitoring Location	Reason # Param NOD	Sample Permit File Value NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50037	Disinfectant	EG - Effluent Gross	0	-	1.32	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL
74083	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	-	5.217	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL
75857	Precipitation, monthly accumulative	EG - Effluent Gross	0	-	5.3	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL
81181	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	3.8	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL	Reg Mean MD TOTAL

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

Edit Check Errors:  
 No errors.  
 Comments:

Attachments:  
 No attachments.

Report Last Saved By:  
 FORT WAYNE WWTP

User:  
 Name: JETSPACMR  
 Last Name: Jennifer Last  
 E-Mail: jennifer.last@cityoffortwayne.org  
 Date/Time: 2023-07-21 10:32 (Time Zone: -04:00)

Report Last Signed By:  
 User:  
 Name: JETSPACMR  
 Last Name: Jennifer Last  
 E-Mail: jennifer.last@cityoffortwayne.org  
 Date/Time: 2023-07-21 10:45 (Time Zone: -04:00)

DMIR Copy of Record

**Permit #:** 96932191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permit Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DWIGDER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 066 **Discharge:** 856-C  
 External Outfall **CSO:** 03-03-03 - BROWN ST PUMP STATION

**Report Dates & Status:** **Monitoring Period:** From 06/01/23 to 06/30/23 **DMR Due Date:** 07/28/23 **Status:** NYSIDMS Validated  
 Considerations for Firms Completion

**CSO:** 03-313 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

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

**No Date Indicator (NOD):**

**Firm NOD:**

Code	Parameter Name	Monitoring Location	Reason #	Param. NOD	Sample Permit Func. Value NOD	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analyze	Sample Type
5007	Durability	EG - Effluent Gross	0	-	-	0.17	Reg Non MD TOTAL	0	38 - Mg/L	0	ALIEV - All Events	ES - ESTMA
1063	Overflow volume (300 volume, CSO volume)	EG - Effluent Gross	0	-	-	2.28	Reg Non MD TOTAL	0	38 - Mg/L	0	ALIEV - All Events	ES - ESTMA
1067	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	2.2	Reg Non MD TOTAL	0	45 - Btu	0	ALIEV - All Events	RT - RCDD/RT
9415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	0	Reg Non MD TOTAL	0	45 - Btu	0	ALIEV - All Events	RT - RCDD/RT

**Submission Note**

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

**Self Check Errors**

No errors.

**Comments**

No comments.

**Attachments**

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMIR

Name: Jacob Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-07-21 15:34 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMIR

Name: Jacob Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-07-21 15:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0032191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BOLANER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Feature:** 027 **Discharge:** 867-C  
**External Outlet**  
**Report Date & Status:** 8/12/2023 **Status:** NotDMR Validated  
**Monitoring Period:** From 8/6/2023 to 8/6/2023  
**Considerations for Permit Compliance:** CSO P15-121 - STORMWATER LIFTSTATION WET WELL  
**Principal Executive Officer:** Title:

**Form NDC:** --  
**No Data Indicator (NDC):** --  
**Form NDC:** --  
**Code:**

Code	Parameter Name	Monitoring Location	System / Permit NDC	System / Permit NDC	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
8037	Discharge	ES - Effluent Gross	\$	--	Reg Mon MD TQTN, ES - Inflow	Reg Mon MD TQTN, ES - Inflow	90458	Inflow Discharging	RT - 802002
7493	Overflow volume (SS volume, CSO volume)	ES - Effluent Gross	\$	--	Reg Mon MD TQTN, ES - Mgd	Reg Mon MD TQTN, ES - Mgd	AL8V - All Events	ES - 807MA	RT - 802002
7887	Precipitation, monthly accumulation	ES - Effluent Gross	\$	--	2.4	Reg Mon MD TQTN, RW - Inflow	AL8V - All Events	RT - 802002	RT - 802002
8415	Discharge event observations (Visual Monitoring)	ES - Effluent Gross	\$	--	Reg Mon MD TQTN, ES - Inflow	Reg Mon MD TQTN, ES - Inflow	AL8V - All Events	RT - 802002	RT - 802002

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Self Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETSFACOR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:28 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** JETSFACOR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IM0032191  
**Major:** Yes  
**Permitted Features:** 000 External Outfall  
**Report Dates & Status:** From 8/6/13 to 8/6/2023  
**Monitoring Period:** From 8/6/13 to 8/6/2023  
**Considerations for Form Completion:** CSO: R05-031 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Mo Data Indicator (NOO):** --  
**Form NOO:** --

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 866-C  
 CSO: R05-031 - 870 FT NE OF GREENWALT AVE & MALMISE AVE  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2801 DWINGER AVE  
 FORT WAYNE, IN 46803

**DMR Due Date:** 8/7/2023  
**Status:** NoDMRS Validated  
**Title:**  
**Telephone:**

Code	Parameter Name	Monitoring Location	Reason for Param. NOO	Quantity or Loading	Quality or Concentration	# of DL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Units		
5027	Overflow	EG - Effluent Cross	0	Permit Req. Value NOO	Reg Min MO TOTN, EG - Inns C - No Discharge	MGD	WMOE - When Discharging RT - NOOCTOT	RT - NOOCTOT
7450	Overflow volume (500 volume, CSO volume)	EG - Effluent Cross	0	Permit Req. Value NOO	Reg Min MO TOTN, 3R - Mgd C - No Discharge	MGD	ALBY - All Events	ES - ESTMA
7557	Precipitation, monthly accumulation	EG - Effluent Cross	0	Permit Req. Value NOO	2.4 Reg Min MO TOTN, 5W - Inns C - No Discharge	IN	ALBY - All Events	RT - NOOCTOT
8410	Discharge event observation (Flow Monitoring)	EG - Effluent Cross	0	Permit Req. Value NOO	Reg Min MO TOTN, 4E - Inns C - No Discharge	MGD	ALBY - All Events	RT - NOOCTOT

**Submission Note:** If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exemptions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETSFACHR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-07-31 10:27 (Time Zone: -04:00)  
**Report Last Signed By:** JETSFACHR  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-07-31 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN00021091 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BELANGER WFO  
 2001 DWANDES AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** 041 External Outfall **Discharge:** 041-C  
 200 FT W OF LAVERN AVE & STATE BLVD  
**Report Dates & Status:** 01/20/23 **Status:** NotDMR Validated

**Monitoring Period:** From 06/21/23 to 06/20/23  
**Considerations for Form Completion:**

**CSO:** R14-137 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**No Data Indicator (NOD):** \_\_\_\_\_  
**Form NOD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Season	Frequency of Analysis	Sample Type
5027	Dissolved	EG - Effluent Gross	0	-	Sample
					Permit Fee Value NOD
T403	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample
					Permit Fee Value NOD
T887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample
					Permit Fee Value NOD
S415	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	-	Sample
					Permit Fee Value NOD

**Submission Note:** If a parameter row does not contain any values for the Sample row, Units, Frequency of Analysis, and Sample Type.

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETSFADUR  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-07-21 10:36 (Time Zone: -04:00)

**Report Last Signed By:** JETSFADUR  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** N00032191  
**Permit #:** N00032191  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 002  
 External Outfall  
**Discharge:** 002-C  
 CSO, R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD  
**Report Dates & Status:** 01/28/23  
 From 01/13/23 to 06/30/23  
**Monitoring Period:** 01/28/23  
 Considerations for Permit Completion  
**CSO:** R14-138 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**Form NO02:** -  
**Code:** -  
**Parameter:** -  
**Name:** -  
**Quantity or Loading:** -  
**Qualifier 1 Value 1:** -  
**Qualifier 2 Value 2:** -  
**Qualifier 3 Value 3:** -  
**Quality or Concentration:** -  
**Units:** -  
**# of Ex.:** -  
**Frequency of Analysis:** -  
**Sample Type:** -

Code	Parameter	Monitoring Location	Stream #	Permit NO02	Sample Permit Form Value NO02	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
0007	Disinfection	EG - Effluent Gress	0	-	Sample Permit Form Value NO02	Get Item MD TOTAL C - No Discharge	0	0	0	0	0	0	0	RT - R02T07
1400	Overflow volume [558 volume, CSO volume]	EG - Effluent Gress	0	-	Sample Permit Form Value NO02	Get Item MD TOTAL C - No Discharge	0	0	0	0	0	0	0	ES - ES7MA
1887	Presipitation, monthly accumulation	EG - Effluent Gress	0	-	Sample Permit Form Value NO02	Get Item MD TOTAL C - No Discharge	0	0	0	0	0	0	0	RT - R02T07
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gress	0	-	Sample Permit Form Value NO02	Get Item MD TOTAL C - No Discharge	0	0	0	0	0	0	0	RT - R02T07

**Submission Note:** If a parameter row does not contain any values for the Sample nor Effluent Trading, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**ERT Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFADM  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-07-21 10:37 (Time Zone: -04:00)

**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:37 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADM  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: IN032191 FORT WAYNE WWTP  
 Major: Yes CITY OF FORT WAYNE  
 203 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 251 DWYER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 04 External Outfall  
 Discharge: 944-C  
 CSD: 503-039 - 810 FT SE OF COLUSSUM BLVD S & NEW HAVEN AVE  
 944-C  
 Report Date & Status: 07/28/23  
 Status: Not DMR Validated  
 Monitoring Period: From 06/01/23 to 06/30/23  
 DMR Due Date:  
 Considerations for Permit Compliance: CSD: 503-032 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: Title:  
 First Name:  
 Last Name:  
 No Date Indicator (NOO):  
 Form NOO:

Code	Parameter Name	Monitoring Location	Reason #	Param. NOO	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
8037	Sanflow	EG - Effluent Gross	0	-				MGD	Reg Mon MD TOTAL, EG - Inflow C - No Discharge
1403	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	-				MGD	Reg Mon MD TOTAL, EG - Inflow C - No Discharge
1887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				MGD	Reg Mon MD TOTAL, EG - Inflow C - No Discharge
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-				MGD	Reg Mon MD TOTAL, EG - Inflow C - No Discharge

**Submission Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
 All Check Errors  
 No errors.  
 Comments  
 Attachments  
 No attachments.  
 Report Last Saved By  
 FORT WAYNE WWTP  
 User: JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-07-21 10:28 (Time Zone: -04:00)  
 Report Last Signed By  
 User: JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-07-21 15:45 (Time Zone: -04:00)



DMIR Copy of Record

**Permit #:** IN6032191  
**Permittee:** FORT WAYNE WWTP  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Permit Features:** 265 External Outfall  
**Discharge:** 968-C  
**CSC:** N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

**Report Dates & Status:**  
**Monitoring Period:** From 06/01/23 to 06/30/23  
**DMS Date:** 07/08/23  
**Status:** NotDMIR Validated  
**Considerations for Form Completion:**  
**CSC:** N18-254 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Season #	Permit NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50207	Duration	EG - Effluent Gross	0	-	Req Max MD TOTAL	EG - Inlets	WQ06 - When Discharging	RT - RC02TOT	
					C - No Discharge				
74053	Overflow volume (555 volume, CSC volume)	EG - Effluent Gross	0	-	Req Max MD TOTAL	RT - Inlet	AL07 - All Events	ES - ESTMA	
					C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	240	SW - Inlets	AL07 - All Events	RT - RC02TOT	
					C - No Discharge				
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Max MD TOTAL	RT - Inlets	AL07 - All Events	RT - RC02TOT	
					C - No Discharge				

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**EST Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
**FORT WAYNE WWTP**  
**User:** JETEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:37 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** JETEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0022194  
**Permit #:** IN0022194  
**Major:** Yes  
**Permitted Features:** DMC  
 External Outfall  
**Facility:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E SERVICE ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNSER VORC  
 2801 DUNINGER AVE  
 FORT WAYNE, IN 46803

**Permittee Address:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E SERVICE ST  
 FT WAYNE, IN 46802  
**Discharge:** 880-C  
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NAAGRA DR  
**DMR Due Date:** 07/26/23  
**Status:** NADMS Validated

**Report Dates & Status:** From 06/15/23 to 06/30/23  
**Monitoring Period:** Considerations for Permit Completion  
**CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NAAGRA DR**  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Alt Data Indicator (NOD):** \_\_\_\_\_  
**Firm NOD:** \_\_\_\_\_  
**Monitoring Location:** Session F Param NOD  
**Session F Param NOD:** \_\_\_\_\_  
**Quantity of Loading:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Quality or Concentration:** \_\_\_\_\_  
**# of EC:** \_\_\_\_\_  
**Frequency of Analysis:** \_\_\_\_\_  
**Sample Type:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Session F Param NOD	Sample Period Req Value NOD	Res Mon MD TOTAL	Res Mon MD TOTAL	Res Mon MD TOTAL	Res Mon MD TOTAL	Res Mon MD TOTAL
8027	Overflow	80 - Effluent Gross	0	0	0	0	0	0	0
7483	Overflow volume (200 volume, CSO volume)	80 - Effluent Gross	0	0	0	0	0	0	0
7887	Precipitation, monthly accumulation	80 - Effluent Gross	0	0	0	0	0	0	0
8416	Discharge event observations (Visual Monitoring)	80 - Effluent Gross	0	0	0	0	0	0	0

**Submissions Note:** If a parameter row does not contain any values for the Sample not Effluent Trading, that row's Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETSFADAR  
**PORT WAYNE WWTP**  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:37 (Time Zone: -04:00)  
**Report Last Signed By:** JETSFADAR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-07-21 10:45 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0302191  
**Permit E- Major:** Yes  
**Permitted Features:** 021  
 Excess Discharge  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DWINGER LAVE  
 FORT WAYNE, IN 46803

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:**  
**Discharge:** 661-C  
 CSO: R14-030, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.  
**Report Dates & Status:** From 06/01/23 to 06/30/23  
**DMR Due Date:** 07/26/23  
**Status:** NotDMR Validated  
**Monitoring Period:** Considerations for Form Completion  
**CSO - R14-030, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.**  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**  
**No Date Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
5027	Dissolved	EG - Effluent Gross	0	-	Reg Non MD TOXN, EG - 0000	C - No Discharge		WHICH - When Discharging RT - NO2TOT	
71053	Overflow volume (300 volume, CSO volume)	EG - Effluent Gross	0	-	Reg Non MD TOXN, BR - Mgd	C - No Discharge		ALBY - All Events	ES - ESTMA
71847	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2-43	Reg Non MD TOXN, SW - 0000		ALBY - All Events	RT - NO2TOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Non MD TOXN, 45 - 0000	C - No Discharge		ALBY - All Events	RT - NO2TOT

**Submission Note**  
 If a parameter row does not contain any values for the Sample no, Units, Number of Excessions, Frequency of Analysis, and Sample Type, Edit Check Errors  
 No errors.  
 Comments

**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETEFADM  
 Janelle Lash  
 janelle.lash@cityofwayne.org  
**Fort Wayne WWTP**  
 Date/Time: 2023-07-21 10:38 (Time Zone: -04:00)  
**Report Last Signed By:** JETEFADM  
 Janelle Lash  
 janelle.lash@cityofwayne.org  
 Date/Time: 2023-07-21 10:45 (Time Zone: -04:00)



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

August 21, 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 July 2023

We are pleased to enclose a completed CSO MRO form for the month of July 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of July on this CSO MRO report. Additionally, the City used modeling to estimate overflows for CSO 023 for July 29 due to a meter malfunction. As of July 31 the flows for CSO 028 will be directed to CSO 32 via a consolidation sewer until a third pump is installed at the Griswold Lift Station (CSO 028 outfall). The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of July. The City will be using the Packard Ave W\_L07 rain gauge for CSOs 18, 20 and 21 for July. The City's rain gauge Oxford St\_Q11 malfunctioned from July 3-31. The City will be using the Wallace St E\_N02 rain gauge for CSO 60 for July 3-31.

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,  
*Jennifer E. Lash*  
Jennifer E. Lash

Program Manager -Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### V – Visual Inspection

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

### C – Model Charts

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

### S – Storm Runoff

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

### P – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (04-01-19)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (04-01-19)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 1 of 12		Permit Number: IN002191																												
Facility: Fort Wayne - P.L. Brumley WWTP		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:																												
Monitoring Period: (MONTH) 7-2023		Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified.																												
Design Peak Daily Flow (MGD): 74		Design Average Flow (MGD): 74		CSO Control No.																												
Time	Day of Week	Time Discharge Began	Time Discharge Ended	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)																										
01	02	03	04	05	06	07																										
08	09	10	11	12	13	14																										
15	16	17	18	19	20	21																										
22	23	24	25	26	27	28																										
29	30	31	Totals:		Da	ys																										
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	Da	ys

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

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

City: Fort Wayne		Page 1 of 12		Permit Number: IN002191																												
Facility: Fort Wayne - P.L. Brumley WWTP		Public Notification Requirements Met?		Check box if no CSO discharge occurred for the month:																												
Monitoring Period: (MONTH) 7-2023		Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified.																												
Design Peak Daily Flow (MGD): 74		Design Average Flow (MGD): 74		CSO Control No.																												
Time	Day of Week	Time Discharge Began	Time Discharge Ended	Event Discharge (MGD)	Event Discharge (MGD)	Event Discharge (MGD)																										
01	02	03	04	05	06	07																										
08	09	10	11	12	13	14																										
15	16	17	18	19	20	21																										
22	23	24	25	26	27	28																										
29	30	31	Totals:		Da	ys																										
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	Da	ys

National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 5054 (04/97-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 5054 (04/97-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



City: Fort Wayne		Permit Number: IN0022191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?	
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharges occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measured/Measured (M) or Estimated (E) must be specified:	
WTP Address Data		CSO Outfall No. 74	
Time	CSO Outfall No.	Design Average Flow (MGD):	CSO Outfall No.
Time	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)
Time	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)
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<b>Totals:</b>			

City: Fort Wayne		Permit Number: IN0022191	
Facility: Fort Wayne - P.L. Branner WWTP		Public Notification Requirements Met?	
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharges occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measured/Measured (M) or Estimated (E) must be specified:	
WTP Address Data		CSO Outfall No. 74	
Time	CSO Outfall No.	Design Average Flow (MGD):	CSO Outfall No.
Time	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)
Time	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)	Event Discharge or Duration (Hours)
01			
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<b>Totals:</b>			

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONS PROPERLY COLLECTED, MEASURED, AND REPORTED DATA. I AM AWARE THAT ANY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR 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): \_\_\_\_\_

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_



City: Fort Wayne		Permit Number: IN002191												
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?												
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified												
Date (Month)	Time	Flow (MGD)	Peak Intensity (ft./hr.)	Freshwater Precip. (inches)	Total Daily Precip. (inches)	Design Average Flow (MGD):		CSO Control No. 74		CSO Control No. 23		CSO Control No. 24		
						Time	Flow	Time	Flow	Time	Flow	Time	Flow	Time
01	01:00	46.02	79.34	10:45 AM	0.58	0.07	0.04	5 m	11:20 AM	M	0.58	M	0.020	M
02	02:00	82.52	101.01	2:30 AM	0.42	0.05	0.01	5 m	2:15 AM	M	2.75	M	0.986	M
03	03:00	47.81	81.90	12:45 AM	0.08	0.01	0.01	5 m						
04	04:00	36.40	43.12	12:00 AM				5 m						
05	05:00	34.20	39.39	12:00 AM				5 m						
06	06:00	34.63	38.51	12:00 AM				5 m						
07	07:00	39.49	50.01	12:00 AM				5 m						
08	08:00	43.25	84.16	7:50 AM	0.67	0.08	0.03	5 m	8:30 AM	M	0.92	M	0.113	M
09	09:00	34.77	41.92	12:00 AM				5 m						
10	10:00	40.59	54.33	12:00 AM				5 m						
11	11:00	42.89	77.52	12:00 AM	0.67	0.08	0.04	5 m	7:30 AM	M	0.92	M	0.230	M
12	12:00	34.01	39.22	12:00 AM				5 m						
13	01:00	30.03	52.03	12:00 AM				5 m						
14	02:00	55.85	92.48	3:55 AM	1.50	0.19	0.05	5 m	3:55 AM	M	1.25	M	0.320	M
15	03:00	45.98	56.68	12:00 AM	0.08	0.01	0.01	5 m						
16	04:00	35.21	43.16	12:00 AM				5 m						
17	05:00	32.77	36.93	12:00 AM				5 m						
18	06:00	49.96	88.00	5:45 PM	0.42	0.11	0.08	5 m	5:40 PM	M	1.00	M	0.272	M
19	07:00	40.74	62.25	12:00 AM				5 m						
20	08:00	36.37	54.42	12:00 AM				5 m						
21	09:00	30.96	37.14	12:00 AM				5 m						
22	10:00	30.77	65.02	12:00 AM				5 m						
23	11:00	38.43	48.51	2:05 PM	0.33	0.04	0.02	5 m						
24	12:00	45.04	70.74	9:10 AM	0.83	0.10	0.04	5 m						
25	01:00	82.04	100.00	12:15 AM	1.42	0.25	0.09	5 m	2:55 AM	M	2.50	M	0.990	M
26	02:00	57.82	72.85	12:00 AM				5 m						
27	03:00	31.80	41.08	12:00 AM				5 m						
28	04:00													
29	05:00													
30	06:00													
31	07:00													
Totals:		1300.24			7.00	0.99			7					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent														
Signature of Principal Executive Officer or Authorized Agent														
Date (month/day)														

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY COLLECTED AND ANALYZED DATA AND REPORTED THE RESULTS OF AN INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

City: Fort Wayne		Permit Number: IN002191												
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?												
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified												
Date (Month)	Time	Flow (MGD)	Peak Intensity (ft./hr.)	Freshwater Precip. (inches)	Total Daily Precip. (inches)	Design Average Flow (MGD):		CSO Control No. 74		CSO Control No. 23		CSO Control No. 24		
						Time	Flow	Time	Flow	Time	Flow	Time	Flow	Time
01	01:00	46.02	79.34	10:45 AM	0.58	0.07	0.04	5 m	11:20 AM	M	0.58	M	0.020	M
02	02:00	82.52	101.01	2:30 AM	0.42	0.05	0.01	5 m	2:15 AM	M	2.75	M	0.986	M
03	03:00	47.81	81.90	12:45 AM	0.08	0.01	0.01	5 m						
04	04:00	36.40	43.12	12:00 AM				5 m						
05	05:00	34.20	39.39	12:00 AM				5 m						
06	06:00	34.63	38.51	12:00 AM				5 m						
07	07:00	39.49	50.01	12:00 AM				5 m						
08	08:00	43.25	84.16	7:50 AM	0.67	0.08	0.03	5 m	8:30 AM	M	0.92	M	0.113	M
09	09:00	34.77	41.92	12:00 AM				5 m						
10	10:00	40.59	54.33	12:00 AM				5 m						
11	11:00	42.89	77.52	12:00 AM	0.67	0.08	0.04	5 m	7:30 AM	M	0.92	M	0.230	M
12	12:00	34.01	39.22	12:00 AM				5 m						
13	01:00	30.03	52.03	12:00 AM				5 m						
14	02:00	55.85	92.48	3:55 AM	1.50	0.19	0.05	5 m	3:55 AM	M	1.25	M	0.320	M
15	03:00	45.98	56.68	12:00 AM	0.08	0.01	0.01	5 m						
16	04:00	35.21	43.16	12:00 AM				5 m						
17	05:00	32.77	36.93	12:00 AM				5 m						
18	06:00	49.96	88.00	5:45 PM	0.42	0.11	0.08	5 m	5:40 PM	M	1.00	M	0.272	M
19	07:00	40.74	62.25	12:00 AM				5 m						
20	08:00	36.37	54.42	12:00 AM				5 m						
21	09:00	30.96	37.14	12:00 AM				5 m						
22	10:00	30.77	65.02	12:00 AM				5 m						
23	11:00	38.43	48.51	2:05 PM	0.33	0.04	0.02	5 m						
24	12:00	45.04	70.74	9:10 AM	0.83	0.10	0.04	5 m						
25	01:00	82.04	100.00	12:15 AM	1.42	0.25	0.09	5 m	2:55 AM	M	2.50	M	0.990	M
26	02:00	57.82	72.85	12:00 AM				5 m						
27	03:00	31.80	41.08	12:00 AM				5 m						
28	04:00													
29	05:00													
30	06:00													
31	07:00													
Totals:		1300.24			7.00	0.99			7					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent														
Signature of Principal Executive Officer or Authorized Agent														
Date (month/day)														

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY COLLECTED AND ANALYZED DATA AND REPORTED THE RESULTS OF AN INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.





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

State Form 9546 (8-26-13)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Permit Number: IN002191		
Facility: Fort Wayne - Ft. Branch WWTP		Public Notification Requirements Met?				
Monitoring Period: [MONTH] 7-2023		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		
Day of Month	CSO Outfall No. 80		CSO Outfall No. 85		CSO Outfall No. 74	
	Time of Discharge	Event Discharge or Duration (MGD)	Time of Discharge	Event Discharge or Duration (MGD)	Time of Discharge	Event Discharge or Duration (MGD)
	M	E	M	E	M	E
01	2:25 AM	M 0.75	M 0.118	M 2:20 AM	M 0.58	M 0.021
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15	3:55 AM	M 0.33	M 0.084	M 3:50 AM	M 0.33	M 0.023
16						
17						
18						
19	5:40 PM	M 0.42	M 0.061	M 5:40 PM	M 0.33	M 0.001
21						
22						
23						
24						
25						
26						
27						
28	2:55 AM	M 0.42	M 0.118	M 2:50 AM	M 0.25	M 0.021
29						
30						
31						
Totals		4	1.92	4	1.49	0.066





National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5048 (R4-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5048 (R4-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WVTP Incident Date		CSO Outfall No.	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Flow (MGD)
01	46.02	79.34	10:55 AM
02	83.52	101.01	2:00 AM
03	47.81	81.90	12:00 AM
04	36.40	43.12	12:00 AM
05	34.20	39.39	12:00 AM
06	34.63	38.51	12:00 AM
07	39.49	50.01	12:00 AM
08	43.25	54.16	7:45 AM
09	34.77	41.92	12:00 AM
10	40.59	54.33	12:00 AM
11	32.01	36.98	12:00 AM
12	42.89	77.52	7:55 AM
13	34.01	39.22	12:00 AM
14	39.03	52.03	12:00 AM
15	55.85	92.48	3:50 AM
16	45.98	56.68	3:50 AM
17	35.21	43.16	5:10 AM
18	32.77	36.93	12:00 AM
19	31.33	35.70	12:00 AM
20	49.96	88.00	5:35 PM
21	40.74	62.25	12:00 AM
22	38.37	54.42	12:00 AM
23	30.96	37.14	2:00 PM
24	30.77	65.02	12:00 AM
25	30.74	34.86	12:00 AM
26	38.45	48.51	2:05 PM
27	32.81	50.63	12:00 AM
28	43.04	70.74	9:05 AM
29	82.04	100.00	12:05 AM
30	57.82	72.85	12:00 AM
31	32.80	41.08	12:00 AM
<b>Totals:</b>	<b>1300.24</b>	<b>1417</b>	<b>5.15</b>

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WVTP Incident Date		CSO Outfall No.	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Flow (MGD)
01	46.02	79.34	10:55 AM
02	83.52	101.01	2:00 AM
03	47.81	81.90	12:00 AM
04	36.40	43.12	12:00 AM
05	34.20	39.39	12:00 AM
06	34.63	38.51	12:00 AM
07	39.49	50.01	12:00 AM
08	43.25	54.16	7:45 AM
09	34.77	41.92	12:00 AM
10	40.59	54.33	12:00 AM
11	32.01	36.98	12:00 AM
12	42.89	77.52	7:55 AM
13	34.01	39.22	12:00 AM
14	39.03	52.03	12:00 AM
15	55.85	92.48	3:50 AM
16	45.98	56.68	3:50 AM
17	35.21	43.16	5:10 AM
18	32.77	36.93	12:00 AM
19	31.33	35.70	12:00 AM
20	49.96	88.00	5:35 PM
21	40.74	62.25	12:00 AM
22	38.37	54.42	12:00 AM
23	30.96	37.14	2:00 PM
24	30.77	65.02	12:00 AM
25	30.74	34.86	12:00 AM
26	38.45	48.51	2:05 PM
27	32.81	50.63	12:00 AM
28	43.04	70.74	9:05 AM
29	82.04	100.00	12:05 AM
30	57.82	72.85	12:00 AM
31	32.80	41.08	12:00 AM
<b>Totals:</b>	<b>1300.24</b>	<b>1417</b>	<b>5.15</b>

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?	
Monitoring Period: [MONTH] 7-2023		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WVTP Incident Date		CSO Outfall No.	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Flow (MGD)
01	46.02	79.34	10:55 AM
02	83.52	101.01	2:00 AM
03	47.81	81.90	12:00 AM
04	36.40	43.12	12:00 AM
05	34.20	39.39	12:00 AM
06	34.63	38.51	12:00 AM
07	39.49	50.01	12:00 AM
08	43.25	54.16	7:45 AM
09	34.77	41.92	12:00 AM
10	40.59	54.33	12:00 AM
11	32.01	36.98	12:00 AM
12	42.89	77.52	7:55 AM
13	34.01	39.22	12:00 AM
14	39.03	52.03	12:00 AM
15	55.85	92.48	3:50 AM
16	45.98	56.68	3:50 AM
17	35.21	43.16	5:10 AM
18	32.77	36.93	12:00 AM
19	31.33	35.70	12:00 AM
20	49.96	88.00	5:35 PM
21	40.74	62.25	12:00 AM
22	38.37	54.42	12:00 AM
23	30.96	37.14	2:00 PM
24	30.77	65.02	12:00 AM
25	30.74	34.86	12:00 AM
26	38.45	48.51	2:05 PM
27	32.81	50.63	12:00 AM
28	43.04	70.74	9:05 AM
29	82.04	100.00	12:05 AM
30	57.82	72.85	12:00 AM
31	32.80	41.08	12:00 AM
<b>Totals:</b>	<b>1300.24</b>	<b>1417</b>	<b>5.15</b>

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

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_





National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 20545 (8-29-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 20545 (8-29-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Permit Number: IN0032191  
 Page 8 of 12  
 Public Notification Requirements Met?

Monitoring Period: [MONTH] 7-2025  
 Design Peak Hourly Flow (MGD): 74  
 Measured/Estimated (M) or Estimated (E) must be specified.

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak	Preceding Day - Average High & PEI Control			Design Average Flow (MGD)			CSO Details No. 74			CSO Details No. 85			CSO Details No. 84				
				Begin	End	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	
01	46.93	79.34	10:50 AM	1:08	0:23	0.21	1:55 AM	3:42	1:29	0.87	5 m									
02	47.81	81.90	12:00 AM				12:00 AM				5 m									
03	47.81	81.90	12:00 AM				12:00 AM				5 m									
04	36.40	43.12	12:00 AM				12:00 AM				5 m									
05	34.20	39.39	12:00 AM				12:00 AM				5 m									
06	34.63	38.51	1:05 AM	0.33	0.22	0.22	1:05 AM				5 m									
07	39.49	50.01	12:00 AM				12:00 AM				5 m									
08	45.25	84.16	8:15 AM	1.58	0.38	0.19	8:15 AM				5 m									
09	34.77	41.92	12:00 AM				12:00 AM				5 m									
10	40.59	54.33	12:00 AM				12:00 AM				5 m									
11	32.01	36.98	12:00 AM				12:00 AM				5 m									
12	42.89	77.52	7:45 AM	2.67	0.37	0.17	7:45 AM				5 m									
13	34.01	39.22	12:00 AM				12:00 AM				5 m									
14	39.03	52.03	12:00 AM				12:00 AM				5 m									
15	55.85	92.48	4:15 AM	2.25	0.67	0.43	4:15 AM				5 m									
16	45.88	56.68	12:00 AM	0.17	0.02	0.01	12:00 AM				5 m									
17	35.21	43.16	6:25 PM	0.08	0.01	0.01	6:25 PM				5 m									
18	32.77	36.93	12:00 AM				12:00 AM				5 m									
19	31.33	35.70	12:00 AM				12:00 AM				5 m									
20	49.56	85.00	6:05 PM	0.25	1.05	1.05	6:05 PM				5 m									
21	40.74	62.25	12:00 AM				12:00 AM				5 m									
22	38.37	54.42	12:00 AM				12:00 AM				5 m									
23	30.96	37.14	12:00 AM				12:00 AM				5 m									
24	30.77	65.02	12:00 AM				12:00 AM				5 m									
25	30.74	34.86	12:00 AM				12:00 AM				5 m									
26	38.45	48.51	12:00 AM				12:00 AM				5 m									
27	32.81	50.03	12:00 AM				12:00 AM				5 m									
28	45.04	70.74	8:50 AM	1.42	0.28	0.10	8:50 AM				5 m									
29	82.04	100.00	12:05 AM	2.00	0.56	0.32	12:05 AM				5 m									
30	57.82	72.85	12:00 AM				12:00 AM				5 m									
31	32.80	41.08	12:00 AM				12:00 AM				5 m									
Totals:	1300.24			15.25	5.08							0	0.00	0.00	0.00					

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

City: Fort Wayne  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Permit Number: IN0032191  
 Page 8 of 12  
 Public Notification Requirements Met?

Monitoring Period: [MONTH] 7-2025  
 Design Peak Hourly Flow (MGD): 74  
 Measured/Estimated (M) or Estimated (E) must be specified.

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak	Design Average Flow (MGD)			CSO Details No. 74			CSO Details No. 85			CSO Details No. 84										
				Begin	End	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time								
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Totals:																							

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

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



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 30546 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 30546 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Monitoring Period: [MONTH] 7-2023  
 Design Peak Hourly Flow (MGD): 74  
 Design Average Flow (MGD): 85  
 Measured/Metered (M) or Estimated (E) must be specified.

Date (Month)	WWTP Influent Flow		Treatment Plant - Clarifier - Post-Clarifier		CSO Outlet No. 74		CSO Outlet No. 29		CSO Outlet No. 49	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Flow (MGD)	Peak Hourly Flow (MGD)	Time Discharge Began (M/D)	Time Discharge Ended (M/D)	Time Discharge Began (M/D)	Time Discharge Ended (M/D)	Time Discharge Began (M/D)	Time Discharge Ended (M/D)
01	49.02	79.34	10:45 AM	1:25	0:53	5 m				
02	84.52	101.01	12:00 AM	3:50	1:23	5 m				
03	47.81	81.90	12:00 AM			5 m				
04	36.40	43.12	12:00 AM			5 m				
05	34.20	39.39	12:00 AM			5 m				
06	34.63	38.51	12:00 AM			5 m				
07	39.49	50.01	12:00 AM			5 m				
08	43.25	84.16	7:40 AM	1:50	0:28	5 m				
09	34.77	41.92	12:00 AM			5 m				
10	40.59	54.33	12:00 AM			5 m				
11	32.01	36.98	12:00 AM			5 m				
12	42.89	77.52	7:15 AM	1:25	0:35	5 m				
13	34.01	39.22	12:00 AM			5 m				
14	39.03	52.03	12:00 AM			5 m				
15	55.85	92.48	3:45 AM	2:42	0:63	5 m				
16	45.98	56.68	12:00 AM			5 m				
17	35.21	43.16	12:00 AM			5 m				
18	35.77	36.93	12:00 AM			5 m				
19	31.33	35.70	12:00 AM			5 m				
20	49.96	88.00	5:30 PM	0:33	0:32	5 m				
21	48.74	62.25	12:00 AM			5 m				
22	38.37	54.42	12:00 AM			5 m				
23	30.96	37.14	1:35 PM	0:08	0:01	5 m				
24	30.77	65.02	12:00 AM			5 m				
25	30.74	34.86	12:00 AM			5 m				
26	38.45	48.51	2:10 PM	0:33	0:10	5 m				
27	32.81	50.03	12:00 AM			5 m				
28	45.04	70.74	8:55 AM	1:08	0:17	5 m				
29	82.04	100.00	12:05 AM	2:17	0:80	5 m				
30	57.82	72.85	12:00 AM			5 m				
31	32.80	41.08	12:00 AM			5 m				
Totals:	1300.24			13.92	4.67					

Typical of: Principal Name and Title of Principal Executive Officer or Authorized Agent  
 Signature of Principal Executive Officer or Authorized Agent  
 Date (mm/dd/yyyy)

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Monitoring Period: [MONTH] 7-2023  
 Design Peak Hourly Flow (MGD): 74  
 Design Average Flow (MGD): 85  
 Measured/Metered (M) or Estimated (E) must be specified.

Date (Month)	WWTP Influent Flow		Treatment Plant - Clarifier - Post-Clarifier		CSO Outlet No. 74		CSO Outlet No. 29		CSO Outlet No. 49	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Flow (MGD)	Peak Hourly Flow (MGD)	Time Discharge Began (M/D)	Time Discharge Ended (M/D)	Time Discharge Began (M/D)	Time Discharge Ended (M/D)	Time Discharge Began (M/D)	Time Discharge Ended (M/D)
01										
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28										
29										
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31										
Totals:										

Typical of: Principal Name and Title of Principal Executive Officer or Authorized Agent  
 Signature of Principal Executive Officer or Authorized Agent  
 Date (mm/dd/yyyy)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION REQUIRED TO COMPLETE THIS REPORT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING THIS INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 595-16 (8-16-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 595-16 (8-16-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?    
 Monitoring Period: [MONTH] 7-2023 Check box if no CSO discharge occurred for the month:    
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified:    
 CSO Outfall No. 80 CSO Outfall No. 81 CSO Outfall No. 74 CSO Outfall No. 82 CSO Outfall No. 83

Day of Month	CSO Outfall No. 80			CSO Outfall No. 81			CSO Outfall No. 74			CSO Outfall No. 82			CSO Outfall No. 83		
	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)
01															
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Totals:	0	0	0.000	0	0	0.000	0	0	0.000	0	0	0.000	0	0	0.000

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?    
 Monitoring Period: [MONTH] 7-2023 Check box if no CSO discharge occurred for the month:    
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified:    
 CSO Outfall No. 80 CSO Outfall No. 81 CSO Outfall No. 74 CSO Outfall No. 82 CSO Outfall No. 83

Day of Month	CSO Outfall No. 80			CSO Outfall No. 81			CSO Outfall No. 74			CSO Outfall No. 82			CSO Outfall No. 83		
	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)	Time Discharge Began	Event Duration (MGD)	Event Discharge (MGD)
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Totals:	0	0	0.000	0	0	0.000	0	0	0.000	0	0	0.000	0	0	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: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 7-2023	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	Wet Weather Day
03	
04	
05	
06	
07	
08	Wet Weather Day
09	
10	
11	
12	Wet Weather Day
13	
14	
15	Wet Weather Day
16	Wet Weather Day
17	
18	
19	
20	Wet Weather Day
21	Wet Weather Day
22	Wet Weather Day
23	
24	
25	
26	
27	
28	Wet Weather Day
29	Wet Weather Day
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Jennifer E. Lash, Program Manager	Telephone 260-427-6213
---	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent Jennifer E. Lash	Date (mm/dd/yy) 08/21/23
--	-----------------------------

DMR Copy of Record

**Permit #:** IN002191  
**Major:** Yes  
**Permitted Facility:** 002 External Outfall  
**Facility:** FORT WAYNE WWTP  
**Facility Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWP  
 P.L. BOLANER WPC  
 2001 DRIBENGER AVE  
 FORT WAYNE, IN 46803

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** CSO 006-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COURSEMAN BLVD  
**CSO 006-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COURSEMAN BLVD**

**Report Dates & Status:** From 01/01/23 To 01/01/23  
**DMR Due Date:** 08/28/23  
**Status:** NonDNR Validated

**Monitoring Location:** Season 8 Point, 8009  
**Quantity or Loading:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Quality or Concentration:** # of Ex. Frequency of Analysis Sample Type

Code	Parameter	Name	Monitoring Location	Season #	Point, 8009	Sample Permit Fee Value \$000	Sample Permit Fee Value \$000	Reg Min MD TOTAL, 4E - 1000	Reg Max MD TOTAL, 4E - 1000	Reg Min MD TOTAL, 4E - 1000	Reg Max MD TOTAL, 4E - 1000	Reg Min MD TOTAL, 4E - 1000	Reg Max MD TOTAL, 4E - 1000
5027	Disinfect		EG - Effluent Grass	0	--			C - No Discharge		91028 - When Discharging, RT - R00707			
7003	Overflow volume (250 volumes, CSO volume)		EG - Effluent Grass	0	--			C - No Discharge		AUEV - All Events	ES - ES7MA		
7007	Precipitation, monthly accumulation		EG - Effluent Grass	0	--			ALET	0N - 0000	AUEV - All Events	RT - R00707		
84105	Discharge event observation (Visual Monitoring)		EG - Effluent Grass	0	--			C - No Discharge		AUEV - All Events	RT - R00707		

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

**Edit Check Errors:** No errors.  
**Comments:**

**Attachments:**

Name	Type	Size
IN002191_2023_0101_2023_01_01.pdf	pdf	183003.0
IN002191_2023_CSOMRD_2023_01_01.pdf	pdf	941702.0

**Report Last Saved By:** JETEFADMR  
**Fort Wayne WWTP:** Jennifer Lash  
**User:** jennifer.lash@cityofportwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofportwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	06032191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BOLINGER WPC 2621 CHENIERE AVE FORT WAYNE, IN 46803		
Permitted Features:	003 External Outfall	Discharge:	003-C CSO P10-025, 001 POND - 802 FT E OF PEMBERTON DR	Status:	Network Validated		
Report Dates & Status		DMR Due Date:	06/28/23				
Monitoring Period:	From 8/1/12 to 8/31/23						
Considerations for Form Completion							
CSO - 051 POND WHEN USED AS CSO ONLY							
Principal Executive Officer		TELE:		Telephone:			
First Name:							
Last Name:							
No Data Indicator (NOD)							
Form NOD:							
Code	Parameter	Monitoring Location	Section of Param. NOD	Quantity or Loading	Quality or Concentration	Frequency of Analysis	Sample Type
	Name			Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Units		
5027	Overflows	03 - Effluent Gross	0	Reg Min MD TOTAL, 02 - W/mo C - No Discharge	WMOB - Hour Discharge	RT - R00T0T	
7403	Overflow volume (330 volume, CSO volume)	03 - Effluent Gross	0	Reg Min MD TOTAL, 26 - Wgal C - No Discharge	AUEV - 48 Events	ES - ESTMA	
7587	Precipitation, monthly accumulation	03 - Effluent Gross	0	ALEF Reg Min MD TOTAL, 00 - W/mo	AUEV - 48 Events	RT - R00T0T	
8495	Discharge event abnormalities (Visual Monitoring)	03 - Effluent Gross	0	Reg Min MD TOTAL, 44 - W/mo C - No Discharge	AUEV - 48 Events	RT - R00T0T	
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>Edit Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
<b>User:</b>							
Name: JETEFACMR							
E-Mail: Jennifer.Lush							
Date/Time: 2023-08-21 10:02 (Time Zone: -04:00)							
<b>Report Last Signed By</b>							
User: JETEFACMR							
Name: Jennifer Lush							
E-Mail: jennifer.lush@cityofwayne.org							
Date/Time: 2023-08-21 10:08 (Time Zone: -04:00)							

DMR Copy of Record

Permit #:	IN0032101	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803			
Permitted Features:	04 Exernal Outfall	Discharge:	004-C COC-300-050, 310 FT S OF BRIDGE AT W. JEFFERSON & ST. MAURY'S RIVER	Status:	NotDMR Validated			
Report Date & Status		DMR Due Date:	06/28/23					
Monitoring Period:	From 8/7/19/23 to 8/7/23/23							
Considerations for Form Completion								
CRD_ID-090 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
First Name:								
Last Name:								
Firm Name:								
Code:	Permitter Name	Monitoring Location	Section of Param. MOD	Quantity or Concentration	Quality or Concentration	# of TCs	Frequency of Analysis	Sample Type
5037	Sustains	EG - Effluent Disch	0	0.25	Reg Mon MD TOTAL	03 - 03ms	0	WQCS - When Discharging RT - RC0707
								WQCS - When Discharging RT - RC0707
7403	Overflow volume (550 volume, CAS volume)	EG - Effluent Disch	0	0.212	Reg Mon MD TOTAL	04 - 04ml	0	ALERT - All Events
								ALERT - All Events
7087	Precipitation, monthly accumulation	EG - Effluent Disch	0	3.88	Reg Mon MD TOTAL	04 - 04ms	0	ALERT - All Events
								ALERT - All Events
8495	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	0.2	Reg Mon MD TOTAL	04 - 04ms	0	ALERT - All Events
								ALERT - All Events
Submission Note								
If a parameter row does not contain any values for the Sample or Effluent Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type								
DMR Check Errors								
No errors.								
Comments								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP	JETTEADAR	Jennifer Lash						
User:	JETTEADAR	Jennifer Lash						
Name:	JETTEADAR	Jennifer Lash						
E-Mail:	Jettead, Jennifer.Lash@cityoffortwayne.org							
Date/Time:	2023-08-21 08:59 (Time Zone: -04:00)							
Report Last Signed By								
User:	JETTEADAR	Jennifer Lash						
Name:	JETTEADAR	Jennifer Lash						
E-Mail:	Jettead, Jennifer.Lash@cityoffortwayne.org							
Date/Time:	2023-08-21 15:08 (Time Zone: -04:00)							

DMR Copy of Record

**Permit**

Permit #: 86832191 Permittee: FORT WAYNE WWTP  
 Major: Yes Permittee Address: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BUSHNER-WPC  
 2001 DUNBAR AVE  
 FORT WAYNE, IN 46803

Permitted Feature: 005 Discharge: 995-C  
 External Outfall CSO: J11-194, 215 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status: 08/28/23 Status: NotDMR Validated

Monitoring Period: From 8/15/23 to 8/15/23  
 Considerations for From Compliance: CSO: J11-194 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer: [Blank] Title: [Blank] Telephone: [Blank]

Last Name: [Blank] First Name: [Blank]

No Data Indicator (NDD): [Blank]

Form NDD: [Blank]

Code	Parameter Name	Monitoring Location	Session #	Param. NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	
5007	Duration	EG - Effluent Gross	0	-	15.0M	02 - None	0	0	0	WHOS - When Discharging RT - RCOOTOT
1003	Overflow volumes (BS volume, CSO volume)	EG - Effluent Gross	0	-	1.0M	0A - High	0	0	0	ALDY - All Events EB - ESTIMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.0M	0B - High	0	0	0	ALDY - All Events EB - ESTIMA
8105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0.0	0C - High	0	0	0	ALDY - All Events EB - ESTIMA

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

EG Check Error: No errors.

Comments: [Blank]

Attachments: [Blank]

Report Last Saved By: JETEFACUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-21 10:08 (Time Zone: -04:00)

Report Last Signed By: JETEFACUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IN002191	<b>Permitter:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
	<b>Major:</b> Yes	<b>Facility Address:</b> CITY OF FORT WAYNE 203 E SEBRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2501 DIVENGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	<b>Discharge:</b> 007 External Outfall		
<b>Report Dates &amp; Status</b>	<b>Monitoring Period:</b> From 07/01/20 to 07/31/20	<b>DMR Due Date:</b> 08/28/21	<b>Status:</b> NonDMR Validated
<b>Considerations for Permit Completion</b>	<b>CSD:</b> K03-092 MUNICIPAL MAJOR ALLEN COUNTY		
<b>Principal Executive Officer</b>	<b>Title:</b>		
<b>First Name:</b>	<b>Telephone:</b>		
<b>Last Name:</b>			
<b>No Data Indicator (NDDI)</b>			
<b>Form NDDI:</b>			
<b>Code:</b>	<b>Population:</b>	<b>Monitoring Location:</b>	<b>Section #</b>
50237 Sewerline	EG - Effluent Gross	0	-
71053 Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-
73857 Precipitation, weekly accumulation	EG - Effluent Gross	0	-
84105 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-
<b>Submissions Note</b>	If a permittee row does not contain any values for the Sample per Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
<b>Exit Check Errors</b>	No errors.		
<b>Comments</b>			
<b>Attachments</b>	No attachments.		
<b>Report Last Saved By</b>	JETFADMR		
<b>PORT WAYNE WWTP</b>	Jennifer Lash jennifer.lash@cityofwayne.org		
<b>User:</b>	2020-08-21 09:59 (Time Zone: -04:00)		
<b>E-Mail:</b>			
<b>Date/Time:</b>			
<b>Report Last Signed By</b>	JETFADMR		
<b>User:</b>	Jennifer Lash jennifer.lash@cityofwayne.org		
<b>Name:</b>	2020-08-21 10:08 (Time Zone: -04:00)		
<b>E-Mail:</b>			
<b>Date/Time:</b>			

DMR Copy of Record

**Permit:**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BLUNDS WAY  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Permitted Features: 011 External Outfall  
 Discharge: 911-C  
 CSD: 026-033 - SE OF MAIN ST. & CAMP ALLEN DR.

**Report Dates & Status:**  
 Monitoring Period: From 07/01/23 to 07/31/23  
 DMR Due Date: 08/28/23  
 Status: NotChkBk Validate#  
 Considerations for Form Completion  
 CSD: 006-033 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

**No Data Indicator (NDD)**  
 Farm NDD:

Code	Parameter Name	Monitoring Location	Revisions #	Permit NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50207	Overflow	BQ - Effluent Gross	0	-	Net flow MD TOTA, BE - Inflow			MGD	WQCB - When Discharging RT - R0070T
					Sample Permit Recs Value NDD				
74263	Overflow volume (200 volume, CSD volume)	BQ - Effluent Gross	0	-	Net flow MD TOTA, BE - Inflow			MGD	ES - ESTMA
					Sample Permit Recs Value NDD				
73887	Precipitation, monthly accumulation	BQ - Effluent Gross	0	-	3.58			IN - Inflow	AEV - AE Events RT - R0070T
					Sample Permit Recs Value NDD				
84165	Discharge event observation (Visual Monitoring)	BQ - Effluent Gross	0	-	Net flow MD TOTA, KE - Outflow			MGD	AEV - AE Events RT - R0070T
					Sample Permit Recs Value NDD				

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

**Self Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 PORT WAYNE WWTP

User: JETFAZMR  
 Name: Jennifer Lash  
 Email: jennifer.lash@cityofportwayne.org  
 Date/Time: 2023-09-21 09:59 (Time Zone -04:00)

**Report Last Signed By**  
 User: JETFAZMR  
 Name: Jennifer Lash  
 Email: jennifer.lash@cityofportwayne.org  
 Date/Time: 2023-09-21 10:58 (Time Zone -04:00)

DMR Copy of Record

**Permit #:** M00021811 **Permittee:** FORT WAYNE WWTP **Facility:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE **Facility Location:** P.L. BALANER WPC  
 200 E BERRY ST 5601 CHAMBER AVE  
 FT WAYNE, IN 46803  
**Permitted Features:** 012 **Discharge:** 013-C **Facility:** FORT WAYNE WWTP  
 External Outfall CSO: K09-034 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

**Report Dates & Status:** **DMR Due Date:** 08/08/23 **Status:** NonDMR Validated  
**Monitoring Period:** From 8/7/19/23 to 8/7/19/23  
**Considerations for Form Completion:**  
**Principal Executive Officer:**

**First Name:** **Title:**  
**Last Name:** **Title:**  
**No Data Indicator (NDD):**  
**From NDD:**

Code	Parameter Name	Monitoring Location	Session Param. NDD	Quality or Loading	Quantity or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 3 Value 4 Qualifier 5 Value 6 Qualifier 7 Value 8 Qualifier 8 Value 9	Qualifier 1 Value 1 Qualifier 2 Value 3 Value 4 Qualifier 5 Value 6 Qualifier 7 Value 8 Qualifier 8 Value 9	Units		
8007	Duration	EG - Effluent Gross	0	0.00	0	0	0	0
7403	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	0.00	0	0	0	0
7087	Precipitation, monthly accumulation	EG - Effluent Gross	0	0.00	0	0	0	0
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0.00	0	0	0	0

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**ESR Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
**FORT WAYNE WWTP**  
**User:** JTEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-21 08:53 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JTEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-21 10:06 (Time Zone: -04:00)



DMIR Copy of Record

**Permit:** IN0032191  
**Permit #:** IN0032191  
**Major:** Yes  
**Permitted Feature:** 013  
 External Outfall  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 300 DAVENGER AVE  
 FORT WAYNE, IN 46803  
**Facility Location:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 013-C  
 CSC: 006-298 - 80 FT N OF THEME DR & BERRY ST  
**Monitoring Location:** Monitoring Location: 042823  
**DMIR Due Date:** 042823  
**Status:** NotMark Validated

**Report Dates & Status:** From 07/01/23 to 07/01/23  
**Monitoring Period:** From 07/01/23 to 07/01/23  
**Considerations for Form Completion:**  
**CSC:** 006-298 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

Code	Parameter Name	Monitoring Location	Session #	Permit MOD	Quantity or Loading	Quality or Concentration	# of EC	Frequency of Analysis	Sample Type
					Quotient 1 (Units) 1 Quotient 2 (Units) 3 Quotient 3 (Units) 4	Value 1 Value 2 Value 3 Value 4	Units		
30387	Sulfuride	03 - Effluent Disch	0	-	21.83	82 - None	WWS6 - When Discharging RT - RC0707		RT - RC0707
					Req Min MO TOTAL	82 - None	WWS6 - When Discharging RT - RC0707		
7403	Overflow volume (500 volume, CSO volume)	03 - Effluent Disch	0	-	3.47	28 - Mg/L	AUEY - All Events	ES - EST10A	ES - EST10A
					Req Min MO TOTAL	28 - Mg/L	AUEY - All Events	ES - EST10A	ES - EST10A
74887	Precipitation, monthly accumulation	03 - Effluent Disch	0	-	5.15	20 - None	AUEY - All Events	RT - RC0707	RT - RC0707
					Req Min MO TOTAL	20 - None	AUEY - All Events	RT - RC0707	RT - RC0707
84155	Discharge event observations (Visual Monitoring)	03 - Effluent Disch	0	-	8.0	0K - None	AUEY - All Events	RT - RC0707	RT - RC0707
					Req Min MO TOTAL	0K - None	AUEY - All Events	RT - RC0707	RT - RC0707

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.  
**DMIR Check Errors:**  
 No errors.

**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-21 09:56 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** JETEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0032191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BELANGER WPC  
 2001 DUNBAR AVE  
 FORT WAYNE, IN 46802

**Permitted Feature:** 917  
 External Outfall  
**Discharge:** 917-C  
 CSC: 007-179 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE  
**Facility Leader:** Not DMR Validated

**Report Dates & Status:**  
**Monitoring Period:** From 07/01/02 to 07/01/03  
**DMR Due Date:** 08/28/03  
**Status:** Not DMR Validated

**Considerations for Future Completion:**  
 CSC: 007-179 MUNICIPAL MAJORALLER COUNTY  
**Principal/Executive Officer:**

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

**No Data Indicator (NDDI):**  
**Form NDDI:**

Code	Parameter Name	Monitoring Location	Return #	Param. NDDI	Quantity or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3			
50057	Overflow	ES - Effluent Drain	0	-	Sample	Percent Rec.	Value NDDI	3.81	42 - times	WV05 - When Discharging RT - RC010T
74053	Overflow volume (359 volume, CSG volume)	ES - Effluent Drain	0	-	Sample	Percent Rec.	Value NDDI	2.68	26 - times	WV05 - When Discharging RT - RC010T
75887	Precipitation, monthly accumulation	ES - Effluent Drain	0	-	Sample	Percent Rec.	Value NDDI	5.15	26 - times	WV05 - When Discharging RT - RC010T
84105	Discharge event observation (Visual Monitoring)	ES - Effluent Drain	0	-	Sample	Percent Rec.	Value NDDI	4.2	44 - times	WV05 - When Discharging RT - RC010T

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

**ESR Check Errors:**  
 No errors

**Comments:**

**Attachments:**  
 No attachments

**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2003-08-21 09:57 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2003-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** 96932191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Permitted Feature:** 018 **Discharge:** B18-C  
 External Outfall  
**Report Date & Status:** **CD:** K11-168 - 150 FT W OF BROADWAY & RUSSELL BLVD  
**Monitoring Period:** From 8/19/23 to 8/19/23 **DMR Due Date:** 9/28/23 **Status:** NotDMR Validated  
**Considerations for Form Completion:**  
 CSO K11-168 MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**

**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 3807 DWINGER AVE  
 FORT WAYNE, IN 46802  
**Telephone:**

Code	Parameter Name	Monitoring Location	Section #	Param. MCO	Sample Permit Fee Value MCO	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
5027	Duration	EG - Effluent Gross	0	--		37.5	Reg Mon MO TOTAL	0	0	0
7100	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--		47.855	Reg Mon MO TOTAL	38	0	0
7187	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		8.18	Reg Mon MO TOTAL	38	0	0
8-165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--		9.2	Reg Mon MO TOTAL	46	0	0

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

**DMR Check Errors:** No errors.

**Comments:**

**Attachments:**

**Report Last Saved By:**

**FORT WAYNE WWTP**  
**User:** JTEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 09:57 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** JTEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 12:06 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 96032181  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 205 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNGER WPC  
 2001 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 020 External Outfall  
**Discharge:** CSO-K15-C  
 1305 FT W OF HARTMAN RD & WESTOVER RD

**Report Dates & Status:** 682823  
**DMR Due Date:** 682823  
**Status:** NotCDMR Validated

**Monitoring Period:** From 8/76/03 to 8/23/03  
**Considerations for Permit Compliance:**

**CEO:** K15-166/JUNIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NDDI):** -  
**Form NOOI:** -

Date	Parameter Name	Monitoring Location	Section 8 Param. NOOI	Quantity or Loading		Quality or Concentration		# of EC	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 1 Value 1	Quarter 2 Value 2			
5/23/07	Burdials	ES - Effluent Gross	0	-	12.18	12.18	12	1	12	WWS - When Discharging RT - RC0007 WWS - When Discharging RT - RC0007
7/10/03	Overflow volume (555 volume), CSO volume	ES - Effluent Gross	0	-	2.87	2.87	36	1	36	AEV - AE Events AEV - AE Events
7/15/07	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	5.15	5.15	39	1	39	AEV - AE Events AEV - AE Events
8/1/03	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	7.9	7.9	45	1	45	AEV - AE Events AEV - AE Events

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

**ESR Check Errors:** No errors  
**Comments:**  
**Attachments:** No attachments

**Report Last Saved By:** JETEFADM  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-08-21 09:58 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADM  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-08-21 10:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0002151	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP	
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC 2601 DWIGDEN AVE FORT WAYNE, IN 46603	
Permitted Features:	021 External Outfall	Discharge:	021-C CSO-K15-044 - 820 FT W OF OLD MILL RD & FAIRFAX AVE	State:	INDIAN	
Report Date & Status		DMR Due Date:	062623			
Monitoring Period:	From 3/15/23 to 3/15/23					
Consolidation for Form Completion						
CSO: K15-044 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer		Title:		Telephone:		
First Name:						
Last Name:						
No Data Indicator (NDD)						
Form NDD:						
Code	Parameter Name	Monitoring Location	Percent of Param. NDD	Quantity of Loading	# of Ex. Frequency of Analysis	Sample Type
5037	Depletion	ED - Effluent Cross	0	13.87 Reg Ion MD TOTAL	02 - 0hrs 02 - 0hrs	02 - 02707 02 - 02707
7-050	Overflow volume (SS volume, CSO volume)	ED - Effluent Cross	0	0.02 Reg Ion MD TOTAL	02 - 0hrs 02 - 0hrs	02 - 02707 02 - 02707
7387	Precipitation, monthly accumulation	ED - Effluent Cross	0	1.12 Reg Ion MD TOTAL	02 - 0hrs 02 - 0hrs	02 - 02707 02 - 02707
8416	Discharge event observation (Visual Monitoring)	ED - Effluent Cross	0	1.0 Reg Ion MD TOTAL	02 - 0hrs 02 - 0hrs	02 - 02707 02 - 02707
<b>Submission Note</b>						
If a parameter row does not contain any values for the Sample Ion Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.						
<b>DMR Check Errors</b>						
No errors						
<b>Comments</b>						
Attachments						
No attachments						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
User:	JTEFAJMR					
Name:	Jennifer Lash					
E-Mail:	jennifer.lash@cityofwayne.org					
Date/Time:	2023-09-21 09:58 (Time Zone: -04:00)					
<b>Report Last Signed By</b>						
User:	JTEFAJMR					
Name:	Jennifer Lash					
E-Mail:	jennifer.lash@cityofwayne.org					
Date/Time:	2023-09-21 10:08 (Time Zone: -04:00)					

DMR Copy of Record

**Permit**

Permit #: IM002181 FORT WAYNE WWTP  
 Major: Yes Permittee Address: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BUSINESS INC  
 2650 DUNDAS AVE  
 FORT WAYNE, IN 46803

Permitted Features: 023 External Outfall Discharge: 823-C  
 CSD: 108-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Dates: 8/23/23 Status: Not/CAH Validated

Monitoring Period: From 07/6/23 to 07/31/23  
 Considerations for Permit Completion: DMR Due Date: 8/23/23

Principal Executive Officer: CSD: 108-103/023/023/023 MAJORALLEN COUNTY

First Name: Title:  
 Last Name: Title:

No Data Indicator (NDD):

Form NDD:

Code	Parameter Name	Monitoring Location	Session#	Param. NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
5007	Duration	EG - Effluent Gross	0	--	8.82	82 - hrs	0	WH02 - When Discharging	RT - RCOPTOT
					Req Non MO TOTAL	82 - hrs	0	WH02 - When Discharging	RT - RCOPTOT
7003	Overflow volume (SSG volume, CSD volume)	EG - Effluent Gross	0	--	3.221	24 - gal	0	AUDV - All Events	ES - ES7MA
					Req Non MO TOTAL	24 - gal	0	AUDV - All Events	ES - ES7MA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	0.28	24 - mm	0	AUDV - All Events	RT - RCOPTOT
					Req Non MO TOTAL	24 - mm	0	AUDV - All Events	RT - RCOPTOT
8105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	7.2	40 - hrs	0	AUDV - All Events	RT - RCOPTOT
					Req Non MO TOTAL	40 - hrs	0	AUDV - All Events	RT - RCOPTOT

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

**ESR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

Report Last Saved By: JTEFADM  
 PORT WAYNE WWTP  
 User: Jennifer Lutz  
 Name: jennifer.lutz@cityofportwayne.org  
 E-Mail: jennifer.lutz@cityofportwayne.org  
 Date/Time: 2023-08-21 09:47 (Time Zone: -04:00)

Report Last Signed By: JTEFADM  
 User: Jennifer Lutz  
 Name: jennifer.lutz@cityofportwayne.org  
 E-Mail: jennifer.lutz@cityofportwayne.org  
 Date/Time: 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN932191		<b>Permittee:</b> FORT WAYNE WWP		<b>Facility:</b> FORT WAYNE WWP	
<b>Major:</b> Yes		<b>Permit Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46832		<b>Facility Location:</b>		P.L. BELANGER WPC 2601 DAVENPORT AVE FORT WAYNE, IN 46803	
<b>Permitted Features:</b> CD4 External Outfall		<b>Discharge:</b>		<b>State:</b>		NotCDMR Validated	
<b>Report Dates &amp; Status</b>		<b>CDMR Due Date:</b> 08/28/23					
<b>Monitoring Period:</b> From 07/01/23 to 07/31/23							
<b>Considerations for Form Completion</b>							
<b>CSD:</b> L064200AUCIPAL MADRALLEEN COUNTY							
<b>Principal Executive Officer</b>							
<b>First Name:</b>		<b>Title:</b>					
<b>Last Name:</b>							
<b>No Data Indicator (NDD)</b>							
<b>Form NDD:</b>							
<b>Code</b>		<b>Permittee Name</b>		<b>Monitoring Location</b>		<b>Severity Param. NDD</b>	
<b>5037 Duration</b>		EQ - Effluent Gross		0		-	
<b>7053 Overflow volume (SSS volume, CSD volume)</b>		EQ - Effluent Gross		0		-	
<b>7057 Precipitation, monthly accumulation</b>		EQ - Effluent Gross		0		-	
<b>8115 Discharge event observation (Visual Monitoring)</b>		EQ - Effluent Gross		0		-	
<b>Submission Note</b>		If a permittee row does not contain any values for the Sample ID, Effluent Trading, then none of the following fields will be populated for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>ERR Check Errors</b>							
<b>Rx errors</b>							
<b>Comments</b>							
<b>Attachments</b>							
<b>Report Last Saved By</b>							
<b>FORT WAYNE WWP</b>		<b>User:</b> JETEFACMR		<b>Name:</b> Jennifer Lash		<b>Email:</b> jennifer.lash@cityofwayne.org	
		<b>Date/Time:</b> 2023-08-21 09:48		<b>(Time Zone: -04:00)</b>			
<b>Report Last Signed By</b>		<b>User:</b> JETEFACMR		<b>Name:</b> Jennifer Lash		<b>Email:</b> jennifer.lash@cityofwayne.org	
		<b>Date/Time:</b> 2023-08-21 10:09		<b>(Time Zone: -04:00)</b>			

DMR Copy of Record

Permit #	IN032191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility	FORT WAYNE WWTP P.L. BILBARGER WPC 2601 DRENGER AVE FORT WAYNE, IN 46803
Major	Yes	Permit Address		Facility Location	
Permitted Feature	GIS External Outfall	Discharge	ES-C CEO, US-421 - 200 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status	Not/MSR Indicated
Report Dates & Status		DMR Due Date	982923		
Monitoring Period:	From 9/19/03 to 9/13/03				
Considerations for Form Completion					
CSO: US-421 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Formulator	Monitoring Location	Account # Permit, NDD	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3 Value 4	Units			
10037	Derivation	EG - Effluent Disch	0	3.24 Res Mon MO TOTN, ES - Inflow	ES - Inflow	\$	WY03 - When Discharging RT - RC00T0T WY03 - When Discharging RT - RC00T0T	RT - RC00T0T
10053	Overflow volume [ES volume, CSO volume]	EG - Effluent Disch	0	2.24 Res Mon MO TOTN, ES - Inflow	ES - Inflow	\$	WY03 - When Discharging RT - RC00T0T WY03 - When Discharging RT - RC00T0T	RT - RC00T0T
10057	Precipitation, monthly accumulation	EG - Effluent Disch	0	0.00 Res Mon MO TOTN, ES - Inflow	ES - Inflow	\$	WY03 - When Discharging RT - RC00T0T WY03 - When Discharging RT - RC00T0T	RT - RC00T0T
84105	Discharge event observation [Visual Monitoring]	EG - Effluent Disch	0	0.0 Res Mon MO TOTN, ES - Inflow	ES - Inflow	\$	WY03 - When Discharging RT - RC00T0T WY03 - When Discharging RT - RC00T0T	RT - RC00T0T

Submitter Note

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

ESR Check Errors

No errors.

Comments

Attachments

is attachment

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMJ  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2003-09-21 08:48 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMJ  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2003-09-21 10:08 (Time Zone: -04:00)



DMR Copy of Record

Permit	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP	
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC 2001 DAMINGER AVE FORT WAYNE, IN 46603	
Permitted Feature:	027 External Outfall	Discharge:	027-C CSO: N10-202 - 200 FT SE OF THIRD ST & CALHOUN ST			
Report Dates & Status		DMR Due Date:	04/29/23	Status:	NotDMR Validated	
Monitoring Period:	From 01/01/23 to 01/31/23					
Considerations for Form Completion						
CSO: N10-202/MUNICIPAL MAJORALLEN COUNTY						
Principal/ Executive Officer		Title:		Telephone:		
First Name:						
Last Name:						
No Data Indicator (NDD)						
Form NDD:						
Code	Parameter	Monitoring Location	Season & Form NDD	Quantity of Loading Discharge 1 Volume 1 Discharge 2 Volume 2 Daily Discharge 1 Value 1 Discharge 2 Value 2	# of Ex. Frequency of Analyze	Sample Type
5037	Swirls	03 - Effluent Gross	0 -	Req Min MO TOTAL, 42 - mins C - No Discharge	1	1MOS - When Discharging RT - R00020
7403	Overflow volume (50 volume, CSO volume)	03 - Effluent Gross	0 -	Req Min MO TOTAL, 24 - Mgal C - No Discharge	1	AUV - All Events ES - ESTMA
7487	Precipitation, monthly accumulation	03 - Effluent Gross	0 -	3.0 Req Min MO TOTAL, 24 - mins	0	AUV - All Events RT - R00020 AUV - All Events RT - R00020
8415	Discharge event observation (Visual Monitoring)	03 - Effluent Gross	0 -	Req Min MO TOTAL, 42 - mins C - No Discharge	1	AUV - All Events RT - R00020
<b>Submission Note</b>						
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analyze, and Sample Type.						
<b>DMR Check Errors</b>						
No errors.						
<b>Comments</b>						
Attachments						
No attachments.						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
User:	JTEFADM					
Name:	Jennifer Lash					
E-Mail:	jennifer.lash@cityofwayne.org					
Date/Time:	2023-09-21 10:02 (Time Zone: -04:00)					
<b>Report Last Signed By</b>						
User:	JTEFADM					
Name:	Jennifer Lash					
E-Mail:	jennifer.lash@cityofwayne.org					
Date/Time:	2023-09-21 10:08 (Time Zone: -04:00)					

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN6832181		<b>Permitter:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP			
		Major: Yes		<b>Permitter Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b> P.L. BELLNER WSC 3851 DAVENPORT AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b> 028 External Outfall		<b>Discharge:</b>							
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 06/26/23		<b>Status:</b>		NetDMR Validated			
<b>Monitoring Period:</b> From 8/7/13 to 3/7/13									
<b>Considerations for Permit Compliance</b>									
<b>CD: MUNICIPAL MAJORHALLEN COUNTY</b>									
<b>Principal Executive Officer</b>									
<b>First Name:</b>		<b>Title:</b>							
<b>Last Name:</b>									
<b>No Data Indicator (NDD)</b>									
<b>Form NO2:</b>									
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit MOI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of EA</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Sanitise	ES - Effluent Gross	0	-	Sample Permit Req Value NDD	Req Min MO TOTAL, 4E - 1/mo C - No Discharge	1	1MOS - When Discharging RT - RCOND	
7493	Overflow volume (550 volume, 250 volume)	ES - Effluent Gross	0	-	Sample Permit Req Value NDD	Req Min MO TOTAL, 2K - 1/mo C - No Discharge	1	AUV - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Sample Permit Req Value NDD	Req Min MO TOTAL, 5K - 1/mo C - No Discharge	1	AUV - All Events	RT - RCOND
8415	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	Sample Permit Req Value NDD	Req Min MO TOTAL, 4E - 1/mo C - No Discharge	1	AUV - All Events	RT - RCOND
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceeds, Frequency of Analysis, and Sample Type.									
<b>File Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
By attachment.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b>	JETEFADM								
<b>Name:</b>	Jennifer Lash								
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b>	2023-08-21 10:00 (Time Zone: -04:00)								
<b>Report Last Signed By</b>									
<b>User:</b>	JETEFADM								
<b>Name:</b>	Jennifer Lash								
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b>	2023-08-21 12:05 (Time Zone: -04:00)								

DMR Copy of Record

<b>Permit #:</b>	36032101	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BLUNGER WPC 205 DWIGDEN AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b>	C29 External Outfall	<b>Discharge:</b>	82B-C CSO: M10-205 - 235 FT E OF DUCK ST & BARR ST					
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	08/28/23	<b>Status:</b>	NotDMR Validated			
<b>Monitoring Period:</b>	From 07/01/23 to 07/31/23							
<b>Contributions for Form Completion</b>								
<b>CSO MTS-285 MUNICIPAL MAJORALLEN COUNTY</b>								
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (NDD)</b>	-							
<b>Form NDD:</b>								
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Param. NDD</b>	<b>Quality or Compliance</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
30207	Buncheon	EG - Effluent Gross	0	-	1.17 Reg Min MD TOTAL	0	AD - 1/1mo AD - 1/1mo	WAGS - When Discharging RT - RC0002 WAGS - When Discharging RT - RC0002
74053	Overflow volumes (350 volumes, CSO volume)	EG - Effluent Gross	0	-	0.347 Reg Min MD TOTAL	0	SR - 1/Mo SR - 1/Mo	AUDY - All Events ES - ESTMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.09 Reg Min MD TOTAL	0	SR - 1/1mo SR - 1/1mo	AUDY - All Events RT - RC0002
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	4.2 Reg Min MD TOTAL	0	AK - 1/1mo AK - 1/1mo	AUDY - All Events RT - RC0002
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>ED Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JETEFACMR							
<b>Name:</b>	Jennifer Leah							
<b>E-Mail:</b>	jennifer.leah@cityoffortwayne.org							
<b>Date/Time:</b>	2023-08-21 09:49 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	JETEFACMR							
<b>Name:</b>	Jennifer Leah							
<b>E-Mail:</b>	jennifer.leah@cityoffortwayne.org							
<b>Date/Time:</b>	2023-08-21 10:08 (Time Zone: -04:00)							

DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2601 DWIGGS AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 002 External Outfall  
 Discharge:

Report Dates & Status: From 07/01/23 to 07/31/23  
 Monitoring Period: DMR Due Date: 06/28/23  
 Status: MetDMR Validated  
 Considerations for Flow Compliance  
 CSD: MTS-308 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 No Data Indicator (NDD): \_\_\_\_\_  
 Form NDD: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Session #	Fract. NDD	Sample Type	Quantity of Loading	Quality or Concentration	Unit	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1 Qualifier 2 Value 2 Unit Qualifier 3 Value 3 Qualifier 4 Value 4				
5035	Bentone	EG - Effluent Gross	0	-	Sample Percent Precip Value NDD	0.21 Req Min MO TOTAL SS - Millia	SS - Millia	g	WACS - When Discharging RT - RC00707 WACS - When Discharging RT - RC00707	RT - RC00707
7453	Overflow volume (350 volumes, CSD volume)	EG - Effluent Gross	0	-	Sample Percent Precip Value NDD	1.80 Req Min MO TOTAL SS - Millia	SS - Millia	g	ALUY - All Events	ES - ESTINA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Percent Precip Value NDD	0.88 Req Min MO TOTAL SW - Yrns	SW - Yrns	g	ALUY - All Events	RT - RC00707
8415	Discharge event observation (Flow Monitoring)	EG - Effluent Gross	0	-	Sample Percent Precip Value NDD	0.2 Req Min MO TOTAL AK - Rms	AK - Rms	g	ALUY - All Events	RT - RC00707

**Submission Note**  
 If a parameter row does not contain any values for the Sample row, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors**  
 No errors.

**Comments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETFAZMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-08-21 08:53 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETFAZMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0332191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 305 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803		
Permitted Feature:	023 Effluent Outfall	Discharge:	033-C CSD: M10-113 - 205 FT BE OF THIRD ST & CALHOUN ST				
Report Dates & Status		DMR Due Date:	08/28/23	Status:	NATDMM Validated		
Monitoring Period:	From 8/19/23 to 8/19/23						
Considerations for Form Completion							
CSD: M10-113/M10-114/M10-115/M10-116/M10-117/M10-118/M10-119/M10-120							
Principal Executive Officer		Title:		Telephone:			
First Name:							
Last Name:							
No Data Indicator (NDD)							
Form NDD:	-						
Code	Parameter Name	Monitoring Location	Section 8 Fresh WQS	Quantity or Concentration	Quality or Concentration	# of Ex. / Frequency of Analysis	Sample Type
50037	Burdston	EG - Effluent Disch	0	-	0.72 Req Min MO TOTAL, SI - 10mg	0 SI - 10mg	WY05 - When Discharging RT - RCOTOT WY05 - When Discharging RT - RCOTOT
71003	Overflow volume (300 volume, CSD volume)	EG - Effluent Disch	0	-	1.12 Req Min MO TOTAL, SI - 10mg	0 SI - 10mg	AL07 - All Events AL07 - All Events
70857	Precipitation, monthly accumulation	EG - Effluent Disch	0	-	3.8 Req Min MO TOTAL, SI - 10mg	0 SI - 10mg	AL07 - All Events AL07 - All Events
81165	Discharge event observation (Flow Monitoring)	EG - Effluent Disch	0	-	1.0 Req Min MO TOTAL, SI - 10mg	0 SI - 10mg	AL07 - All Events AL07 - All Events
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>DMR Check Errors</b>							
No errors							
<b>Comments</b>							
Attachments							
No attachments							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
User:	JETEFADM						
Name:	Jennifer Lash						
E-Mail:	jennifer.lash@cityoffortwayne.org						
Date/Time:	2023-08-21 10:03 (Time Zone: -04:00)						
<b>Report Last Signed By</b>							
User:	JETEFADM						
Name:	Jennifer Lash						
E-Mail:	jennifer.lash@cityoffortwayne.org						
Date/Time:	2023-08-21 10:08 (Time Zone: -04:00)						

DMR Copy of Record

Permit #:	IN0302191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 3601 DRENGER AVE FORT WAYNE, IN 46803			
Permitted Feature:	035 Effluent Outfall	Discharge:	658-C CSC: M15-032 - 820 FT N OF STATE BLVD & WESTBROOK DR	Status:	NotClear Validated			
Report Dates & Status	From 01/01/22 to 01/31/23	DMR Due Date:	04/28/23					
Monitoring Period:	From 01/01/22 to 01/31/23							
Considerations for Form Completion								
CSD: M15-032 V01-R079A MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NODE								
Form Node								
Code	Monitoring Location	Session #	Permit Node	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
	Outlet#1 Value1 Outlet#2 Value2 Outlet3 Value3 Outlet#4 Value4 Outlet#5 Value5							
5037	Duration	EG - Effluent Gross	0	--	Reg Min MG 10716, 42 - 1000 C - No Discharge	1000	WWS - What Discharging RT - SCOTOT	
7403	Overflow volume (385 volume, CSD volume)	EG - Effluent Gross	0	--	Reg Min MG 10716, 36 - 1000 C - No Discharge	1000	AUDV - All Events	EG - ESTMA
7867	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.9 Reg Min MG 10716, 89 - 1000	0	AUDV - All Events	RT - RCO202
8155	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	--	Reg Min MG 10716, 46 - 1000 C - No Discharge	1000	AUDV - All Events	RT - RCO202
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>								
JETFADUR								
<b>Name:</b>								
Jennifer Lash								
<b>E-Mail:</b>								
jennifer.lash@cityofwayne.org								
<b>Date/Time:</b>								
2023-04-21 13:03 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
JETFADUR								
<b>User:</b>								
Jennifer Lash								
<b>Name:</b>								
Jennifer Lash								
<b>E-Mail:</b>								
jennifer.lash@cityofwayne.org								
<b>Date/Time:</b>								
2023-04-21 10:05 (Time Zone: -04:00)								

DMR Copy of Record

<b>Permit #:</b>	IN05032191	<b>Permitter:</b>	FORT WAYNE WWTP	<b>Facility/</b>	FORT WAYNE WWTP				
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46832	<b>Facility Location:</b>	P.O. BRUNNER WPC 2601 DYWENGE LANE FORT WAYNE, IN 46803				
<b>Permitted Features:</b>	030 External Outlet	<b>Discharge:</b>	329-C CSC: 004-023 - 120 FT N OF HANNA ST & BERRY ST	<b>Status:</b>	NotDMR Validated				
<b>Report Dates &amp; Status</b>		<b>Clear Due Date:</b>	08/28/23						
<b>Monitoring Period:</b>	From 8/7/13 to 8/7/13/23								
<b>Considerations for Form Completion</b>									
<b>Principal Executive Officer</b>									
<b>First Name:</b>		<b>Title:</b>							
<b>Last Name:</b>									
<b>No Data Indicator (NDD)</b>									
<b>Form NDD:</b>									
<b>Code</b>	<b>Permitter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Form NDD</b>	<b>Quantity or Loading</b>	<b>Quality of Compliance</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
					Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 1 Qualifier 4 Value 1 Qualifier 5 Value 1	Units			
5007	Duration	EG - Effluent Gross	0	-	0.17	02 - mins	0	0	WQ05 - When Discharging RT - RC0107 WQ05 - When Discharging RT - RC0107
7003	Overflow volume [588 volumes, CSO volume]	EG - Effluent Gross	0	-	0.02	24 - mgal	0	0	AL01 - All Events AL01 - All Events ES - ES/MA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0.09	20 - mins	0	0	AL01 - All Events AL01 - All Events RT - RC0107
8155	Discharge event observation [Pass Monitoring]	EG - Effluent Gross	0	-	1.2	04 - mins	0	0	AL01 - All Events AL01 - All Events RT - RC0107

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-21 09:53 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-21 15:08 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit #:</b> IN032181	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP						
<b>Major:</b> Yes	<b>Permit Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DUNBAR AVE FORT WAYNE, IN 46803						
<b>Permitted Features:</b> 044 External Outfall	<b>Discharge:</b> 844-C CSO: N23-090 - 150 FT E OF DALGREEN AVE & 3RD RUN AVE							
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 08/28/03	<b>Status:</b> NotDMR Validated						
<b>Monitoring Period:</b> From 07/01/03 to 07/31/03								
<b>Considerations for Form Completion:</b>								
<b>CSO: N23-090 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer:</b>								
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>						
<b>Last Name:</b>								
<b>No Data Indicator (NOD):</b>								
<b>Form NOD:</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Station # Param. NOD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of EA</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Duration	ED - Effluent Gross	0	Sample Permit Freq. Value NOD	Permit MD TOTAL, ES - in/ra		WY09 - What Discharging RT - NODTOT	RT - NODTOT
					C - No Discharge			
7403	Overflow volume (SSG volume, CSO volume)	ED - Effluent Gross	0	Sample Permit Freq. Value NOD	Permit MD TOTAL, SF - gal		AUEV - All Events	ES - ESTMA
					C - No Discharge			
7487	Precipitation, monthly accumulation	ED - Effluent Gross	0	Sample Permit Freq. Value NOD	3.9		AUEV - All Events	RT - NODTOT
					Permit MD TOTAL, SF - in/ra		AUEV - All Events	RT - NODTOT
					C - No Discharge			
8115	Discharge event observation (Visual Monitoring)	ED - Effluent Gross	0	Sample Permit Freq. Value NOD	Permit MD TOTAL, ec - Freq		AUEV - All Events	RT - NODTOT
					C - No Discharge			
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors								
<b>Comments</b>								
No comments								
<b>Attachments</b>								
No attachments								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JETEFADM							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org							
<b>Date/Time:</b>	2003-08-21 10:33 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	JETEFADM							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org							
<b>Date/Time:</b>	2003-08-21 10:08 (Time Zone: -04:00)							



DMR Copy of Record

**Permit #:** IN032191  
**Major:** Yes  
**Permitted Features:** 045 External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 07/01/23 to 07/31/23  
**Considerations for Flow Compliance:**  
**Principal Executive Officer:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 045-C  
 CSD: N03-03 - 100 FT E OF PENN ST & SPY RUN AVE  
**DMR Due Date:** 08/26/23  
**Status:** NCEMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Session # Param. NOD	Quantity or Loading	Quality or Concentration	# of Ev.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
0007	Disinfect	EG - Effluent Gross	0	-				WQ05 - When Discharging BT - RC010CF C - No Discharge
7003	Overflow volume (BSG volume, CSD volume)	EG - Effluent Gross	0	-				WQ05 - When Discharging BT - RC010CF C - No Discharge
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				WQ05 - When Discharging BT - RC010CF C - No Discharge
8105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-				WQ05 - When Discharging BT - RC010CF C - No Discharge

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or EMLnet Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 PORT WAYNE WWTP  
**User:** JTFEACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 10:03 (Time Zone: -04:00)  
**Report Last Signed By:**  
**User:** JTFEACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

Permit #	IN0002191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E 80TH ST FT WAYNE, IN 46822	Facility Location:	P.L. BRUNNER WPC 2001 CHENANGER AVE FORT WAYNE, IN 46803
Permitted Feature:	040 External Outfall	Discharge:	040-C CSC: 010-202 - 350 FT W OF EDGEWATER & GARFIELD	Status:	Headgear Validated
Report Dates & Dates	From 07/01/03 to 07/31/03	DMR Due Date:	08/28/03		
Monitoring Period:	From 07/01/03 to 07/31/03				
Considerations for Form Completion					
CSD: 010-202 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NDD)					
Form NDD:					
Code	Parameter Name	Monitoring Location	Session Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. Frequency of Analysis Sample Type
50037	Duration	EG - Effluent Gross	0	0	WWSW - When Discharging RT - RC0707 C - No Discharge
70003	Overflow volume [588 volume, CSD volume]	EG - Effluent Gross	0	0	ALRY - All Events ES - ESTIMA C - No Discharge
70007	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	ALRY - All Events RT - RC0707 C - No Discharge
81155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	ALRY - All Events RT - RC0707 C - No Discharge

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

DMR Check Errors  
No errors

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFAQMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofcolumbiainc.org  
Date/Time: 2003-09-21 10:00 (Time Zone: -04:00)

Report Last Signed By  
User: JTEFAQMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofcolumbiainc.org  
Date/Time: 2003-09-21 10:00 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0002181  
**Major:** Yes  
**Permitted Features:** 000 External Outfall  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 956-C  
 CED: 019-077 - 100 FT N OF COOMBS ST & HERBERT ST  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 OWENSER AVE  
 FORT WAYNE, IN 46803

**Report Dates & Status:** From 8/19/13 to 8/19/13  
**Monitoring Period:** From 8/19/13 to 8/19/13  
**Considerations for Form Completion:** N/A  
**CD0: 010-277 MUNICIPAL MAJOR ALLEN COUNTY**  
**Principal Executive Officer:** [Blank]  
**First Name:** [Blank]  
**Last Name:** [Blank]  
**No Data Indicator (NOD):** [Blank]  
**Form NOD:** [Blank]

Code	Parameter Name	Monitoring Location	Section #	Permit NOD	Sample Permit Proc Value NOD	Quantity or Loading	Quality or Concentration	Units	Frequency of Analysis	Sample Type
5027	Dissolved	EG - Effluent Gross	0	-	0	1.82	Req Min MO TOTAL	MG	0	WH05 - When Discharging RT - R0200F WH06 - When Discharging RT - R0200F
7403	Overflow volume (350 volumes, CED volume)	EG - Effluent Gross	0	-	0	0.81	Req Min MO TOTAL	MG	0	AL07 - All Events AL08 - All Events
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	0	0.88	Req Min MO TOTAL	MG	0	AL07 - All Events AL08 - All Events
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	0	4.3	Req Min MO TOTAL	MG	0	AL07 - All Events AL08 - All Events

**Submission Note:** If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Encounters, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.  
**Comments:** [Blank]

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFADMR  
**FORT WAYNE WWTP**  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2013-08-21 09:54 (Time Zone: -04:00)  
**Report Last Signed By:** JETEFADMR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2013-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN0032191	Permitter:	FORT WAYNE WSWTP	Facility:	FORT WAYNE WSWTP
Major:	Yes	Permitter Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER UPIC 3024 DUNDAS AVE FORT WAYNE, IN 46803
Permitted Features:	051 External Outfall	Discharge:	SP-C	Status:	MetDMR Validated
Report Dates & Status	From 07/01/20 to 07/01/20	DMR Due Date:	08/28/20	Telephone:	
Monitoring Period	From 07/01/20 to 07/01/20				
Considerations for Form Completion					
CSD: 000-000 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					
<b>Scale</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Session #</b>	<b>Permit NDD</b>
3037	Describe	EG - Effluent Gross	0	--	
7100	Overflow volume [B&S volume, CSD volume]	EG - Effluent Gross	0	--	
7057	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	
8115	Discharge event observation [Disal Monitoring]	EG - Effluent Gross	0	--	
<b>Submission Note</b>					
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.					
<b>Field Check Errors</b>					
No errors.					
<b>Comments</b>					
Attachments					
No attachments.					
Report Last Saved By					
FORT WAYNE 090779					
User:					
Name: JTEFADUR					
E-Mail: Jennifer.Lash					
Date/Time: 2023-08-21 10:01 (Time Zone: -04:00)					
Report Last Signed By					
User: JTEFADUR					
Name: Jennifer Lash					
E-Mail: Jennifer.Lash@cityoffortwayne.org					
Date/Time: 2023-08-21 10:28 (Time Zone: -04:00)					

DMIR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN9932191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP		
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46002		<b>Facility Location:</b> P.L. BUNNER WPC 300 E BUNGER AVE FORT WAYNE, IN 46003				
<b>Permitted Features:</b> 052 External Outfall		<b>Discharge:</b> 602-C		<b>CD:</b> 002-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR				
<b>Report Date &amp; Status</b>		<b>DMIR Due Date:</b> 08/28/23		<b>Status:</b> NotDMIR Validated				
<b>Monitoring Period:</b> From 07/01/23 to 07/31/23								
<b>Considerations for Permit Compliance</b>								
<b>CD:</b> 002-004 MUNICIPAL MAJOR ALLEN COUNTY								
<b>Principal Executive Officer</b>								
<b>First Name:</b>		<b>Title:</b>						
<b>Last Name:</b>								
<b>No Data Indicator (NOD):</b> --								
<b>Form NOC:</b> --								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Section of Param. NOC</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
		<b>Qualifier 1 Value 1</b>	<b>Qualifier 2 Value 2</b>	<b>Qualifier 3 Value 3</b>	<b>Qualifier 4 Value 4</b>	<b>Units</b>		
3007	Duration	EO - Effluent Gross	0	--	Reg Min MO TOTAL, 02 - none C - No Discharge	MINUTES - When Discharging MF - R00707		MF - R00707
		<b>Sample Permit Freq</b>	<b>Sample Value MOC</b>					
7400	Overflow volume (558 volumes, CSD volume)	EO - Effluent Gross	0	--	Reg Min MO TOTAL, 04 - legal C - No Discharge	ALLEN - All Events		EE - EETHMA
		<b>Sample Permit Freq</b>	<b>Sample Value MOC</b>					
7587	Precipitation, monthly accumulation	EO - Effluent Gross	0	--	AL07	04 - none		MF - R00707
		<b>Sample Permit Freq</b>	<b>Sample Value MOC</b>					
8115	Discharge event observation [Visual Monitoring]	EO - Effluent Gross	0	--	Reg Min MO TOTAL, 04 - none C - No Discharge	ALLEN - All Events		MF - R00707
		<b>Sample Permit Freq</b>	<b>Sample Value MOC</b>					

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-21 10:01 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFACUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0322191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2621 DWYER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 054 External Outfall  
 Discharge: 094G  
 CSO: 033-080 - 240 FT E OF MERCER AVE & HOLLS LN

**Report Dates & Status**  
 Monitoring Period: From 8/19/23 to 8/19/23  
 DMR Due Date: 08/28/23  
 Status: NoDMR Violated

Considerations for Form Completion  
 CSO: 033-080 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Season #	Freq.	NOD	Quantity of Loading		Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
10237	Settles	EG - Effluent Ditch	0	-	-	Sample Permit Freq. Value NOD	0	0	0	0	0	WQ08 - Visual Discharge RT - R02070F C - No Discharge
74033	Overflow volume (500 volume, CSO volume)	EG - Effluent Ditch	0	-	-	Sample Permit Freq. Value NOD	0	0	0	0	0	WQ08 - Visual Discharge RT - R02070F C - No Discharge
70857	Precipitation, monthly accumulation	EG - Effluent Ditch	0	-	-	Sample Permit Freq. Value NOD	0	0	0	0	0	WQ08 - Visual Discharge RT - R02070F C - No Discharge
81635	Discharge event observations (Visual Monitoring)	EG - Effluent Ditch	0	-	-	Sample Permit Freq. Value NOD	0	0	0	0	0	WQ08 - Visual Discharge RT - R02070F C - No Discharge

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JTEFADMW  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 15:00 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JTEFADMW  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IM002191 FORT WAYNE WWTP  
 Major: Yes Permittee Address: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location:  
 Facility: FORT WAYNE WWTP  
 P.L. BELANGER NPO  
 3001 CHANCELLER AVE  
 FORT WAYNE, IN 46803  
 Permitted Features: 055 External Outfall Discharge: 855-C  
 CSD: PG5-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST  
 Report Dates & Status: 08/28/23 Status: NotDMR Validated  
 Monitoring Period: From 07/01/23 to 07/31/23  
 Considerations for Form Completion:

CSD: PG5-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST  
 Permittee: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 855-C  
 DMR Due Date: 08/28/23  
 Telephone:  
 Task:

Code	Parameter Name	Monitoring Location	System #	Param. NOD	Quantity or Loading	Quality or Concentration	# of Eq.	Frequency of Analysis	Sample Type
50307	Surfactant	85 - Effluent Gross	8	-	Surfactant Permit Req. Value: NOD	1.49 Per Min MO TOTN, 85 - Gross	1	1/yr	WWS - When Discharging RT - RCOTDT WWS - When Discharging RT - RCOTDT
74003	Overflow volume (555 volume, CSD volume)	85 - Effluent Gross	8	-	Sample Permit Req. Value: NOD	0.288 Per Min MO TOTN, 38 - Major	38	1/yr	ALRY - All Events ALRY - All Events
75557	Precipitation, monthly accumulation	85 - Effluent Gross	8	-	Sample Permit Req. Value: NOD	0.38 Per Min MO TOTN, 38 - Major	38	1/yr	ALRY - All Events ALRY - All Events
84955	Discharge event observation (Visual Monitoring)	85 - Effluent Gross	8	-	Sample Permit Req. Value: NOD	4.0 Per Min MO TOTN, 46 - 8/yr	46	8/yr	ALRY - All Events ALRY - All Events

**Submittal Note**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Enclosures, Frequency of Analysis, and Sample Type.  
**EBR Check Errors**  
 No errors.  
**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFACOR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-21 09:54 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: JETEFACOR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN00021915  
**Permit #:** IN00021915  
**Major:** Yes  
**Permitted Features:** 006 External Outfall  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2501 DUNDEE AVE  
 FORT WAYNE, IN 46803

**Reporting Period:** From 07/01/23 to 07/31/23  
**Monitoring Period:** From 07/01/23 to 07/31/23  
**Considerations for Form Completion:** NetDMR Validated  
**CD:** 00-313 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:**  
**Last Name:**  
**Mo Date Indicator (MOO):**  
**Form NOO:**

Scale	Parameter Name	Monitoring Location	Season # From NOO	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Daily Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Consumption Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of EC	Frequency of Analysis	Sample Type
50237	Synthetic	ES - Effluent Gross	0	0	0	0	0	ES - Inflow Req Mon MD TOTAL, ES - Inflow
74263	Overflow volume (500 volume, CEO volume)	ES - Effluent Gross	0	0	0	0	0	3.00 Req Mon MD TOTAL, 30 - Mgal ALRY - All Events ES - ESTMA
73857	Precipitation, monthly accumulative	ES - Effluent Gross	0	0	0	0	0	3.00 Req Mon MD TOTAL, 30 - volume ALRY - All Events RT - RCOTOT
94155	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	0	0	0	0	3.0 Req Mon MD TOTAL, 45 - Inflow ALRY - All Events RT - RCOTOT

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

**EDI Check Errors:** No errors

**Comments:**

**Attachments:** No attachments

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETFDADR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 10:00 (Time Zone: -04:00)

**Report Last Signed By:** JETFDADR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-21 10:58 (Time Zone: -04:00)



DMR Copy of Record

<b>Permit #:</b>	IN0032191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b>	P.L. BOLINER WPC 3801 DAWNSIDE AVE FORT WAYNE, IN 46603
<b>Permitted Features:</b>	057 External Outfall	<b>Discharge:</b>	057-C CSO: P10-121 - STORMWATER LIFTSTATION WET WELL	<b>Status:</b>	NotDMR Validated
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	08/28/23		
<b>Monitoring Period:</b>	From 07/01/23 to 07/31/23				
<b>Considerations for Form Completion</b>					
<b>CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY</b>					
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>	
<b>First Name:</b>					
<b>Last Name:</b>					
<b>No Data Indicator (NDD)</b>					
<b>Form NOOE</b>					
<b>Goals</b>		<b>Monitoring Location</b>	<b>Seasons &amp; Firms, NOOE</b>	<b>Quantity of Loading</b>	<b>Quality of Concentration</b>
				<b>Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 1</b>	<b>Qualifier 2 Value 2 Qualifier 3 Value 2</b>
				<b>Value 1</b>	<b>Value 2</b>
				<b>Units</b>	<b># of Ex. Frequency of Analysis</b>
					<b>Sample Type</b>
50207	Surrogate	EG - Effluent Disch	0	--	
					Permit MW TOTAL, EG - Inflow
					C - No Discharge
					WNGS - When Discharging RT - NOOTOT
74003	Overflow volume (359 volume), CSO volume	EG - Effluent Disch	0	--	
					Permit MW TOTAL, 36 - Mg/L
					C - No Discharge
					ALRY - All Events
					EG - ESTMA
70887	Precipitation, monthly accumulative	EG - Effluent Disch	0	--	
					Permit MW TOTAL, 50 - Inflow
					ALRY - All Events
					RT - NOOTOT
					Permit MW TOTAL, 300 - Inflow g
					ALRY - All Events
					RT - NOOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	--	
					Permit MW TOTAL, 45 - Inflow
					C - No Discharge
					ALRY - All Events
					RT - NOOTOT
<b>Submissions Note</b>					
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>DMR Check Errors</b>					
No errors.					
<b>Comments</b>					
Attachments					
(No attachments)					
<b>Report Last Saved By</b>					
FORT WAYNE WWTP					
<b>User:</b>	JTEFFADMR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org
<b>Date/Time:</b>	2023-08-31 09:39	<b>Date/Time:</b>	2023-08-31 09:39	<b>Date/Time:</b>	2023-08-31 09:39
<b>Report Last Signed By</b>					
<b>User:</b>	JTEFFADMR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org
<b>Date/Time:</b>	2023-08-31 10:08	<b>Date/Time:</b>	2023-08-31 10:08	<b>Date/Time:</b>	2023-08-31 10:08

DMIR Copy of Record

**Permit**  
**Permit #:** IN032191 **Permittee:** FORT WAYNE WWTP **Facility:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE **Facility Location:** P.L. BOHANNEN APO  
 200 E BERRY ST **Facility Location:** 5401 DRENGER AVE  
 FORT WAYNE, IN 46802  
**Permitted Features:** 060 **Discharge:** 068-C **Facility Location:** FORT WAYNE, IN 46802  
 External Outfall **Discharge:** CSO: R08-031 - 870 FT NE OF GREENWALT AVE & MAUISEE AVE

**Report Dates & Status**  
**Monitoring Period:** From 07/01/23 to 07/31/23 **DMR Due Date:** 08/23/23 **Status:** NotDMR Validated  
 Considerations for Permit Completion

**CEO:** R08-031 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**No Data Indicator (NDD):** \_\_\_\_\_  
**Form NDD:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Reason # Param. NDD	Quality of Loading		Quality of Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
5037	Sanitidis	EG - Effluent Gross	0	-	Reg Min MD TOTAL	42 - mins	Reg Min MD TOTAL	42 - mins	WQCS - When Discharging	RT - R00702
					C - No Discharge					
7403	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	-	Reg Min MD TOTAL	36 - mgal	Reg Min MD TOTAL	36 - mgal	AUBV - All Events	ES - E378A
					C - No Discharge					
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4-42	0W - mins	Reg Min MD TOTAL	0W - mins	AUBV - All Events	RT - R00702
					C - No Discharge					
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Min MD TOTAL	45 - mins	Reg Min MD TOTAL	45 - mins	AUBV - All Events	RT - R00702
					C - No Discharge					

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

**DMR Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
**PORT WAYNE WWTP**  
**User:** JTEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofportwayne.org  
**Date/Time:** 2023-08-21 09:46 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JTEFADMIR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofportwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN6032181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 250 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER BPC 2601 CHANDLER AVE FORT WAYNE, IN 46803				
Permitted Features:	061 External Outfall	Discharge:	007-C CSO: R14-137 - 200 FT W OF LAVERNE AVE & STATE BLVD						
Report Dates & Status		DMR Due Date:	06/28/23	Status:	Not/Over Validated				
Monitoring Period:	From 07/01/23 to 07/01/23								
Considerations for Permit Completion									
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title:		Telephone:					
First Name:									
Last Name:									
No Data Indicator (NDD)	--								
Form NDD:	--								
Code	Parameter	Monitoring Location	Session #	Param. NDD	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
50027	Duration	EG - Effluent Gross	0	--	Permit Freq Value NDD	Value NDD	Units	WY05 - Value Discharging	BT - RC010T
70003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--	Permit Freq Value NDD	Value NDD	Units	WY05 - Value Discharging	BT - RC010T
70007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Freq Value NDD	Value NDD	Units	WY05 - Value Discharging	BT - RC010T
8-155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Freq Value NDD	Value NDD	Units	WY05 - Value Discharging	BT - RC010T
<p>Submitter Mode</p> <p>If a parameter row does not contain any values for the Sample no, Effluent Tripping, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.</p> <p>Edit Check Errors</p> <p>No errors.</p> <p>Comments</p> <p>Attachments</p> <p>No attachments.</p> <p>Report Last Saved By</p> <p>FORT WAYNE WWTP</p> <p>User:</p> <p>JETEFACUR</p> <p>Name:</p> <p>Jennifer Lash</p> <p>E-Mail:</p> <p>Jennifer.Lash@cityoffortwayne.org</p> <p>Date/Time:</p> <p>2023-08-21 10:01 (Time Zone: -04:00)</p> <p>Report Last Signed By</p> <p>User:</p> <p>JETEFACUR</p> <p>Name:</p> <p>Jennifer Lash</p> <p>E-Mail:</p> <p>Jennifer.Lash@cityoffortwayne.org</p> <p>Date/Time:</p> <p>2023-08-21 10:09 (Time Zone: -04:00)</p>									

DMR Copy of Record

Permit #:	IN0332181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP								
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 203 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BENNER WPC 2801 DAVENGER AVE FORT WAYNE, IN 46603								
Permitted Features:	002 External Outfall	Discharge:	003-C CSD: R14-138 - 200 FT W OF LAVERNE AVE & STATE BLVD	Status:	NotDMR Validated								
Report Dates & Status	From 8791023 to 8791023	0688 Due Date:	092823										
Monitoring Period:	Considerations for Paves Completion												
CSD:	R14-138 MUNICIPAL MAJOR ALLEN COUNTY												
Principal Executive Officer:		Title:		Telephone:									
First Name:													
Last Name:													
No Data Indicator (NOD)													
Form NOC:													
Code	Parameter Name	Monitoring Location	Session #	Permit MOU	Quantity or Loading	Quality or Compliance	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Surstain	EG - Effluent Disch	0	-	Sample	Op Min MO TOTAL, EG - 1000 C - No Discharge				WNGS - When Discharging RT - RCOT07			
7403	Overflow volume (350 volume, CSD volume)	EG - Effluent Disch	0	-	Sample	Op Min MO TOTAL, 38 - 1gal C - No Discharge				AURV - All Events			EG - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Disch	0	-	Sample	4.07 Op Min MO TOTAL, 89 - 1000 g				AURV - All Events			RT - RCOT07 RT - RCOT08
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	-	Sample	Op Min MO TOTAL, 46 - 8hrs C - No Discharge				AURV - All Events			RT - RCOT07
<b>Submission Note</b>													
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.													
<b>Exit Check Errors</b>													
No errors.													
<b>Comments</b>													
Attachments													
No attachments.													
<b>Report Last Saved By</b>													
FORT WAYNE WWTP													
User: JETFEADMAR													
Name: Jennifer Lash													
E-Mail: jennifer.lash@cityoffortwayne.org													
Date/Time: 2023-09-21 10:01 (Time Zone: -04:00)													
<b>Report Last Signed By</b>													
User: JETFEADMAR													
Name: Jennifer Lash													
E-Mail: jennifer.lash@cityoffortwayne.org													
Date/Time: 2023-09-21 10:08 (Time Zone: -04:00)													

DMR Copy of Record

**Permit #:** IM00022191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BROADWAY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BEGNER LPOC  
 2001 CHANGEMEN AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 064 External Outfall **Discharge:** 964-C  
 CSO: 003-035 - 812 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

**Report Dates & Dates:**  
**Monitoring Period:** From 07/01/23 to 07/31/23 **DMR Due Date:** 08/28/23 **Status:** NotDMR Validated  
**Considerations for Permit Completion:**  
 CSO: 003-035 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**From NOOI:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Issues # Param. NOOI	Sample Permit Rec. Value NOOI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3 Value 3	Quality or Concentration	# P/E's	Frequency of Analysis	Sample Type
8007	Duration	EO - Effluent Gross	0	-	0.29	Res Mon MD TOTAL	0	02 - mins	WT02 - When Discharging RT - ROOTOT WH02 - When Discharging RT - ROOTOT
7003	Overflow volume [588 volume, CSO volume]	EO - Effluent Gross	0	-	0.028	Res Mon MD TOTAL	0	04 - mgal	AL0Y - All Events ES - 027MA AL0Y - All Events ES - 027MA
7007	Precipitation, monthly accumulation	EO - Effluent Gross	0	-	4.48	Res Mon MD TOTAL	0	04 - inches	AL0Y - All Events RT - ROOTOT AL0Y - All Events RT - ROOTOT
8410	Discharge event observation [Visual Monitoring]	EO - Effluent Gross	0	-	1.2	Res Mon MD TOTAL	0	04 - times	AL0Y - All Events RT - ROOTOT AL0Y - All Events RT - ROOTOT

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

**DMR Check Errors**  
 No errors.

**Comments**  
 No errors.

**Attachments**  
 No attachments.

**Report Last Saved By:** JETEFACUR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-21 09:47 (Time Zone: -04:00)

**Report Last Signed By:** JETEFACUR  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	Permit #	NO232191	Permitter	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP		
<b>Major</b>	Major	Yes	Permitter Address	CITY OF FORT WAYNE 202 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BEJANED NPC 2021 CUMBERLAND AVE FORT WAYNE, IN 46802		
<b>Permitted Features</b>	SS External Outfall	Discharge?	Discharge?	268-C				
<b>Report Dates &amp; Status</b>	Monitoring Period:	From 07/01/23 to 07/31/23	DMR Due Date:	08/28/23	Status:	NotDMR Validated		
<b>Considerations for Form Completion</b>	CSD: N18-034 MUNICIPAL MAJOR ALLEN COUNTY	Principal Executive Officer	First Name:		Telephone:			
<b>Last Name:</b>			Last Name:					
<b>No Data Indicator (NDD)</b>								
<b>Form NDD:</b>								
<b>Code</b>	<b>Permitter Name</b>	<b>Monitoring Location</b>	<b>Section # Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of S.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
				Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4 Quotient 5 Value 5				
9007	Derivation	EG - Effluent Gross	0	--	Sample Param. Req. Value NDD	Reg. Mon. MD TOTAL, EG - Gross C - No Discharge	WQCS - When Discharging RT - SCOTOT	
1103	Overflow volume [500 volumes, CSD volume]	EG - Effluent Gross	0	--	Sample Param. Req. Value NDD	Reg. Mon. MD TOTAL, DR - Appl C - No Discharge	ALJN - All Events	EG - ESTWA
1187	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Param. Req. Value NDD	ALJ Reg. Mon. MD TOTAL, DR - Inflow Q	ALJN - All Events ALJN - All Events	RT - SCOTOT RT - SCOTOT
8-15	Discharge event observation [Phase Monitoring]	EG - Effluent Gross	0	--	Sample Param. Req. Value NDD	Reg. Mon. MD TOTAL, EG - Gross C - No Discharge	ALJN - All Events	RT - SCOTOT
<b>Submitter Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following facts will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User:								
Name:								
E-Mail:								
Date/Time:								
Report Last Signed By:								
User:								
Name:								
E-Mail:								
Date/Time:								

DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BOLANER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 000  
 External Outfall  
 Discharge: 040-C  
 CSO: P19-001 250' EAST, NE OF PEMBERTON DR & WAGRA DR  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 07/21/23 to 07/31/23  
 DMR Due Date: 06/28/23  
 Considerations for Force Completion  
 CSO - P19-001 250' EAST, NE OF PEMBERTON DR & WAGRA DR  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NOD) -  
 Form NOD: -

Code	Description	Monitoring Location	Session #	Param. NOD	Quantity or Loading		Quality or Concentration		# of EA	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
8037	Denitrification	EG - Effluent Gross	0	-	Sample Param. Req. Value NOD	Req. Min. MD. TOTAL G - No Discharge	0	None	None	None	None
7120	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Param. Req. Value NOD	Req. Min. MD. TOTAL G - No Discharge	0	None	None	None	None
7187	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Param. Req. Value NOD	Req. Min. MD. TOTAL G - No Discharge	0	None	None	None	None
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Param. Req. Value NOD	Req. Min. MD. TOTAL G - No Discharge	0	None	None	None	None

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

Error Check Errors  
 No errors.  
 Comments

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-08-21 10:00 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-08-21 11:28 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0002181  
**Permit Major:** Yes  
**Permitted Features:** 001 External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 07/01/2023 to 07/31/2023  
**Consolidations for Form Completion:**  
**CSO - R14-002, 200 NORTH AND 712 WEST OF NEVADA & LAVERNE DR.**  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NDD):**  
**Form NDD:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 981-C  
**CSO: R14-002, 200 NORTH AND 712 WEST OF NEVADA & LAVERNE DR.**  
**DMR Due Date:** 06/28/23  
**Status:** NotDMR Validated  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNSER WPC  
 2001 DRENGER AVE  
 FORT WAYNE, IN 46803  
**Telephone:**

Code	Parameter Name	Monitoring Location	Excess 3 Permit, NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
5007	Derivatin	EG - Effluent Gross	0					Reg Ion MO TOTAL, EG - 10mg/L C - No Discharge
								WHDS - When Discharging RT - RC02107
1003	Overflow volume (350 volumes, CSO volume)	EG - Effluent Gross	0					Reg Ion MO TOTAL, 35 - 1mg/L C - No Discharge
								ALUV - All Events EB - EB 79MA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0					Reg Ion MO TOTAL, 300 - 10mg/L C - No Discharge
								ALUV - All Events RT - RC02107
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0					Reg Ion MO TOTAL, 40 - 1mg/L C - No Discharge
								ALUV - All Events RT - RC02107

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

**Exit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETFDNR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-08-21 10:00 (Time Zone: -04:00)

**Report Last Signed By:** JETFDNR

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-08-21 10:08 (Time Zone: -04:00)





# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

September 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 August 2023

We are pleased to enclose a completed CSO MRO form for the month of August 2023. 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 forms 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The City is temporarily using modeling to estimate overflows for CSO 024 and CSO 025 for the entire month of August on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of August. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21 for August.

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,

*Jennifer E. Lash*

Jennifer E. Lash  
Program Manager -Water Pollution Control Maintenance

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CITIZENS SQUARE

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### V – Visual Inspection

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

### C – Model Charts

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

### S – Storm Runoff

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

### P – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 56-646 (9-05-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 56-646 (9-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: MONTH 8-2023		Check box for CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measure/Noticed (M) or Estimated (E) must be specified:	
Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)
01	31.34	01	31.34
02	30.53	02	30.53
03	30.42	03	30.42
04	29.93	04	29.93
05	31.19	05	31.19
06	70.47	06	70.47
07	40.51	07	40.51
08	34.89	08	34.89
09	35.71	09	35.71
10	39.92	10	39.92
11	37.34	11	37.34
12	35.85	12	35.85
13	33.62	13	33.62
14	41.54	14	41.54
15	42.37	15	42.37
16	35.15	16	35.15
17	49.35	17	49.35
18	39.19	18	39.19
19	41.63	19	41.63
20	41.03	20	41.03
21	33.61	21	33.61
22	30.86	22	30.86
23	31.33	23	31.33
24	38.40	24	38.40
25	30.49	25	30.49
26	38.46	26	38.46
27	28.97	27	28.97
28	35.92	28	35.92
29	33.18	29	33.18
30	30.04	30	30.04
31	35.53	31	35.53
<b>Totals:</b>	<b>1128.57</b>	<b>9.91</b>	<b>2.15</b>

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 564-274213  
 Date (mm/dd/yyyy): 09/19/23

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT AND ALL INFORMATION PROVIDED IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash

City: Fort Wayne		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: MONTH 8-2023		Check box for CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Measure/Noticed (M) or Estimated (E) must be specified:	
Time	Peak Hourly Flow (MGD)	Time	Peak Hourly Flow (MGD)
01		01	
02		02	
03		03	
04		04	
05		05	
06		06	
07		07	
08		08	
09		09	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
<b>Totals:</b>		<b>0</b>	<b>0.00</b>





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

State Form 50546 (8-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (8-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 12		Permit Number: IN0002191										
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y										
Monitoring Period: 8-2023		Check box if no CSO discharge occurred for this month:		Y										
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified.										
Date of Month	Peak Hourly Flow (MGD)	Time Begin (mm:ss)	Time End (mm:ss)	Precipitation Rate - Total (in)	Total Flow (MGD)	Flow Duration (Hours)	Flow Rate (MGD)	CSO Outfall No. 23		CSO Outfall No. 24				
								Time Discharge or Report	Event Discharge or Report	Time Discharge or Report	Event Discharge or Report			
01	31.34	12:00 AM	12:00 AM	0.00	0.00	0.00	0.00							
02	30.53	12:00 AM	12:00 AM	0.00	0.00	0.00	0.00							
03	30.42	12:00 AM	12:00 AM	0.00	0.00	0.00	0.00							
04	29.93	12:00 AM	12:00 AM	0.00	0.00	0.00	0.00							
05	31.19	4:00 PM	4:00 PM	1.25	0.15	0.05	5 m	11:15 PM	M	5:33	M			
06	70.47	10:50 AM	12:05 AM	1.33	0.16	0.03	5 m	12:00 AM	M	4.91	M			
07	40.51	9:20 AM	9:20 AM	0.25	0.03	0.01	5 m	4:52	M	0.070	M			
08	34.89	49:76	12:00 AM				5 m							
09	35.71	37:44	8:40 PM	1.25	0.15	0.05	5 m							
10	39.92	38:96	12:45 AM	0.17	0.02	0.01	5 m	7:55 PM	M	0.002	M			
11	37.34	64:98	7:55 PM	0.25	0.03	0.02	5 m							
12	35.85	50:00	12:00 AM				5 m							
13	33.62	40:90	12:00 AM				5 m							
14	41.24	88:01	4:53 PM	0.50	0.06	0.03	5 m	7:20 PM	M	1.17	M			
15	42.37	86:66	8:05 AM	0.58	0.07	0.03	5 m							
16	35.15	43:05	12:00 AM				5 m							
17	49.35	87:33	1:23 PM	0.50	0.06	0.02	5 m	1:30 PM	M	1.42	M			
18	39.19	52:51	12:00 AM				5 m							
19	41.63	50:01	12:00 AM				5 m							
20	41.03	50:00	12:00 AM				5 m							
21	33.61	40:92	12:00 AM				5 m							
22	30.86	35:82	12:00 AM				5 m							
23	31.33	36:91	12:00 AM				5 m							
24	38.40	45:03	12:15 PM	0.17	0.13	0.13	5 m							
25	30.49	35:57	12:00 AM				5 m							
26	28.46	34:40	12:00 AM				5 m							
27	28.97	36:97	12:00 AM				5 m							
28	35.92	44:97	12:00 AM				5 m							
29	33.18	45:03	7:25 PM	0.17	0.02	0.02	5 m							
30	30.04	35:91	12:00 AM				5 m							
31	35.53	44:38	12:00 AM				5 m							
<b>Totals:</b>	<b>1128.57</b>			<b>6.42</b>	<b>0.88</b>			<b>5</b>	<b>Do</b>	<b>4</b>	<b>0.233</b>	<b>Do</b>	<b>7.92</b>	<b>0.548</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lush, Program Manager  
 Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lush  
 Date: (mm/dd/yyyy) 09/19/23

City: Fort Wayne		Page 3 of 12		Permit Number: IN0002191										
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y										
Monitoring Period: 8-2023		Check box if no CSO discharge occurred for this month:		Y										
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified.										
Date of Month	Peak Hourly Flow (MGD)	Time Begin (mm:ss)	Time End (mm:ss)	Precipitation Rate - Total (in)	Total Flow (MGD)	Flow Duration (Hours)	Flow Rate (MGD)	CSO Outfall No. 23		CSO Outfall No. 24				
								Time Discharge or Report	Event Discharge or Report	Time Discharge or Report	Event Discharge or Report			
01	5.17	11:10 PM	11:10 PM	0.008	0.008	0.008	0.008							
02	5.00	12:00 AM	12:00 AM	0.024	0.024	0.024	0.024							
03	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
04	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
05	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
06	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
07	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
08	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
09	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
10	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
11	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
12	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
13	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
14	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
15	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
16	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
17	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
18	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
19	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
20	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
21	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
22	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
23	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
24	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
25	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
26	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
27	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
28	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
29	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
30	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
31	5.00	12:00 AM	12:00 AM	0.001	0.001	0.001	0.001							
<b>Totals:</b>	<b>6.76</b>	<b>4</b>	<b>Do</b>	<b>0.074</b>	<b>3</b>	<b>0.75</b>	<b>Do</b>	<b>5</b>	<b>Do</b>	<b>0.060</b>	<b>0.661</b>	<b>0</b>	<b>0.000</b>	<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lush, Program Manager  
 Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lush  
 Date: (mm/dd/yyyy) 09/19/23



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

State Form 56246 (R.06.15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Brunner WWTP

Monitoring Period: [MONTH] 8-2023 Public Notification Requirements Met?  Y  N

Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified

Date of Discharge or Event	CSO Discharge No. 59		CSO Discharge No. 74		CSO Discharge No. 55		CSO Discharge No. 56		CSO Discharge No. 57		CSO Discharge No. 58		CSO Discharge No. 59	
	Time of Discharge or Event	Event Duration or Discharge (MG)	Time of Discharge or Event	Event Duration or Discharge (MG)	Time of Discharge or Event	Event Duration or Discharge (MG)	Time of Discharge or Event	Event Duration or Discharge (MG)	Time of Discharge or Event	Event Duration or Discharge (MG)	Time of Discharge or Event	Event Duration or Discharge (MG)	Time of Discharge or Event	Event Duration or Discharge (MG)
01														
02														
03														
04														
05	11:15 PM	M 0.17	M 0.012	M										
06	3:15 AM	M 0.33	M 0.039	M										
07														
08														
09														
10														
11	7:55 PM	M 0.17	M 0.021	M										
12														
13														
14	7:25 PM	M 0.33	M 0.060	M										
15														
16														
17	1:35 PM	M 0.33	M 0.019	M										
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Totals:	5	24	1.33	0.151	0	0.000	0.000	0.000	0	0.000	0.000	0.000	0	0.000



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

State Form 50-546 (2-09-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50-546 (2-09-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: (MONTH) 8-2023 Check box if no CSO discharge occurred for the month: Y

Design Peak Hourly Flow (MGD): 85 Measured/Measured (M) or Estimated (E) must be specified

Date of Month	Peak Hourly Flow (MGD)	WVTP Inflow Data	Time of Peak Flow (Hour)	Precipitation Data - Precip. Ave. W. 1/4" Gauge	Design Average Flow (MGD)	Mainstem Flow (MGD)	Flow Velocity (ft/min)	Flow Depth (ft)	Flow Area (sq ft)	CSO Outfall No. 74		CSO Outfall No. 13		CSO Outfall No. 17						
										Time Discharge (Hour)	Event Discharge (MGD)	Time Discharge (Hour)	Event Discharge (MGD)	Time Discharge (Hour)	Event Discharge (MGD)					
01	31.34	35.24	12:00 AM																	
02	30.53	34.69	12:00 AM																	
03	30.42	35.68	12:00 AM																	
04	29.93	34.50	12:00 AM																	
05	31.19	46.24	4:25 PM	2.25	0.49	0.17	5 m	11:00 PM	M	1.00	M	0.156	M							
06	70.47	100.50	12:05 AM	2.50	0.66	0.34	5 m	12:00 AM	M	4.42	M	0.555	M	3:15 AM	M	0.039	M			
07	40.51	52.20	9:00 AM	0.58	0.07	0.05	5 m													
08	54.89	49.76	12:00 AM																	
09	35.71	37.44	8:50 PM	1.42	0.19	0.09	5 m	10:30 PM	M	1.50	M	0.024	M							
10	39.92	38.96	12:40 AM	0.17	0.02	0.01	5 m	12:00 AM	M	0.33	M	0.002	M							
11	37.34	64.98	2:05 AM	0.42	0.10	0.09	5 m	8:20 PM	M	1.17	M	0.024	M							
12	35.85	50.00	12:00 AM																	
13	33.62	40.90	12:00 AM																	
14	41.34	88.01	4:50 PM	0.67	0.08	0.04	5 m	7:30 PM	M	1.33	M	0.075	M							
15	42.37	86.66	12:40 AM	0.42	0.05	0.02	5 m													
16	35.15	43.05	12:00 AM																	
17	49.33	87.23	1:00 PM	1.42	0.44	0.34	5 m	1:45 PM	M	2.50	M	0.240	M	1:45 PM	M	0.225	M	0.002	M	
18	39.19	52.61	12:00 AM																	
19	41.63	50.01	12:00 AM																	
20	41.03	50.00	12:00 AM																	
21	33.61	40.92	12:00 AM																	
22	30.86	35.82	12:00 AM																	
23	31.33	36.91	12:00 AM																	
24	38.40	45.03	12:00 AM																	
25	30.49	35.67	12:00 AM																	
26	28.46	34.40	12:00 AM																	
27	28.97	36.97	12:00 AM																	
28	35.92	44.97	12:00 AM																	
29	33.18	45.03	7:40 PM	0.08	0.01	0.01	5 m													
30	30.04	35.91	12:00 AM																	
31	35.53	44.38	12:00 AM																	
<b>Totals:</b>	<b>1128.57</b>			<b>9.92</b>	<b>2.11</b>							<b>1.074</b>		<b>0.83</b>		<b>0.041</b>				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager Telephone: 361-47-4213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ACCURACY AND COMPLETENESS OF THE INFORMATION SUBMITTED ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk Date (mm/dd/yyyy): 09/19/23

City: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: (MONTH) 8-2023 Check box if no CSO discharge occurred for the month: Y

Design Peak Hourly Flow (MGD): 85 Measured/Measured (M) or Estimated (E) must be specified

Date of Month	Peak Hourly Flow (MGD)	WVTP Inflow Data	Time of Peak Flow (Hour)	Precipitation Data - Precip. Ave. W. 1/4" Gauge	Design Average Flow (MGD)	Mainstem Flow (MGD)	Flow Velocity (ft/min)	Flow Depth (ft)	Flow Area (sq ft)	CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 85						
										Time Discharge (Hour)	Event Discharge (MGD)	Time Discharge (Hour)	Event Discharge (MGD)	Time Discharge (Hour)	Event Discharge (MGD)					
01	31.34	35.24	12:00 AM																	
02	30.53	34.69	12:00 AM																	
03	30.42	35.68	12:00 AM																	
04	29.93	34.50	12:00 AM																	
05	31.19	46.24	4:25 PM	2.25	0.49	0.17	5 m	11:00 PM	M	1.00	M	0.156	M							
06	70.47	100.50	12:05 AM	2.50	0.66	0.34	5 m	12:00 AM	M	4.42	M	0.555	M	3:15 AM	M	0.039	M			
07	40.51	52.20	9:00 AM	0.58	0.07	0.05	5 m													
08	54.89	49.76	12:00 AM																	
09	35.71	37.44	8:50 PM	1.42	0.19	0.09	5 m	10:30 PM	M	1.50	M	0.024	M							
10	39.92	38.96	12:40 AM	0.17	0.02	0.01	5 m	12:00 AM	M	0.33	M	0.002	M							
11	37.34	64.98	2:05 AM	0.42	0.10	0.09	5 m	8:20 PM	M	1.17	M	0.024	M							
12	35.85	50.00	12:00 AM																	
13	33.62	40.90	12:00 AM																	
14	41.34	88.01	4:50 PM	0.67	0.08	0.04	5 m	7:30 PM	M	1.33	M	0.075	M							
15	42.37	86.66	12:40 AM	0.42	0.05	0.02	5 m													
16	35.15	43.05	12:00 AM																	
17	49.33	87.23	1:00 PM	1.42	0.44	0.34	5 m	1:45 PM	M	2.50	M	0.240	M	1:45 PM	M	0.225	M	0.002	M	
18	39.19	52.61	12:00 AM																	
19	41.63	50.01	12:00 AM																	
20	41.03	50.00	12:00 AM																	
21	33.61	40.92	12:00 AM																	
22	30.86	35.82	12:00 AM																	
23	31.33	36.91	12:00 AM																	
24	38.40	45.03	12:00 AM																	
25	30.49	35.67	12:00 AM																	
26	28.46	34.40	12:00 AM																	
27	28.97	36.97	12:00 AM																	
28	35.92	44.97	12:00 AM																	
29	33.18	45.03	7:40 PM	0.08	0.01	0.01	5 m													
30	30.04	35.91	12:00 AM																	
31	35.53	44.38	12:00 AM																	
<b>Totals:</b>	<b>1128.57</b>			<b>9.92</b>	<b>2.11</b>							<b>1.074</b>		<b>0.83</b>		<b>0.041</b>				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager Telephone: 361-47-4213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ACCURACY AND COMPLETENESS OF THE INFORMATION SUBMITTED ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk Date (mm/dd/yyyy): 09/19/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5624a (8-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5624a (8-09-15)  
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: 1 MONTH		Check box if no CSO discharges occurred for the month:														
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measure/Method (M) or Estimated (E) must be specified												
WWTW Inflow Data		CSO Outfall No. 18		CSO Outfall No. 20												
Day of Month	Peak Hourly Flow (MGD)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)			
01	31.34	12:00 AM	5 m													
02	30.53	12:00 AM	5 m													
03	30.42	12:00 AM	5 m													
04	29.93	12:00 AM	5 m													
05	31.19	4:25 AM	2.25	0.49	0.17	5 m	11:10 PM	0.83	M	1:37	M	10:55 PM	1.08	M	0.230	M
06	70.47	100.50	12:05 AM	2.50	0.66	3.4	12:00 AM	0.33	M	8:59	M	12:00 AM	3.00	M	0.707	M
07	40.51	52.20	9:00 AM	0.58	0.07	0.05	5 m									
08	34.89	49.76	12:00 AM													
09	35.71	37.44	8:50 PM	1.42	0.19	0.09	5 m									
10	39.92	38.96	12:40 AM	0.17	0.02	0.01	5 m									
11	37.34	64.98	2:05 AM	0.42	0.10	0.09	5 m									
12	35.85	50.00	12:00 AM													
13	33.62	40.90	12:00 AM													
14	41.34	88.01	4:50 PM	0.67	0.08	0.04	5 m									
15	42.37	86.66	12:40 AM	0.42	0.05	0.02	5 m									
16	35.15	43.05	12:00 AM													
17	49.35	87.33	1:10 PM	1.42	0.44	0.34	5 m									
18	39.19	52.61	12:00 AM													
19	41.63	50.01	12:00 AM													
20	41.03	50.00	12:00 AM													
21	35.61	40.92	12:00 AM													
22	30.86	35.82	12:00 AM													
23	31.33	36.91	12:00 AM													
24	38.40	45.03	12:00 AM													
25	30.49	35.67	12:00 AM													
26	28.46	34.40	12:00 AM													
27	38.97	36.97	12:00 AM													
28	35.92	44.97	12:00 AM													
29	33.18	45.03	7:40 PM	0.08	0.01	0.01	5 m									
30	30.04	35.91	12:00 AM													
31	35.53	44.38	12:00 AM													
<b>Totals:</b>	<b>1128.57</b>			<b>9.92</b>	<b>2.11</b>		<b>4</b>	<b>35</b>	<b>14.16</b>	<b>12.588</b>	<b>4</b>	<b>Do</b>	<b>5.68</b>	<b>1.167</b>		

City: Fort Wayne		Page 6 of 12		Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y									
Monitoring Period: 1 MONTH		Check box if no CSO discharges occurred for the month:											
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measure/Method (M) or Estimated (E) must be specified									
WWTW Inflow Data		CSO Outfall No. 21		CSO Outfall No. 74									
Day of Month	Peak Hourly Flow (MGD)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)	Time (mm:ss)	Height (ft)
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31													
<b>Totals:</b>	<b>5</b>	<b>5.67</b>	<b>0.099</b>	<b>Di</b>	<b>Yes</b>	<b>Di</b>	<b>Yes</b>	<b>Di</b>	<b>Yes</b>	<b>Di</b>	<b>Yes</b>	<b>Di</b>	<b>Yes</b>

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT. I HAVE REVIEWED THIS REPORT AND THE INFORMATION SUBMITTED HEREON AND I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
Date (mm/dd/yyyy): 09/19/23  
Telephone: 260-472-6213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT. I HAVE REVIEWED THIS REPORT AND THE INFORMATION SUBMITTED HEREON AND I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date (mm/dd/yyyy): 09/19/23  
Telephone: 260-472-6213





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

State Form 50546 (8-09-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (8-09-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 7 of 12		Permit Number: IN003191								
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y								
Monitoring Period: (MONTH) 8-2023		Check box if no CSO discharges occurred for the month:										
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Estimated (M) or Estimated (E) must be specified								
WWTPL Inflow Date	Peak Hourly Flow (MGD)	Time (mm/dd/yyyy)	Peak Hourly Flow (MGD)	Time (mm/dd/yyyy)	CSO Detail No.	Event Discharge (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Duration (Hours)	CSO Detail No.	Event Discharge (MGD)	Event Duration (Hours)
01	31.34	12:00 AM										
02	30.53	12:00 AM										
03	30.42	12:00 AM										
04	29.03	12:00 AM										
05	31.19	4:15 PM	2.42	0.46	0.14	M	0.065	M	11:00 PM	1.00	M	0.191
06	70.47	10:50 AM	2.50	0.66	0.30	M	0.191	M	12:00 AM	2.50	M	0.191
07	40.51	9:50 AM	0.50	0.06	0.04	M						
08	34.89	4:26 PM				M						
09	35.71	37:44	8:52 PM	1.58	0.19	0.11	M					
10	39.92	38:96	12:30 AM	0.17	0.02	0.02	M					
11	37.34	6:28 PM	1:55 AM	0.42	0.15	0.13	M					
12	35.85	50:00	12:00 AM				M					
13	33.62	40:90	12:00 AM				M					
14	41.34	88:01	4:45 PM	0.85	0.32	0.27	M					
15	42.37	86:56	8:00 AM	0.67	0.08	0.04	M					
16	35.15	43:05	12:00 AM				M					
17	49.35	87:33	1:10 PM	1.50	0.50	0.37	M					
18	39.19	52:61	12:00 AM				M					
19	41.63	50:01	12:00 AM				M					
20	41:03	50:00	12:00 AM				M					
21	33.61	40:92	12:00 AM				M					
22	30.86	35:82	12:00 AM				M					
23	31.33	36:91	12:00 AM				M					
24	38.40	45:03	12:00 AM				M					
25	30.49	35:67	12:00 AM				M					
26	28.46	34:40	12:00 AM				M					
27	28.97	36:97	12:00 AM				M					
28	35.92	44:97	12:00 AM				M					
29	33.18	45:03	7:30 PM	0.08	0.01	0.01	M					
30	30.04	35:91	12:00 AM				M					
31	35.53	44:38	12:00 AM				M					
<b>Totals:</b>	<b>1128.57</b>			<b>10.67</b>	<b>2.45</b>		<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lush, Program Manager  
 Telephone: 266-47-6213  
 Date (mm/dd/yyyy): 09/19/23  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lush

City: Fort Wayne		Page 7 of 12		Permit Number: IN003191								
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y								
Monitoring Period: (MONTH) 8-2023		Check box if no CSO discharges occurred for the month:										
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Estimated (M) or Estimated (E) must be specified								
WWTPL Inflow Date	Peak Hourly Flow (MGD)	Time (mm/dd/yyyy)	Peak Hourly Flow (MGD)	Time (mm/dd/yyyy)	CSO Detail No.	Event Discharge (MGD)	Event Duration (Hours)	Event Discharge (MGD)	Event Duration (Hours)	CSO Detail No.	Event Discharge (MGD)	Event Duration (Hours)
01												
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31												
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lush, Program Manager  
 Telephone: 266-47-6213  
 Date (mm/dd/yyyy): 09/19/23  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lush



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (8-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (8-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN003191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
Monitoring Period: (MONTH) 8-2023 Check box if no CSO discharge occurred for the month: Y  
Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified: Y

Day of Month	Time	CSO Outfall No. 74			Design Average Flow (MGD)			CSO Outfall No. 85			CSO Outfall No. 84									
		Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration							
01																				
02																				
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29																				
30																				
31																				
Totals:												Da	Ys	0	0.00	0.000	Da	Ys		

City: Fort Wayne Permit Number: IN003191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
Monitoring Period: (MONTH) 8-2023 Check box if no CSO discharge occurred for the month: Y  
Design Peak Hourly Flow (MGD): 85 Measured/Estimated (M) or Estimated (E) must be specified: Y

Day of Month	Time	Peak Hourly Flow (MGD)	Precipitation Data - Anemone 0161 S 127 Gauge (Inches)	Total Daily Flow (MGD)	Peak Flow (MGD)	Meas. (M) or Est. (E) (MGD)	CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 84							
							Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration	Time Discharge or Event	Event Discharge or Duration	Event Discharge or Duration					
01	31:34	35.34	12:00 AM																	
02	30:53	34.69	12:00 AM																	
03	30:42	35.68	12:00 AM																	
04	29:93	34.50	12:00 AM																	
05	31:19	46.24	8:30 PM	1.92	0.40	0.16	5 m													
06	70:47	100.50	12:35 AM	1.92	0.67	0.31	5 m													
07	40:51	52.20	8:25 AM	1.58	0.37	0.21	5 m													
08	34:89	49.76	12:00 AM																	
09	35:71	37.44	8:50 PM	1.50	0.20	0.11	5 m													
10	39:92	38.96	1:10 AM	0.68	0.01	0.01	5 m													
11	37:34	64.98	1:55 AM	1.00	0.13	0.04	5 m													
12	35:85	50.00	12:00 AM																	
13	33:62	40.90	12:00 AM																	
14	41:34	88.01	4:50 PM	0.58	0.07	0.02	5 m													
15	42:37	86.66	8:10 AM	0.50	0.06	0.03	5 m													
16	35:15	43.65	12:00 AM																	
17	49:35	87.33	1:15 PM	1.33	0.40	0.31	5 m													
18	38:19	52.61	12:00 AM																	
19	41:63	50.01	12:00 AM																	
20	41:03	50.00	12:00 AM																	
21	33:61	40.92	12:00 AM																	
22	30:86	35.82	12:00 AM																	
23	31:33	36.91	12:00 AM																	
24	38:40	45.03	12:00 AM																	
25	30:49	35.67	12:00 AM																	
26	38:46	34.40	12:00 AM																	
27	28:97	36.97	12:00 AM																	
28	35:92	44.97	12:00 AM																	
29	33:18	45.03	12:00 AM																	
30	30:04	35.91	12:00 AM																	
31	35:53	44.38	8:20 AM	0.68	0.01	0.01	5 m													
Totals:												Da	Ys	0	0.00	0.000	Da	Ys		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager Telephone: 266-427-6213

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 TO THE STATE DEPARTMENT OF ENVIRONMENTAL MANAGEMENT IS TRUE AND CORRECT AND THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk Date (month/day): 09/19/23

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

State Form 56246 (8-16-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 56246 (8-16-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Bruner W.WTP Public Notification Requirements Met: Y

Monitoring Period: (MONTH) 8-2023 Check box if no CSO discharge occurred for the month: Y

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	CSO Outfall No. 51			CSO Outfall No. 52			CSO Outfall No. 53			CSO Outfall No. 54			
											Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	
01	31.34	35.34	12:00 AM																				
02	30.53	34.69	12:00 AM																				
03	30.42	35.68	12:00 AM																				
04	29.83	34.50	12:00 AM																				
05	31.19	46.24	4:00 PM	2.08	0.48	0.22	5 m																
06	70.47	100.50	12:10 AM	2.33	0.49	0.26	5 m																
07	40.51	52.20	9:10 AM	0.42	0.05	0.03	5 m																
08	34.89	49.76	12:00 AM																				
09	35.71	37.44	9:05 PM	1.50	0.20	0.10	5 m																
10	39.92	38.96	12:25 AM	0.08	0.01	0.01	5 m																
11	37.34	64.98	5:40 PM	0.17	0.04	0.03	5 m																
12	35.85	50.00	12:00 AM																				
13	33.62	40.90	12:00 AM																				
14	41.34	88.01	4:50 PM	0.53	0.91	0.86	5 m																
15	42.37	86.66	7:55 AM	0.58	0.07	0.04	5 m																
16	35.15	43.05	12:00 AM																				
17	49.35	87.33	1:02 PM	1.58	0.52	0.38	5 m																
18	39.19	52.61	12:00 AM																				
19	41.63	50.01	12:00 AM																				
20	41.03	50.00	12:00 AM																				
21	33.61	40.92	12:00 AM																				
22	30.86	35.82	12:00 AM																				
23	31.33	36.91	12:00 AM																				
24	38.40	45.03	12:00 AM																				
25	30.49	35.67	12:00 AM																				
26	38.46	34.40	12:00 AM																				
27	28.97	36.97	12:00 AM																				
28	35.92	44.97	12:00 AM																				
29	33.18	45.03	7:20 PM	0.42	0.09	0.09	5 m																
30	30.04	35.91	12:00 AM																				
31	35.53	44.38	12:00 AM																				
Totals:	1128.57			10.00	2.86																		

City: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Bruner W.WTP Public Notification Requirements Met: Y

Monitoring Period: (MONTH) 8-2023 Check box if no CSO discharge occurred for the month: Y

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	CSO Outfall No. 22			CSO Outfall No. 48			
											Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	
01	31.34	35.34	12:00 AM														
02	30.53	34.69	12:00 AM														
03	30.42	35.68	12:00 AM														
04	29.83	34.50	12:00 AM														
05	31.19	46.24	4:00 PM	2.08	0.48	0.22	5 m										
06	70.47	100.50	12:10 AM	2.33	0.49	0.26	5 m										
07	40.51	52.20	9:10 AM	0.42	0.05	0.03	5 m										
08	34.89	49.76	12:00 AM														
09	35.71	37.44	9:05 PM	1.50	0.20	0.10	5 m										
10	39.92	38.96	12:25 AM	0.08	0.01	0.01	5 m										
11	37.34	64.98	5:40 PM	0.17	0.04	0.03	5 m										
12	35.85	50.00	12:00 AM														
13	33.62	40.90	12:00 AM														
14	41.34	88.01	4:50 PM	0.53	0.91	0.86	5 m										
15	42.37	86.66	7:55 AM	0.58	0.07	0.04	5 m										
16	35.15	43.05	12:00 AM														
17	49.35	87.33	1:02 PM	1.58	0.52	0.38	5 m										
18	39.19	52.61	12:00 AM														
19	41.63	50.01	12:00 AM														
20	41.03	50.00	12:00 AM														
21	33.61	40.92	12:00 AM														
22	30.86	35.82	12:00 AM														
23	31.33	36.91	12:00 AM														
24	38.40	45.03	12:00 AM														
25	30.49	35.67	12:00 AM														
26	38.46	34.40	12:00 AM														
27	28.97	36.97	12:00 AM														
28	35.92	44.97	12:00 AM														
29	33.18	45.03	7:20 PM	0.42	0.09	0.09	5 m										
30	30.04	35.91	12:00 AM														
31	35.53	44.38	12:00 AM														
Totals:	1128.57			10.00	2.86												

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

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk

Date (mm/dd/yyyy): 2023-08-31

Telephone: 504-727-4213





National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50-56 (R-03-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50-56 (R-03-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CID: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Brunner WWTP

Monitoring Period: MONTH: 8-2023

Public Notification Requirements Met?  Y  N

Check box if no CSO discharge occurred for the month:

Day of Month	Peak Hourly Flow (MGD)	Influent Dam	Peak Hourly Flow (MGD)	Time of Peak (MGD)	Design Average Flow (MGD)	Prescriptive Discharge Rate (MGD)	Peak Hourly Flow (MGD)	Time of Peak (MGD)	Measurement at Receiving Water Body	CSO Occur No. 74		CSO Occur No. 37		CSO Occur No. 33	
										Time of Discharge (MGD)	Event Discharge (MGD)	Time of Discharge (MGD)	Event Discharge (MGD)	Time of Discharge (MGD)	Event Discharge (MGD)
01	31.34	35.34	12:00 AM												
02	30.53	34.69	12:00 AM												
03	30.42	35.68	12:00 AM												
04	29.93	34.50	12:00 AM												
05	31.19	46.24	4:00 PM	2.25	0.43	0.17	5 m								
06	70.47	100.50	12:00 AM	2.42	0.56	0.25	5 m								
07	40.51	52.20	9:30 AM	0.42	0.85	0.03	5 m								
08	54.89	49.76	12:00 AM												
09	35.71	37.44	9:10 PM	1.83	0.28	0.15	5 m								
10	39.92	38.96	12:35 AM	0.17	0.02	0.02	5 m								
11	57.34	64.98	5:40 PM	0.42	0.10	0.06	5 m								
12	35.85	50.00	12:00 AM												
13	33.62	40.90	12:00 AM												
14	41.34	88.01	4:50 PM	0.75	0.48	0.45	5 m								
15	42.37	86.66	7:55 AM	0.75	0.11	0.06	5 m								
16	35.15	45.05	12:00 AM												
17	49.35	87.23	1:05 PM	1.42	0.47	0.37	5 m								
18	39.19	52.61	12:00 AM												
19	41.63	50.01	12:00 AM												
20	41.03	50.00	12:00 AM												
21	33.61	40.92	12:00 AM												
22	30.86	35.82	12:00 AM												
23	31.33	36.91	12:00 AM												
24	38.40	45.03	12:00 AM												
25	30.49	35.67	12:00 AM												
26	38.46	34.40	12:00 AM												
27	28.97	36.97	12:00 AM												
28	35.92	44.97	12:00 AM												
29	33.18	45.03	7:20 PM	0.33	0.05	0.05	5 m								
30	30.04	35.91	12:00 AM												
31	35.53	44.38	12:00 AM												
Totals:	1128.57			10.75	2.55					0	0	0	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lush, Program Manager

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lush

Date (mm/dd/yyyy): 09/19/23

Telephone: 360-47-4213

CID: Fort Wayne Permit Number: IN002191

Facility: Fort Wayne - P.L. Brunner WWTP

Monitoring Period: MONTH: 8-2023

Public Notification Requirements Met?  Y  N

Check box if no CSO discharge occurred for the month:

Day of Month	Peak Hourly Flow (MGD)	Influent Dam	Peak Hourly Flow (MGD)	Time of Peak (MGD)	Design Average Flow (MGD)	Prescriptive Discharge Rate (MGD)	Peak Hourly Flow (MGD)	Time of Peak (MGD)	Measurement at Receiving Water Body	CSO Occur No. 85		CSO Occur No. 41		CSO Occur No. 45	
										Time of Discharge (MGD)	Event Discharge (MGD)	Time of Discharge (MGD)	Event Discharge (MGD)	Time of Discharge (MGD)	Event Discharge (MGD)
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
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23															
24															
25															
26															
27															
28															
29															
30															
31															
Totals:	0				0	0.00				0	0	0	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lush, Program Manager

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lush

Date (mm/dd/yyyy): 09/19/23

Telephone: 360-47-4213



# 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]		8-2023		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	Wet Weather Day				
10	Wet Weather Day				
11	Wet Weather Day				
12					
13					
14	Wet Weather Day				
15					
16					
17	Wet Weather Day				
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Telephone	
Jennifer E. Lash, Program Manager				260-427-6213	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent				Date (mm/dd/yy)	
Jennifer E. Lash				09/19/23	

DMR Copy of Record

**Permit:** 14003191  
**Permit E Major:** Yes  
**Permitted Features:** 002 External Outfall  
**Report Dates & Status:** From 04/11/23 to 05/31/23  
**Monitoring Period:** From 04/11/23 to 05/31/23  
**Considerations for Form Completion:** CSO - 002 POND WHEN USED AS CSO ONLY  
**Principal Executive Officer:** Jennifer Lash  
**First Name:** Jennifer  
**Last Name:** Lash  
**Title:** Program Manager  
**Telephone:** 255-427-4213  
**Permitter:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 503-C  
 CSO 006-154 - 002 POND - WHEN USED AS CSO ONLY - 3555 FT W OF COLISEUM BLVD  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNSER WWPC  
 2801 DRENGER AVE  
 FORT WAYNE, IN 46803  
**Status:** NEDDMR Validated

Code	Parameter Name	Monitoring Location	Bases #	Permit NOD	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4			
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Sys Value NOD	Req Min MD TOTAL	Req - None	WQDE - When Discharging	RT - RC02107		
7403	Overflow volume (355 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Sys Value NOD	Req Min MD TOTAL	Req - None	ALERT - All Events	ES - ESTMA		
7587	Prediction, weekly accumulation	EG - Effluent Gross	0	-	Sample Permit Sys Value NOD	Req Min MD TOTAL	Req - None	ALERT - All Events	RT - RC02107		
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Sys Value NOD	Req Min MD TOTAL	Req - None	ALERT - All Events	RT - RC02107		

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:**

Name	Type	Size
14003191_0530_Letter_2023_05.pdf	pdf	204075.0
14003191_0530_Closure_2023_M.pdf	pdf	485932.0
<b>Report Last Signed By</b>		
<b>Fort Wayne WWTP</b> User: JETEFACOUR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2023-05-18 14:32 (Time Zone: -04:00)		
<b>Report Last Signed By</b>		
<b>Fort Wayne WWTP</b> User: JETEFACOUR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2023-05-18 14:33 (Time Zone: -04:00)		

DMR Copy of Record

Permit #:	MD002181	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. DUNGER WPC 3801 DUNGER AVE FORT WAYNE, IN 46803
Major:	Yes	Permittee Address:		Facility Location:	
Permitted Features:	003 External Outfall	Discharge:	683-C CSO P1-D-025, 001 POND - 500 FT E OF PEMBERTON DR		
Report Date & Status		DMR Due Date:	09/28/23	Status:	Not/Under Valuated
Monitoring Period:	From 08/01/23 to 08/31/23				
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form CODE					
Code	Parameter Name	Monitoring Location	Series # Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Unit Qualifier 1 Value 1 Qualifier 2 Value 2 Unit Qualifier 3 Value 3 Unit	# of Ex. Frequency of Analysis Sample Type
5027	Duration	EG - Effluent Gross	0	Req Mean MO TOTAL EG -flow C - No Discharge	WH08 - When Discharging RT - 802707
7483	Overflow volume (BS& volume)	EG - Effluent Gross	0	Req Mean MO TOTAL RT - flow C - No Discharge	AL07 - All Events ES - ESTMA
7887	Precipitation, exfiltration accumulation	EG - Effluent Gross	0	EM Req Mean MO TOTAL RW - flow G	AL07 - All Events RT - 802707
8168	Discharge event observations [Visual Monitoring]	EG - Effluent Gross	0	Req Mean MO TOTAL AE - flow C - No Discharge	AL07 - All Events RT - 802707
<b>Submission Note</b>					
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
<b>Self Check Errors</b>					
No errors.					
<b>Comments</b>					
Attachments					
No attachments.					
<b>Report Last Saved By</b>					
FORT WAYNE WWTP					
<b>User:</b>					
JETS/ACMR					
<b>Name:</b> Jennifer Lash					
<b>E-Mail:</b> jennifer.lash@cityofwayne.org					
<b>Date/Time:</b> 2023-09-19 14:24 (Time Zone: -04:00)					
<b>Report Last Signed By</b>					
JETS/ACMR					
<b>User:</b> Jennifer Lash					
<b>Name:</b> Jennifer Lash					
<b>E-Mail:</b> jennifer.lash@cityofwayne.org					
<b>Date/Time:</b> 2023-09-19 14:33 (Time Zone: -04:00)					



DMR Copy of Record

**Permit**  
 Permit #: IN0502191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DIMANZER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 004 External Outfall  
 Discharger: 004-C  
 CSD: J03-000, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER  
 Status: Not DMR Validated

**Report Dates & Status**  
 Monitoring Period: From 05/01/23 to 08/31/23  
 DMR Due Date: 08/28/23  
 Considerations for Fees Completion  
 CSD: J03-000 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NDD) -  
 Form NDD:

Code	Parameter Name	Monitoring Location	Stream #	Form NDD	Sample Permit Req. Value NDD	Quantity or Loading Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3	Quality or Consumption Value 1 Quotient 2 Value 2 Quotient 3	# of Ex. Units	Frequency of Analysis	Sample Type
5007	Derivation	EG - Effluent Gross	0	-	Sample Permit Req. Value NDD	Req Men MD TOTAL, EG - Inflow C - No Discharge	WHDS - When Discharging	RT - RC070T		
7400	Overflow volume (594 volume, CSD volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NDD	Req Men MD TOTAL, BR - Mgd C - No Discharge	ALBY - All Events	ES - ESTNA		
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NDD	2.48 Req Men MD TOTAL, DR - Johns G	ALBY - All Events	RT - RC070T		
8410	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NDD	Req Men MD TOTAL, EG - Inflow C - No Discharge	ALBY - All Events	RT - RC070T		

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETSFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofchicwayne.org

**Date Time:** 2023-09-19 14:22 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETSFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofchicwayne.org

**Date Time:** 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN0022181 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 203 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNGER WPC  
 2601 DWANGS AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** D05 External Outfall **Discharge:** 005-C  
 CSO- J11-16A, 219 FT SE OF MAWTO BLVD & INDIANA VILLAGE BLVD  
**Status:** NotDMR Validated

**Report Dates & Status**  
**Monitoring Period:** From 08/19/23 to 08/31/23 **DMR Due Date:** 09/28/23

**Considerations for Form Completion**  
 CSO- J11-16A MUNICIPAL LAUNCH ALLEN COUNTY

**Principal Executive Officer**  
**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Form M002:** No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Status # From M009	Quantity or Loading			# of DL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50337	Duration	EG - Effluent Gross	0	0	0	0	0	0	0
74203	Overflow volume (558 volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0	0	0
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	0	0
84143	Discharge event abatement (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0	0	0

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

**Edit Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 JETTFACHUR

**PORT WAYNE WWTP**  
 User: JETTFACHUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofindianapolis.org  
 Date Time: 2023-09-19 14:22 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETTFACHUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofindianapolis.org  
 Date Time: 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** 98832191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 007 External Control **Discharge:** 507-C  
 CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

**Report Dates & Status:** **Monitoring Period:** From 06/01/03 to 06/30/03 **DMR Due Date:** 06/28/03  
**Considerations for Permit Compliance:**

**CSO:** K03-092 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_

**No Data Indicator (NOD):** --  
**Form H002:** --

Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading			# of Ex.	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
5027	Overflow	EG - Effluent Gross	0	-	Sample Period Req. Value UOQ			Res Mon MD TOTL, EG - WWSW C - No Discharge	WWSW - When Discharging RT - 800707
74253	Overflow volume (SS) volume, CSO volume	EG - Effluent Gross	0	-	Sample Period Req. Value UOQ			Res Mon MD TOTL, SP - Mgal C - No Discharge	ALRY - All Events ES - B37MA
7887	Precipitation, weekly accumulation	EG - Effluent Gross	0	-	Sample Period Req. Value UOQ			2.45 Res Mon MD TOTL, SW - WWSW Res Mon MD TOTL, SW - WWSW	ALRY - All Events RT - 800707 ALRY - All Events RT - 800707
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Req. Value UOQ			Res Mon MD TOTL, EC - RWB C - No Discharge	ALRY - All Events RT - 800707

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

**Est. Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Signed By:**

**PORT WAYNE WWTP**

**User:** JETSFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-05-13 14:33 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** JETSFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-05-13 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0002191  
**Permit #:** IN0002191  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2001 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** D11 External Outfall  
**Discharge:** 911-C  
 CSO: K26-233 - SE OF MAIN ST. & CAMP ALLEN DR.  
**Report Dates & Status:** 06/25/23  
**Monitoring Period:** From 08/19/23 to 08/31/23  
**DMR Due Date:** 06/25/23  
**Considerations for Form Completion:**

**CSO:** K26-233 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**

Form NDD:	Parameter Name	Monitoring Location	Session #	Permit NDD	Quantity of Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
5027	Discharge	EG - Effluent Gross	0	-	Sample Period Freq Value NDD	Req Min MO TOTAL EG - Inflow	C - No Discharge	WQSC - When Discharging	RT - RC07107		
7423	Overflow volume (558 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Period Freq Value NDD	Req Min MO TOTAL SP - Mgal	C - No Discharge	ALRY - All Events	ES - ESTMA		
7887	Precipitation, monthly accumulations	EG - Effluent Gross	0	-	Sample Period Freq Value NDD	2.48	SW - Inflow	ALRY - All Events	RT - RC07107		
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Freq Value NDD	Req Min MO TOTAL AC - Inflow	C - No Discharge	ALRY - All Events	RT - RC07107		

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-19 14:22 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETEFACMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 CHALLENGER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 012 External Outfall  
 Discharge: 613-C  
 CSO: K05-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

**Report Dates & Status**  
 Monitoring Period: From 08/13/23 to 08/23/23  
 Status: NetDMR Validated  
 Considerations for Form Completion  
 CSO: K05-234 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:  
 No Data Indicator (NOD):  
 Form NOD:

Code	Parameter Name	Monitoring Location	Stream #	Form NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
8007	Dissolve	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	4.42	ES - None	0	WQDS - When Discharging RT - R022007
7005	Overflow volume (550 volume, 050 volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	0.017	3K - 3Mg/L	0	ALRY - All Events ES - ESTMA
7007	Precipitation, evently accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	2.45	3W - 3Mg/L	0	ALRY - All Events RT - R022007
8-115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD	4.5	4K - 4Mg/L	0	ALRY - All Events RT - R022007

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

**DMR Check Errors**  
 No errors.  
**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETSFACHR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date Time: 2023-08-19 14:23 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: JETSFACHR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date Time: 2023-08-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 0602181 FORT WAYNE WWTP FORT WAYNE WWTP  
**Major:** Yes CITY OF FORT WAYNE P.L. BRUNNER WPC  
 205 E BERRY ST 3021 DIVIDGER AVE  
 FT WAYNE, IN 46602 FORT WAYNE, IN 46602  
**Permitted Features:** D13 External Outfall  
 Discharge: S13-C  
 CSO: K05-298 - 80 FT N OF THIRME DR & BERRY ST

**Report Dates & Status:** Monitoring Period: From 08/31/23 to 08/31/23 DMR Due Date: 09/30/23 Status: Not DMR Validated  
**Considerations for Form Completion:** CSO: K05-298 MUNICIPAL MAJOR ALLEN COUNTY

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

**Form NO05** No Data Indicator (NO05)

Date	Parameter Name	Monitoring Location	Status of Param. NO05	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
8/31/23	Dryfallin	EG - Effluent Gross	-	Sample Percent Rec. Value NO05	13.23	0.0	0	14/06 - when Discharging 14/06 - when Discharging RT - 800202F	RT - 800202F
7/05/23	Overflow volume (558 volume, CSO volume)	EG - Effluent Gross	-	Sample Percent Rec. Value NO05	1.24	0.0	0	14/07 - All Events 14/07 - All Events ES - ESTMA	ES - ESTMA
7/8/23	Precipitation, monthly accumulation	EG - Effluent Gross	-	Sample Percent Rec. Value NO05	2.11	0.0	0	14/07 - All Events 14/07 - All Events RT - 800202F	RT - 800202F
8/1/23	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	-	Sample Percent Rec. Value NO05	7.8	0.0	0	14/07 - All Events 14/07 - All Events RT - 800202F	RT - 800202F

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

**Self Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
**User:** JETEFACHAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofnorthwayne.org  
**Date/Time:** 2023-09-19 14:21 (Time Zone: -04:00)  
**Report Last Eigned By**  
**User:** JETEFACHAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofnorthwayne.org  
**Date/Time:** 2023-09-19 14:33 (Time Zone: -04:00)

**DMIR Copy of Record**

**Permit:** IN002191  
**Permit #:** IN002191  
**Major:** Yes  
**Permitted Features:** 217 External Outfall  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 3801 DWANGER AVE  
 FORT WAYNE, IN 46803

**Permittee Address:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 017-C  
 CSD: 02T-17E - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE  
**Status:** NetDMIR Validated

**Report Dates & Status:** 09/26/23  
**Monitoring Period:** From 08/01/23 to 08/31/23  
**DMIR Due Date:** 09/26/23  
**Considerations for Permit Completion:**

**CSD:** 02T-17E/MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Form NO02:** - No Data Indicator (NO02)  
**Form NO04:** -

Code	Parameter Name	Monitoring Location	Session # Param. NO02	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
0007	Duration	EG - Effluent Gross	0			0	0	WHYB - When Discharging RT - RC00202 WHDB - When Discharging RT - RC00202	
74263	Overflow volume [338 volume, CSD volume]	EG - Effluent Gross	0			0	0	ALVY - All Events ES - ESTMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0			0	0	ALVY - All Events RT - RC00202	
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0			0	0	ALVY - All Events RT - RC00202	

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

**DMIR Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADUR

**FORT WAYNE WWTP**

**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-19 14:21 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADUR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 06032191  
**Permit Address:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BEUNER WPC  
 2001 DWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 015 External Outfall  
**Discharge:** 015-C  
 CSO: K11-185 - 150 FT W OF BROADWAY & RUDISELL BLVD

**Report Date & Status:** 06/28/23  
**Monitoring Period:** From 08/01/23 to 08/31/23  
**DMR Due Date:** 06/28/23  
**Status:** NetDMS Validated

**Considerations for Form Completion:** CSO: K11-185 MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:** [Blank]  
**Title:** [Blank]  
**Telephone:** [Blank]

**File Data Indicator (NOD):** -  
**Form NOD:** -

Code	Precipitation	Monitoring Location	Status #	Person NOD	Quantity or Loading			Quality or Consumption			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	14.16	ES - 100%	Units	WDGS - When Discharging	RT - ROOTTOT	
					Sample	Permit Req.	Value NOD	Reg. Min	WDGS - When Discharging	RT - ROOTTOT			
74003	Overflow volume (558 volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	13.88	ES - 100%	Units	ALBY - All Events	ES - EST7MA	
					Sample	Permit Req.	Value NOD	Reg. Min	ALBY - All Events	ES - EST7MA			
75867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	2.17	ES - 100%	Units	ALBY - All Events	RT - ROOTTOT	
					Sample	Permit Req.	Value NOD	Reg. Min	ALBY - All Events	RT - ROOTTOT			
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NOD	4.0	ES - 100%	Units	ALBY - All Events	RT - ROOTTOT	
					Sample	Permit Req.	Value NOD	Reg. Min	ALBY - All Events	RT - ROOTTOT			

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFAMR

**Fort Wayne WWTP User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwaynecounty.org

**Date Time:** 2023-09-18 14:21 (Time Zone: -04:00)

**Report Last Signed By:** JETEFAMR

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwaynecounty.org

**Date Time:** 2023-09-18 14:33 (Time Zone: -04:00)



DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 DWENGER AVE  
 FORT WAYNE, IN 46833

Permitted Features: 320 External Outfall  
 Discharge: 625-C  
 CSD: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

**Report Dates & Status**  
 Monitoring Period: From 08/01/23 to 08/31/23  
 DMR Due Date: 08/30/23  
 Status: MadDMR Validated

Contributor for Form Completion  
 CSD: K15-116 MUNICIPAL MAUGHALLER COUNTY  
 Principal Executive Officer

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NDD) \_\_\_\_\_  
 Form NDD: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Season # From NDD	Quantity or Loading			Quantity or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
8007	Duration	EG - Effluent Gross	0	-	-	Sample Permit Req Value MDD	SLR	SE - N/A	WHOS - When Discharging RT - RC0202	0	WHOS - When Discharging RT - RC0202	RT - RC0202
7403	Overflow volume (BSV volume, CSO volume)	EG - Effluent Gross	0	-	-	Sample Permit Req Value MDD	1.87	SR - Regd	ALBY - All Events	0	ALBY - All Events	ES - B57MA
7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Sample Permit Req Value MDD	2.11	SW - N/A	ALBY - All Events	0	ALBY - All Events	RT - RC0202
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Sample Permit Req Value MDD	4.2	AK - N/A	ALBY - All Events	0	ALBY - All Events	RT - RC0202

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

**Date Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

User: JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org

Date/Time: 2023-09-19 14:22 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org

Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 06032191  
**Permit E- Major:** Yes  
**Permitted Features:** 021 External Outfall  
**Report Dates & Status:** From 08/10/21 to 08/31/23  
**Monitoring Period:** From 08/10/21 to 08/31/23  
**Considerations for Form Completion:** CSO: K13-044 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:** [Blank]  
**First Name:** [Blank]  
**Last Name:** [Blank]  
**Form NOOE:** -  
**Code:** -

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 021-C  
 CSO: K13-044 - 850 FT W OF OLD MILL RD & FARRAX AVE  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNSER WPC  
 2601 DUNDAS AVE  
 FORT WAYNE, IN 46803  
**Statistics:** NetDMR Violations

Code	Parameter Name	Monitoring Location	Station # From NOOE	Quantity or Loading			Quality or Concentration	# of SL	Frequency of Analysis	Sample Type
				Qualifier 1	Qualifier 2	Qualifier 3				
5007	Burdish	EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	0.87	EG - Inflow	WH05 - When Discharging RT - RC02107	
		EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	Res Men MO TOTAL	EG - Inflow	WH05 - When Discharging RT - RC02107	
T403	Overflow volume (308 volume, CSO volume)	EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	0.08	3R - Mgal	AL01 - All Events	
		EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	Res Men MO TOTAL	3R - Mgal	AL01 - All Events	
T887	Precipitation, monthly accumulation	EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	0.11	SR - Inflow	AL01 - All Events	
		EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	Res Men MO TOTAL	SR - Inflow	AL01 - All Events	
0410	Discharge asset observation (Visual Monitoring)	EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	0.0	WC - Inflow	AL01 - All Events	
		EG - Effluent Gross	-	Sample	Parent Res	Value NOOE	Res Men MO TOTAL	WC - Inflow	AL01 - All Events	

**Submissions Note:** If a parameter row does not contain any values for the Sample nor Effluent Tracking then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETSFADUR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityofportwayne.org  
 2023-09-19 14:22 (Time Zone: -04:00)  
**User:** JETSFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofportwayne.org  
**Date/Time:** 2023-09-19 14:22 (Time Zone: -04:00)  
**Report Last Signed By:** JETSFADUR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofportwayne.org  
**Date/Time:** 2023-09-19 14:22 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 2601 OWENSGERS AVE  
 FORT WAYNE, IN 46823  
 Permitted Features: 023 External Outfall  
 Discharge: CSO, L06-103 - 80 FT NW OF JACKSON ST & SUPERIOR ST.  
 Report Date & Status: 06/28/23  
 Monitoring Period: From 08/01/23 to 08/31/23  
 Status: NotDMR Violated  
 Considerations for Permit Completion: CSO L06-103/CDPAL MAJORHAULEN COUNTY  
 Principal Executive Officer: [Blank]  
 First Name: [Blank] Title: [Blank]  
 Last Name: [Blank] Telephone: [Blank]

Form M002: No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Session #	Pres. NOD	Quantity or Loading	Quantity or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value 1	Quarter 1 Value 2	Quarter 1 Value 3	Units	
50237	Overflow	EG - Effluent Gross	\$	-	Sample	0.00	0.00	0.00	WWS - When Discharging RT - RCOTOT
					Parent Req. Value NOD				WWS - When Discharging RT - RCOTOT
7403	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	\$	-	Sample	0.00	0.00	0.00	ES - ESTMA
					Parent Req. Value NOD				ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	\$	-	Sample	0.00	0.00	0.00	RT - RCOTOT
					Parent Req. Value NOD				RT - RCOTOT
84165	Discharge inert observation (Visual Monitoring)	EG - Effluent Gross	\$	-	Sample	0.00	0.00	0.00	RT - RCOTOT
					Parent Req. Value NOD				RT - RCOTOT

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

**Self Check Errors**  
 No errors.

**Comments**  
 [Blank]

**Attachments**  
 No attachments.

**Report Last Saved By**  
 JETEFADUR

**Report Last Saved By**  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-09-19 14:19 (Time Zone: -04:00)

**Report Last Signed By**  
 JETEFADUR

**Report Last Signed By**  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: 06632191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2501 DWINGER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 034  
 External Outfall  
 Discharges:  
 CSD: LB-423 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
 CSD: LB-423 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
 Status: MUDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 08/01/23 to 08/31/23  
 DMR Due Date: 09/28/23  
 Considerations for Form Completion  
 CSD: LB-423(MUNICIPAL, MICHIGAN COUNTY)

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

No Data Indicator (NDD) -

Code	Parameter	Monitoring Location	Session 1 Permit 1000	Session 2 Permit 1000	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
			Value 1	Value 2	Value 1	Value 2	Units		
5037	Discharge	EG - Effluent Gross	0	0	7.82	82 - 80mg	g	WWQS - When Discharging RT - 802107	
					Reg Min	Reg Max		WWQS - When Discharging RT - 802107	
7453	Overflow volume (50% volume, CSD volume)	EG - Effluent Gross	0	0	0.48	391 - 391	Mgal	ALERT - All Events	ES - 15176A
					Reg Min	Reg Max		ALERT - All Events	ES - 15176A
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0.8	301 - 301	mm	ALERT - All Events	RT - 802107
					Reg Min	Reg Max		ALERT - All Events	RT - 802107
9110	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	4.0	40 - 40mg	g	ALERT - All Events	RT - 802107
					Reg Min	Reg Max		ALERT - All Events	RT - 802107

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

606 Check Errors: No errors.

Comments: No errors.

Attachments: No attachments.

Report Last Saved By: JETEFADAR

PORT WAYNE WWTP

User: Jennifer Lash

Name: jennifer.lash@cityofportwayne.org

E-Mail: 2023-09-19 14:20 (Time Zone: -04:00)

Date/Time: Report Last Signed By: JETEFADAR

User: Jennifer Lash

Name: jennifer.lash@cityofportwayne.org

E-Mail: 2023-09-19 14:33 (Time Zone: -04:00)

Date/Time:

DMR Copy of Record

**Permit #** 90302191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permit Address:** CITY OF FORT WAYNE  
 202 S BERRY ST  
 FT WAYNE, IN 46602  
**Facility:** FORT WAYNE WWTP  
 P.L. BEKKNER WPC  
 2021 CHANDLER AVE  
 FORT WAYNE, IN 46603  
**Permitted Features:** 025 **Discharge:** 035-C  
 Excessual Outfall CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

**Report Dates & Status** **DMR Due Date:** 09/26/23 **Status:** NotDMR Validated  
**Monitoring Period:** From 08/01/23 to 08/31/23  
**Considerations for Form Completion:**  
 CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

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

**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity or Loading		Quality or Concentration		# of GL	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4			
5027	Durables	ES - Effluent Gross	0	-	Sample	Permit Req	Value NOD	0.15	Reg Min MD TOTAL	ES - Nitra	ES - ESTMA
7403	Overflow volume (550 volume, CSO volume)	ES - Effluent Gross	0	-	Sample	Permit Req	Value NOD	0.04	Reg Min MD TOTAL	ES - Nitra	ES - ESTMA
7587	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Sample	Permit Req	Value NOD	0.06	Reg Min MD TOTAL	ES - Nitra	ES - ESTMA
8416	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	Sample	Permit Req	Value NOD	4.3	Reg Min MD TOTAL	ES - Nitra	ES - ESTMA

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-19 14:20 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
**Permit #:** IN032191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2601 OWENSGE AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 027 External Outfall  
**Discharge:** 827-C  
 CSO: M15-002 - 200 FT SE OF THIRD ST & CALHOUN ST

**Report Dates & Status:** From 06/01/23 to 06/30/23 **DMR Due Date:** 06/28/23 **Status:** NetDMR Validated

**Monitoring Period:** Considerations for Form Completion  
**CSO:** M15-002 MUNICIPAL MAJORALLEN COUNTY

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

**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter	Monitoring Location	Status	Permit NOD	Quantity or Loading	Quality or Concentration	# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Value 1 Value 2 Value 3 Value 4	Units		
8007	Duration	EG - Effluent Gross	0	-			Reg Min MD TOTAL G - No Discharge	WH02 - When Discharging RT - R02TOT	
7003	Overflow volume (SS) volume, CSO volume	EG - Effluent Gross	0	-			Reg Min MD TOTAL G - No Discharge	AL0Y - All Events ES - ESTMA	
7007	Precipitation, weekly accumulation	EG - Effluent Gross	0	-			Reg Min MD TOTAL G - No Discharge	AL0Y - All Events RT - R02TOT	
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-			Reg Min MD TOTAL G - No Discharge	AL0Y - All Events RT - R02TOT	

**Submission Mode**

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

**Self Check Errors**

No errors.

**Comments**

**Attachments**

No attachments.

**Report Last Saved By**

FORT WAYNE WWTP

**User:** JETEFACMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-06-18 14:25 (Time Zone: -04:00)

**Report Last Signed By**

User: JETEFACMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-06-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	Permit #:	IN032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
	Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DRENGER AVE FORT WAYNE, IN 46803			
<b>Permitted Features</b>	02B External Outfall	Discharge:	00B-C CSO: M19-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE						
<b>Report Dates &amp; Status</b>	Monitoring Period:	From 08/01/23 to 08/31/23	DMR Due Date:	09/28/23	Status:	NotDMR Validated			
	Considerations for Permit Completion								
	CEO: M19-238A/R/C/S/P/L, MAJONALLEN COUNTY								
<b>Principal Executive Officer</b>	First Name:		Title:		Telephone:				
	Last Name:								
No Data Indicator (NOD)									
Form NOD:									
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Event #</b>	<b>Permit NOD</b>	<b>Quantity of Loading</b> Qualifier 1 Value 1 (Qualifier 2 Value 2) (Qualifier 3 Value 3) (Qualifier 4 Value 4) (Qualifier 5 Value 5) (Qualifier 6 Value 6)	<b>Quality of Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
50037	Darwin	EG - Effluent Gross	0	-	Permit NOD Value NOD	Reg Min MD TOTAL, EG - Inflow G - No Discharge		WHODS - When Discharging RT - R0270T	
74053	Overflow volume (358 values, CSO volume)	EG - Effluent Gross	0	-	Permit NOD Value NOD	Reg Min MD TOTAL, 3R - Inflow G - No Discharge		ALUVY - All Events	EG - ESTMA
73887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit NOD Value NOD	3.00 Reg Min MD TOTAL, 3R - Inflow G - No Discharge	*	ALUVY - All Events	RT - R0270T RT - R0270T
81165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit NOD Value NOD	Reg Min MD TOTAL, 6G - Inflow G - No Discharge		ALUVY - All Events	RT - R0270T
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample var, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>DMR Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
User: -JETEFADM									
Name: Jennifer Leah									
E-Mail: jennifer.leah@cityoffortwayne.org									
Date/Time: 2023-08-18 14:23 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
User: -JETEFADM									
Name: Jennifer Leah									
E-Mail: jennifer.leah@cityoffortwayne.org									
Date/Time: 2023-08-18 14:33 (Time Zone: -04:00)									

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> M0002191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BRUNGER WPC 2801 DIVENGER AVE FORT WAYNE, IN 46803	
<b>Permitted Features:</b> 025 External Outfall		<b>Discharge:</b>		<b>State:</b>		<b>Not/Not Validated</b>	
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 06/28/23		<b>Quantity or Loading</b>		<b>Frequency of Analysis</b>	
<b>Monitoring Period:</b> From 06/15/23 to 06/31/23		<b>DMR Due Date:</b> 06/28/23		<b>Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4</b>		<b>Units</b>	
<b>Considerations for Form Completion</b>		<b>Discharge:</b>		<b>Res Min MD TOTAL</b>		<b>Res Min MD TOTAL</b>	
<b>CSO MTD-SEMIANNUAL MAJORALLEN COUNTY</b>		<b>Discharge:</b>		<b>Res Min MD TOTAL</b>		<b>Res Min MD TOTAL</b>	
<b>Principal Executive Officer</b>		<b>Discharge:</b>		<b>Res Min MD TOTAL</b>		<b>Res Min MD TOTAL</b>	
<b>First Name:</b>		<b>Title:</b>		<b>Res Min MD TOTAL</b>		<b>Res Min MD TOTAL</b>	
<b>Last Name:</b>		<b>Title:</b>		<b>Res Min MD TOTAL</b>		<b>Res Min MD TOTAL</b>	
<b>Form NCOI</b>		<b>Form NCOI</b>		<b>Res Min MD TOTAL</b>		<b>Res Min MD TOTAL</b>	
<b>Code</b>		<b>Monitoring Location</b>		<b>Sample</b>		<b>Sample Type</b>	
<b>52037 Duration</b>		<b>EG - Effluent Gross</b>		<b>Permit Freq</b>		<b>WHOS - when Discharging</b>	
		<b>EG - Effluent Gross</b>		<b>Value NCOI</b>		<b>WHOS - when Discharging</b>	
<b>76053 Overflow volume (BS volume, CSO volume)</b>		<b>EG - Effluent Gross</b>		<b>Sample</b>		<b>ES - SSTMA</b>	
		<b>EG - Effluent Gross</b>		<b>Permit Freq</b>		<b>ES - SSTMA</b>	
<b>78887 Precipitation, monthly accumulation</b>		<b>EG - Effluent Gross</b>		<b>Value NCOI</b>		<b>ES - SSTMA</b>	
		<b>EG - Effluent Gross</b>		<b>Sample</b>		<b>ES - SSTMA</b>	
<b>8r165 Discharge event observation (Visual Monitoring)</b>		<b>EG - Effluent Gross</b>		<b>Permit Freq</b>		<b>ES - SSTMA</b>	
		<b>EG - Effluent Gross</b>		<b>Value NCOI</b>		<b>ES - SSTMA</b>	

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

**Exit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JTEFAOUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-19 14:00 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JTEFAOUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-09-19 14:33 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** IN032191  
**Permit #:** IN032191  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 DRIVENGER AVE  
 FORT WAYNE, IN 46833  
**Permitted Features:** 022  
 External Outfall  
**Discharge:**

**Report Date & Status:** 6/20/2023  
**Monitoring Period:** From 06/01/23 to 06/30/23  
**DMR Due Date:** 06/30/23  
**Status:** NotMark Validated  
**Considerations for Form Completion:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 205 E BERRY ST  
 FT WAYNE, IN 46822  
**Discharge:** 633-C  
 CSO: M10-026 - 130 FT N OF CLAR ST & HARRISON ST  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Form NDD:** -

Code	Parameter Name	Monitoring Location	Basins & Param. NDD	Quantity or Labeling			Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	
5007	Durability	EG - Effluent Gross	0	0	0	0	ES - 80MA ES - 80MA
7403	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	0	0	0	AL0V - 00 Storm AL0V - 00 Storm
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	AL0V - 00 Storm AL0V - 00 Storm
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	AL0V - 00 Storm AL0V - 00 Storm

**Submission Note:** If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.

**Comments:**  
**Attachments:** No attachments.

**Report Last Saved By:** JETEFACHUR  
**PORT WAYNE WWTP**  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-09-18 14:33 (Time Zone: -04:00)

**Report Last Signed By:** JETEFACHUR  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-09-18 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** IN6032191 **Fort Wayne WWTP**  
**Major:** Yes **City of Fort Wayne**  
**Permitted Facility:** 033 External Outfall **200 E BERRY ST**  
**Discharge:** **FT WAYNE, IN 46802**  
**Report Date & Status:** **833-C**  
**Monitoring Period:** From 08/10/23 to 08/21/23 **CSD: M10-313 - 200 FT SE OF THIRD ST & CAUHOUN ST**  
**Considerations for Form Completion:** **833-023**  
**CSO M10-313/MUNICIPAL MAJORALLEN COUNTY**  
**Principal Executive Officer:**  
**First Name:** **Title:**  
**Last Name:**  
**No Data Indicator (NDD):**  
**Form NDD:**

**Facility:** **Fort Wayne WWTP**  
**Facility Location:** **P.L. BELINGER WPC**  
**2601 DWENGER AVE**  
**FORT WAYNE, IN 46803**  
**Status:** **NotDMR Validated**  
**Telephone:**

Code	Description	Monitoring Location	System #	From	To	Quantity of Loading			# of Ex.	Frequency of Analytes	Sample Type
						Qualifier 1	Qualifier 2	Qualifier 3			
0007	Overflows	80 - Effluent Gross	8	-	-	Reg Mon MD 107AL	82 - Nitro	Value 3	None	None	None
1403	Overflow volume (BSF volume, CSO volume)	80 - Effluent Gross	8	-	-	Reg Mon MD 107AL	26 - Mg/L	Value 3	None	None	None
7887	Precipitation, monthly accumulation	80 - Effluent Gross	8	-	-	2-88	Reg Mon MD 107AL	89 - Nitro	Value 3	None	None
9410	Discharge event observation (Visual Monitoring)	80 - Effluent Gross	8	-	-	Reg Mon MD 107AL	48 - Nitro	Value 3	None	None	None

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceeders, Frequency of Analytes, and Sample Type.  
**ZSE Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
**PORT WAYNE WWTP**  
**User:** JETEFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-19 14:25 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETEFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-08-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** 949332191 **Fort Wayne WWTP** **Fort Wayne WWTP**  
**Major:** Yes **City of Fort Wayne** **P.L. Brunner WPC**  
**Permitted Features:** 036 **203 E Berry St** **2507 Dwenger Ave**  
**External Outfall** **FT Wayne, IN 46822** **Fort Wayne, IN 46822**

**Permittee:** **Permittee Address:** **Facility Location:**  
**Discharge:** **Discharge:** **Facility Location:**

**Report Dates & Status:** **DMR Due Date:** **Status:**  
**Monitoring Period:** From 08/01/23 to 08/31/23 **08/28/23** **Not DMR Validated**

**Considerations for Flow Computations:**  
**CSD:** MS-032 MUNICIPAL MAJOR ALLEN COUNTY

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

**No Data Indicator (NOD):**  
**Form NOD:**

Code	Parameter Name	Monitoring Location	Event #	Point	NOD	Quantity of Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
						Quarrier 1 Value 1	Quarrier 2 Value 2	Quarrier 1 Value 1	Quarrier 2 Value 2			
50307	Disinfect	EG - Effluent Gross	0	-	-	Reg Min MD TOTAL	Reg Max MD TOTAL	0	0	0	0	0
74020	Overflow volume (SSR volumes, CSD volumes)	EG - Effluent Gross	0	-	-	Reg Min MD TOTAL	Reg Max MD TOTAL	0	0	0	0	0
75887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Reg Min MD TOTAL	Reg Max MD TOTAL	0	0	0	0	0
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Reg Min MD TOTAL	Reg Max MD TOTAL	0	0	0	0	0

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**

**Fort Wayne WWTP**

**User:** JTEFDAMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwayne.org

**Date/Time:** 2023-08-18 14:25 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** JTEFDAMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwayne.org

**Date/Time:** 2023-08-18 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2501 DIVISIDER AVE  
 FORT WAYNE, IN 46803

Permitted Features: CSO  
 External Outfall  
 Discharge: 838-C  
 CSC-MS-823 - 125 FT N OF HANNA ST & BERRY ST

Report Dates & Status  
 Monitoring Period: From 08/01/23 to 08/31/23  
 DMR Due Date: 09/28/23  
 Status: Non-DMR Violated

Considerations for Form Completion  
 CSO: MS-022 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name:  
 Last Name:  
 Title:

No Data Indicator (NOD)

Form NOD: --  
 Preparer:

Code	Description	Monitoring Location	Station #	Permit NOD	Quantity of Loading			Quality or Consumption			# of SL	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 1	Qualifier 2	Qualifier 3			
80237	Overflows	EG - Effluent Gross	0	--	Sample Permit Req Value NOD	Reg Men MD TOTAL	0	None	WQCS - When Discharging	RT - RC0107			
71053	Overflow volume (BSV volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req Value NOD	Reg Men MD TOTAL	0	Mgal	ALUV - All Events	BS - BS7MA			
71887	Precipitation, weekly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value NOD	SLR	0	mm	ALUV - All Events	RT - RC0107			
81103	Discharge event observations (Pneum Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req Value NOD	Reg Men MD TOTAL	0	None	ALUV - All Events	RT - RC0107			

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

**Self Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-19 14:30 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-09-19 14:30 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** 800020391 **Permittee:** FORT WAYNE WWTP **Facility:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46802 **Facility Location:** P.L. BRUNSER WRC, 2001 DUNSMUIR AVE, FORT WAYNE, IN 46803  
**Permitted Features:** 044 External Outfall **Discharge:** 044C **CSD:** N02-003 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

**Report Dates & Status:** **Monitoring Period:** From 05/01/23 to 06/30/23 **DMR Due Date:** 05/26/23 **Status:** NotDMR Validated  
**Considerations for Form Completion:** CSD: N02-003 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:** **First Name:** **Last Name:** **Title:**

No Data Indicator (NDDI) -

Code	Parameter Name	Monitoring Location	Basins # Permit	QCOS	Sample Permit No.	Value NDDI	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
5007	Duration	EG - Effluent Gross	0	-	Sample Permit No.	Value NDDI	Req Mon MO TOTAL	EG - mg/L	W02S - When Discharging	RT - R02T07	RT - R02T07
							C - No Discharge				
7403	Overflow volume (559 volume, CSD volume)	EG - Effluent Gross	0	-	Sample Permit No.	Value NDDI	Req Mon MO TOTAL	50 - Mgal	AU0V - All Events	ES - ESTMA	ES - ESTMA
							C - No Discharge				
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit No.	Value NDDI	Req Mon MO TOTAL	50 - mm	AU0V - All Events	RT - R02T07	RT - R02T07
							C - No Discharge				
8410	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit No.	Value NDDI	Req Mon MO TOTAL	40 - L/min	AU0V - All Events	RT - R02T07	RT - R02T07
							C - No Discharge				

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETSFACUR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwayne.org

**Date Time:** 2023-05-19 14:35 (Time Zone: -04:00)

**Report Last Signed By:**

**User:** JETSFACUR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwayne.org

**Date Time:** 2023-05-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: 86002181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2001 DWANER AVE  
 FORT WAYNE, IN 46603  
 Facility Location:  
 Permitted Features: 045 External Outfall  
 Discharge:  
 CSD: 102-103-100 FT E OF PENN ST & SPY RUN AVE  
 845-C  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 08/19/23 to 08/31/23  
 DMR Due Date: 08/28/23  
 Considerations for Form Completion  
 CSD: 102-103 JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name: \_\_\_\_\_ Title:  
 Last Name: \_\_\_\_\_ Telephone:

No Data Indicator (NDD) -

Form NDD:	Permittee	Monitoring Location	Stream #	Param. NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Sample Type
Code	Name				Qualifier 1 Value 1	Qualifier 2 Value 1	Qualifier 3 Value 2	Qualifier 4 Value 3
8207	Domestic	EG - Effluent Gross	0	-	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL
		EG - Effluent Gross	0	-	G - No Discharge	G - No Discharge	G - No Discharge	G - No Discharge
1402	Overflow volume (358 volumes, CSD volume)	EG - Effluent Gross	0	-	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL
		EG - Effluent Gross	0	-	G - No Discharge	G - No Discharge	G - No Discharge	G - No Discharge
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.08	2.08	2.08	2.08
		EG - Effluent Gross	0	-	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL	Reg Men MD TOTAL
		EG - Effluent Gross	0	-	G - No Discharge	G - No Discharge	G - No Discharge	G - No Discharge

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

688r Checks Errors  
 No errors.

Comments

Attachments  
 No attachments.

Report Last Saved By  
 FORT WAYNE WWTP

User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org

Date/Time: 2023-09-19 14:25 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org

Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN032151	Permittee:	FORT WAYNE WWTTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTTP P.L. BRUNNER WPC 2601 DIVIDERS AVE FORT WAYNE, IN 46803				
Major:	Yes	Permittee Address:		Facility Location:					
Permitted Feature:	049 External Outfall	Discharge:	848-C CSD: 015-252 - 350 FT W OF EDGEWATER & GARFIELD	Status:	Network Validated				
Report Dates & Status		DMR Due Date:	8/28/23						
Monitoring Period:	From 8/8/13 to 8/8/13								
Constitutes for Flow Completion									
CSD: 015-252 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title:		Telephone:					
First Name:									
Last Name:									
No Data Indicator (NDD)									
Form NOOI:	--								
Code	Permittee Name	Monitoring Location	Section # Param. NOOI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Units	F of Es	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0 --	Sample Permit No. Value NOOI	Reg Min MO TOTAL C - No Discharge	RT - min	WH02 - When Discharging	RT - ROOTOT	
7003	Overflow volume (550 volume, C50 volume)	EG - Effluent Gross	0 --	Sample Permit No. Value NOOI	Reg Min MO TOTAL C - No Discharge	RT - min	AL07 - All Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	Sample Permit No. Value NOOI	2.38 Reg Min MO TOTAL C - No Discharge	RT - min	AL07 - All Events	RT - ROOTOT	
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 --	Sample Permit No. Value NOOI	Reg Min MO TOTAL C - No Discharge	RT - min	AL07 - All Events	RT - ROOTOT	
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>Exit Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE WWTTP</p> <p><b>User:</b> JTEFAZMR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2023-08-19 14:33 (Time Zone: -04:00)</p> <p><b>Report Last Signed By</b> User: JTEFAZMR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2023-08-19 14:33 (Time Zone: -04:00)</p>									

DMR Copy of Record

**Permit**  
 Permit #: 16022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNER WPC  
 261 DRENGER AVE  
 FORT WAYNE, IN 46803  
 Discharge: 650-C  
 CSD: 010-377 - 100 FT N OF COOMBS ST & HERBERT ST

**Report Dates & Status**  
 Monitoring Period: From 08/01/23 to 08/31/23  
 DMR Due Date: 09/28/23  
 Status: NotDMR Validated  
 Considerations for Permit Completion  
 CSD: 010-377 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NDD) -

Code	Parameter Name	Monitoring Location	Session # Param. COD	Sample	Quantity or Loading	Quality or Consumption	# of EL	Frequency of Analysis	Sample Type
				Percent Flow	Qualifier 1 Value 1 Qualifier 2 Value 3 (Units)	Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 2	Units		
50037	Durables	EG - Effluent Gross	0	Value NDD	1.20	Reg Mon MD TOTAL	EG - Items	WHOS - When Discharging RT - RCOTOT	RT - RCOTOT
74003	Overflow volume (555 volume, CSD volume)	EG - Effluent Gross	0	Value NDD	0.150	Reg Mon MD TOTAL	DR - Mgal	ALRY - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Value NDD	0.88	Reg Mon MD TOTAL	DR - Items	ALRY - All Events	RT - RCOTOT
84180	Discharge event observation [Must Monitoring]	EG - Effluent Gross	0	Value NDD	0.2	Reg Mon MD TOTAL	DR - Items	ALRY - All Events	RT - RCOTOT

**Submission Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors**  
 No errors.  
**Comments**  
 Attachments  
 No attachments.

**Report Last Scanned By**  
 FORT WAYNE WWTP  
 User: JETTFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-19 14:21 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: JETTFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-19 14:33 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** IM0002181  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Facility Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 051-C  
 External Outfall  
**CSO:** 023-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BELANGER WPC  
 2001 DWANER AVE  
 FORT WAYNE, IN 46803

**Report Date & Status:** 06/26/23  
**Monitoring Period:** From 8/8/10 to 8/8/10  
**DMR Due Date:** 06/26/23  
**Status:** NotDMR Validated  
**Considerations for Form Completion:** CSO: 023-002 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

Code	Parameter Name	Monitoring Location	Status # Param. MCO	Quantity or Loading			# of EL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5207	Duration	EG - Effluent Gross	0	Reg Min	MD TOTAL	RT - Inflow	WH08 - When Discharging	RT - ROOTTOT	
				Sample	Permit	Value			
				Value	MD00				
7003	Overflow volume [BSI volume, CSO volume]	EG - Effluent Gross	0	Reg Min	MD TOTAL	2R - Inflow	AL07 - All Events	RT - ROOTTOT	
				Sample	Permit	Value			
				Value	MD00				
7687	Precipitation, exactly accumulation	EG - Effluent Gross	0	Reg Min	MD TOTAL	2R - Inflow	AL07 - All Events	RT - ROOTTOT	
				Sample	Permit	Value			
				Value	MD00				
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Reg Min	MD TOTAL	4C - Inflow	AL07 - All Events	RT - ROOTTOT	
				Sample	Permit	Value			
				Value	MD00				

**Submission Note:** If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceeds, Frequency of Analysis, and Sample Type.  
**File Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETEFADUR  
**Fort Wayne WWTP:** Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-09-19 14:23 (Time Zone: -04:00)  
**Report Last Signed By:** JETEFADUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)

DMIR Copy of Record

Permit	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BEERY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 2001 DUNDEE AVE FORT WAYNE, IN 46803			
Permitted Features:	003 External Outfall	Discharge:	002-C	Status:	NotDMR Validated			
Report Dates & Status	From 08/01/23 to 08/31/23	DMIR Due Date:	09/28/23	Telephone:				
Monitoring Period:	From 08/01/23 to 08/31/23	Consolidations for Form Completion						
CSO: 002-004 MUNICIPAL MAJOR ALLEN COUNTY		Principal Executive Officer						
First Name:		Title:						
Last Name:								
No Data Indicator (NDDI)	--							
Form NOOI:	--							
Class	Permittee	Monitoring Location	Session # From, WQ09	Quantity of Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
	Sample			Qualifier 1 (Min 1 Qualifier 1) Units Qualifier 2 (Min 1 Qualifier 2) Qualifier 3 (Min 1 Qualifier 3) Qualifier 4 (Min 1 Qualifier 4) Units				
SC027	Disinfection	EG - Effluent Gross	0	Sample Permit Trc Value MGD	Reg Meter MO TOTAL EG - units C - No Discharge		WHOLE - When Discharging RT - RC02TOT	
7002	Overflow volume (500 volumes, CSO volume)	EG - Effluent Gross	0	Sample Permit Trc Value MGD	Reg Meter MO TOTAL DR - Volal C - No Discharge		ALLEN - All Events ES - ESTDMA	
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Trc Value MGD	2.00 Reg Meter MO TOTAL DR - Inflow	0	ALLEN - All Events RT - RC02TOT	
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Trc Value MGD	Reg Meter MO TOTAL EG - units C - No Discharge		ALLEN - All Events RT - RC02TOT	
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User: JETFAZMR								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityofwayne.org								
Date/Time: 2023-09-19 14:24 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
User: JETFAZMR								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityofwayne.org								
Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)								

DMR Copy of Record

Permit #	IN000791	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWIGSEN AVE FORT WAYNE, IN 46802			
Permitted Features:	054 External Outfall	Discharge:	554-C CSO-022-085 - 240 FT E OF MERCER AVE & HOLLIS LN					
Report Dates & Status		DMR Due Date:	09/28/23	Status:	MedMGR Validated			
Monitoring Period:	From 8/8/123 to 8/8/123							
Considerations for Form Completion								
CSO: 022-080 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		TELE:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD1								
Code	Parameter Name	Monitoring Location	Session # Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. Units	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	0				WH023 - When Discharging, RT - RC0070T C - No Discharge
7603	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	0				AL02V - All Events ES - ES7MA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0				AL02V - All Events RT - RC0070T
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0				AL02V - All Events RT - RC0070T

Submission Note	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.	
Edit Check Errors	
No errors	
Comments	
Attachments	
No attachments	
Report Last Saved By	JETEFADMR
FORT WAYNE WWTP	Jennifer Lash jennifer.lash@cityofwayne.org
Date/Time:	2023-09-19 14:33 (Time Zone: -04:00)
Report Last Signed By	JETEFADMR
User:	Jennifer Lash
Name:	Jennifer Lash
Email:	jennifer.lash@cityofwayne.org
Date/Time:	2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit #:** I00032191 **Permittee:** FORT WAYNE WWP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E. SEBASTY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWP  
 P.L. BRUNNER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Facility Location:**  
**Facility:** FORT WAYNE WWP  
 P.L. BRUNNER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 065 External Outfall  
**Report Dates & Status:** 695-C CSO: P06-192 - 430 FT. N OF N ANTHONY BLVD & WAYNE ST  
**Monitoring Period:** From 08/15/23 to 08/15/23 **Status:** Not/DOB Validated  
**Considerations for Permit Completion:** CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Form NO:** \_\_\_\_\_  
**Code:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Session #	Form, WQSR	Quantity or Loading	Quality or Concentration	# of TLs	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units			
5037	Surfscum	EG - Effluent Gross	0	--	Reg Min MD TOTAL, EG - Inflow C - No Discharge	Value 1000		WQSR - When Discharging	WT - RC0707
7400	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0	--	Reg Min MD TOTAL, JR - Inflow C - No Discharge	Value 1000		WQSR - When Discharging	WT - RC0707
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Reg Min MD TOTAL, JR - Inflow C - No Discharge	Value 1000		WQSR - When Discharging	WT - RC0707
8405	Discharge event observation (Missal Monitoring)	EG - Effluent Gross	0	--	Reg Min MD TOTAL, JR - Inflow C - No Discharge	Value 1000		WQSR - When Discharging	WT - RC0707

**Submittable Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETEFACMR  
**FORT WAYNE WWP**  
 User: Jennifer Lash  
 Name: jennifer.lash@cityoffortwayne.org  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-19 14:21 (Time Zone: -04:00)

**Report Last Signed By:** JETEFACMR  
 User: Jennifer Lash  
 Name: jennifer.lash@cityoffortwayne.org  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-08-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN6602191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 3601 DWENGERLANS FORT WAYNE, IN 46803			
Permitted Features:	DS5 External Outfall	Discharge:	656-C	Status:	NotDMR Validated			
Report Dates & Status	From 08/11/23 to 08/31/23	DMR Due Date:	09/26/23					
Monitoring Period:	Considerations for Permit Completion							
CSC: J03-113	MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer								
First Name:		Title:		Telephone:				
Last Name:								
No Data Indicator (NDD)								
Form NDD:								
Code	Parameter Name	Monitoring Location	Issues # Perm. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Cross	0	Sample Permit Req. Value NDD	0.28 Reg Mon MD TOTAL, 02 - Nons	0	WH02 - When Discharging, RT - RC00T0T WH05 - When Discharging, RT - RC00T0T	
7-003	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Cross	0	Sample Permit Req. Value NDD	0.048 Reg Mon MD TOTAL, 26 - Total	0	AL0V - All Events ES - ESTMA ES - ESTMA	
7087	Precipitation, monthly accumulation	EG - Effluent Cross	0	Sample Permit Req. Value NDD	2.45 Reg Mon MD TOTAL, 09 - Volume	0	AL0V - All Events RT - RC00T0T	
8-155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	Sample Permit Req. Value NDD	1.2 Reg Mon MD TOTAL, 04 - Area	0	AL0V - All Events RT - RC00T0T	
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
By attachment								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User:	JETSFADMJ							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-08-19 14:23 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
User:	JETSFADMJ							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-08-19 14:33 (Time Zone: -04:00)							

DMR Copy of Record

**Permit #:** IN002181  
**Major:** Yes  
**Permitted Features:** 007 External Outfall  
**Report Dates & Status:** From 08/31/23 to 08/31/23  
**Monitoring Period:** From 08/31/23 to 08/31/23  
**Considerations for Form Completion:**  
 CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Form NOD:**  
**Code:**

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 037-2  
 CSO: P10-121 - STORMWATER LIFTSTATION WET WELL  
**DMR Due Date:** 08/31/23  
**Facility:** Facility Location  
 FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DRESDNER AVE  
 FORT WAYNE, IN 46803  
**Status:** NotDMR Validated  
**Telephone:**

Form NOD	Permittee	Monitoring Location	Event # Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
Code	Name			Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
0037	Discharge	EG - Effluent Gross	0	Reg Seen MC TOTAL	00 - None			WHOS - When Discharging, RT - NO200F C - No Discharge
7003	Overflow volume (SS) volume, CSO volume	EG - Effluent Gross	0	Reg Seen MC TOTAL	28 - Ngal			ALJY - All Events ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Reg Seen MC TOTAL	00 - None			ALJY - All Events RT - NO200F
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Reg Seen MC TOTAL	40 - None			ALJY - All Events RT - NO200F

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceedures, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETTFACUR  
 Jettifer Lash  
 jettifer.lash@cityoffortwayne.org  
**Date Time:** 2023-08-19 14:19 (Time Zone: -04:00)  
**Report Last Signed By:** JETTFACUR  
 Jettifer Lash  
 jettifer.lash@cityoffortwayne.org  
**Date Time:** 2023-08-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0002191	Permitter:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E SENNY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803
Major:	Yes	Permit Address:		Facility Location:	
Permitted Features:	00 External Outfall	Discharge:	940-C CSC: 905-031 - 075 FT NE OF GREENWALT AVE & MAUMEE AVE	Status:	MUDMR Validated
Report Dates & Status		DMR Due Date:	09/28/23	Telephone:	
Monitoring Period:	From 08/01/23 to 08/31/23				
Considerations for Form Completion					
CSD: 066-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form M001:					

Code	Permitted Name	Monitoring Location	Section # Param. M001	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 1	Qualifier 3 Value 2			
5007	Duration	EG - Effluent Gross	0	-	Reg Meter MO TOTAL	EG - Volume	WH02 - When Discharging	RT - ROOTTOT		
7003	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-	Reg Meter MO TOTAL	24 - 19gal	AL01V - All Events	ES - ES/MA		
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2-13	SW - Volume	AL01V - All Events	RT - ROOTTOT		
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Meter MO TOTAL	4K - 40mg	AL01V - All Events	RT - ROOTTOT		

Submission Mode

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

Edit Check Errors

No errors.

Comments

Attachments

Report Last Saved By

FORT WAYNE WWTP

User:

JETFAQMR

Name:

Jennifer Leah

E-Mail:

jen.leah@cityoffortwayne.org

Date/Time:

2023-09-19 14:19 (Time Zone: -04:00)

Report Last Signed By

User:

JETFAQMR

Name:

Jennifer Leah

E-Mail:

jen.leah@cityoffortwayne.org

Date/Time:

2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Parent #** 86902191 **Parent:** FORT WAYNE WWTP **Facility:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE **Facility Location:** P.L. BRUNER WPC  
 200 E BERRY ST 2621 DOWNGER AVE  
 FT WAYNE, IN 46602 **Discharge:** 961-C **Port Wayne, IN 46603**  
**Permitted Features:** 061 External Outfall

**Report Dates & Status** **DMR Due Date:** 06/28/23 **Status:** NYSDMR Validated  
**Monitoring Period:** From 08/15/23 to 08/21/23  
 Considerations for Form Completion  
**CSO:** R14-037 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer**  
**First Name:** **Title:**  
**Last Name:** **Telephone:**

**No Data Indicator (NDD)**  
**Form NDD:** -

Code	Parameter Name	Monitoring Location	Event #	Presen. NDD	Quantity or Loading			Quality or Concentration			# of EA	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 1	Qualifier 2	Qualifier 3			
5027	Derivative	EG - Effluent Gross	0	-	Sample Parent Res. Value NDD			Op Min MO TOTAL G - No Discharge	38 - 1mg/L	WHDG - Mean Discharge	RT - RCDDP		
7103	Overflow volume (SSC volume, CSO volume)	EG - Effluent Gross	0	-	Sample Parent Res. Value NDD			Op Min MO TOTAL G - No Discharge	38 - 1mg/L	ALRY - All Events	ES - ESTMA		
7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Parent Res. Value NDD			2.8E Op Min MO TOTAL WV - 1mg/L Q	30 - 1mg/L	ALRY - All Events	RT - RCDDP		
8416	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Parent Res. Value NDD			Op Min MO TOTAL G - No Discharge	46 - 1mg/L	ALRY - All Events	RT - RCDDP		

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 JETEFADM

**PORT WAYNE WWTP**  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofportwayne.org  
 Date/Time: 2023-09-19 14:24 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofportwayne.org  
 Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)



DMR Copy of Record

**Permit**  
 Permit #: IM032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BLUNGER WPC  
 3601 CHENIERE AVE  
 FORT WAYNE, IN 46803  
 Permitted Features: S2  
 External Outfall  
 Discharge: 692-C  
 CSD: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

**Report Dates & Status**  
 Monitoring Period: From 08/01/23 to 09/01/23  
 DMR Due Date: 09/28/23  
 Status: NotDMR Validated  
 Considerations for Form Completion  
 CSD: R14-138 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:  
 Form NCO#:

Code	Permit	Monitoring Location	Station # Param. NCO#	Quantity or Loading	Quality or Compliance	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5				
5007	Duration	EG - Effluent Gross	0		Op Min MO TOTAL EG - None C - No Discharge			16105 - When Discharging RT - R02700
7420	Overflow volume (556 volume, CSD volume)	EG - Effluent Gross	0		Op Min MO TOTAL 28 - None C - No Discharge			ALBY - All Events ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		ZLR Op Min MO TOTAL 8V - None			ALBY - All Events RT - R02700
8r165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		Op Min MO TOTAL 46 - None C - No Discharge			ALBY - All Events RT - R02700

**Submission Note**  
 If a permittee now does not contain any values for the Sample per Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors**  
 No errors  
**Comments**

**Attachments**  
 No attachments  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofportwayne.org  
 Date/Time: 2023-09-19 14:24 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofportwayne.org  
 Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permit Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BREMER WPC 2601 DWIGSEN AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b>	054 External Outfall	<b>Discharge:</b>	664-C					
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	09/30/23	<b>Status:</b>	McDMR Validated			
<b>Monitoring Period:</b>	From 9/8/123 to 9/31/23							
<b>Conditions for Form Completion:</b>								
<b>CSO: 802-035 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>								
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>Last Name:</b>								
<b>No Data Indicator (NDD)</b>								
<b>Form NDD:</b>	--							
<b>Code</b>	<b>Permitter</b>	<b>Monitoring Location</b>	<b>Session # Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5007	Develon	EG - Effluent Gross	0 --	Sample Permit No. Value NDD	Reg Max MG TOTAL, EG - Inflow C - No Discharge	Value 3	Units	WH06 - West Discharge, RT - RC0707
7003	Overflow volume [588 volumes, CSO volume]	EG - Effluent Gross	0 --	Sample Permit No. Value NDD	Reg Max MG TOTAL, 3R - Inflow C - No Discharge	Value 3	Units	AL0V - All Events ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	Sample Permit No. Value NDD	3.58 Reg Max MG TOTAL, 3R - Inflow	Value 3	Units	AL0V - All Events RT - RC0707
8-155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 --	Sample Permit No. Value NDD	Reg Max MG TOTAL, 4C - Inflow C - No Discharge	Value 3	Units	AL0V - All Events RT - RC0707
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
Report Last Saved By								
FORT WAYNE WWTP								
User:								
Name: JETEFACMR								
E-Mail: jennifer.lash@cityoffortwayne.org								
Date/Time: 2023-09-19 14:19 (Time Zone: -04:00)								
Report Last Signed By								
User: JETEFACMR								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityoffortwayne.org								
Date/Time: 2023-09-15 14:33 (Time Zone: -04:00)								

DMR Copy of Record

Permit #	36032191	Permitter	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP			
Major	Yes	Permittee Address	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BOUMER WPC 3601 DWIGSEN AVE FORT WAYNE, IN 46803			
Permitted Features:	008 External Outfall	Discharge:	008-C CSD: N18-324 - 54 FT N OF NORTH-SIDE DR & GLAZIER AVE ON EAST BANK	State:	IN			
Report Date & Status		DMR Due Date:	09/28/23	MetDMR Violated				
Monitoring Period:	From 08/01/23 to 08/31/23	Considerations for Form Completion						
Principal Executive Officer		First Name:		Title:				
Last Name:		Last Name:		Telephone:				
Form NOOI		Form NOOI						
Code	Permitter Name	Monitoring Location	Section 9 Param. WQS	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
8037	Duration	EG - Effluent Gross	0	Reg Ion MO TOTAL	0	Units	WQ08 - When Discharging	BT - RC070T
				C - No Discharge				
7003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	Reg Ion MO TOTAL	28	Mgal	AL09 - All Events	EB - EB/MA
				C - No Discharge				
7007	Precipitation, equality accumulation	EG - Effluent Gross	0	Reg Ion MO TOTAL	0	Units	AL09 - All Events	BT - RC070T
				C - No Discharge				
8115	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Reg Ion MO TOTAL	0	Units	AL09 - All Events	BT - RC070T
				C - No Discharge				
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Error Checks Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>								
Name: JETEFADUR								
E-Mail: jennifer.lash@cityofwayne.org								
Date/Time: 2023-09-19 14:24 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
<b>User:</b>								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityofwayne.org								
Date/Time: 2023-09-19 14:33 (Time Zone: -04:00)								

DMR Copy of Record

**Permit:** I66032191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNSER WPC  
 3601 DIVINGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** DSO  
**Discharge:** External Outfall  
**Facility Location:**

**Report Dates & Status:** 688-C  
**DMR Due Date:** 8/28/23  
**Status:** NotDMR Validated  
**Monitoring Location:** 882833  
**Business # Param. WQS:**

**Monitoring Location:** 882833  
**Business # Param. WQS:**

Code	Parameter Name	Monitoring Location	Business # Param. WQS	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 3 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 4 Value 4	Units		
5007	Durability	EG - Effluent Gross	0	0.25	0	0	0	RT - RC0002
7403	Overflow volume (BSB volume, CSD volume)	EG - Effluent Gross	0	0.002	0	0	0	RT - RC0002
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	2.88	0	0	0	RT - RC0002
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	1.2	0	0	0	RT - RC0002

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

**Edit Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFADUR  
**PORT WAYNE WWTP:** Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-19 14:24 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADUR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-08-19 14:33 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: 80332181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 200 DENVER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 01  
 External Outfall  
 Discharge:  
 Report Dates & Status: 08/01/23 to 08/31/23  
 DMR Due Date: 08/31/23  
 Status: NIDMR Validated  
 Considerations for Form Completion: CSD - R14-032, 207 NORTH AND 717 WEST OF NEVADA & LAVERNE DR.  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 No Data Indicator (NDDI): \_\_\_\_\_  
 Form NDDI: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Code	Parameter	Monitoring Location	Event #	Param. MOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3			
5037	Sanitiser	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI					REQ MOD TOTAL, EG - NINE C - No Discharge
7403	Overflow volume (550 volumes, CSD volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI					REQ MOD TOTAL, EG - NINE C - No Discharge
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI					REQ MOD TOTAL, EG - NINE C - No Discharge
8495	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI					REQ MOD TOTAL, EG - NINE C - No Discharge

**Submittal Note**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors**  
 No errors.

**Comments**  
 Attachments  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFACUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-05-19 14:25 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFACUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-05-19 14:33 (Time Zone: -04:00)



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

October 20, 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 September 2023

We are pleased to enclose a completed CSO MRO form for the month of September 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The flow meter had to be removed at CSO 023 on July 26 due to a construction project. The City is temporarily using modeling to estimate overflows for CSO 023, CSO 024 and CSO 025 for the entire month of September on this CSO MRO report. The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of September. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21 for September.

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,

Jennifer E. Lash

Program Manager -Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### **V** – Visual Inspection

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

### **C** – Model Charts

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

### **S** – Storm Runoff

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

### **P** – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine







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

State Form 5556 (R-04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5556 (R-04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0021191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met: Y  
 Monitoring Period: [MONTH] 9-2023 Check box if no CSO discharges occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified: Y

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Daily Flow (MGD)	Peak Intensity (ft./hr.)	Peak Intensity (ft./hr.)	Precipitation (inches)	Design Average Flow (MGD)	Design Average Flow (MGD)	CSO Outfall No. 74		CSO Outfall No. 57		CSO Outfall No. 64	
									Time Discharge or Event Begins	Time Discharge or Event Ends	Time Discharge or Event Begins	Time Discharge or Event Ends	Time Discharge or Event Begins	Time Discharge or Event Ends
01	23.83	33.22	12:00 AM	5 m										
02	28.10	33.96	12:00 AM	5 m										
03	29.72	40.70	12:00 AM	5 m										
04	32.65	42.37	12:00 AM	5 m										
05	31.87	43.50	6:45 PM	0.08	0.01	0.01								
06	32.12	44.58	8:25 PM	0.17	0.02	0.02								
07	30.52	46.97	3:55 PM	0.17	0.02	0.01								
08	32.43	37.21	12:00 AM	5 m										
09	32.74	38.45	12:00 AM	5 m										
10	29.01	35.55	12:00 AM	5 m										
11	28.26	34.20	12:00 AM	5 m										
12	29.58	35.95	12:00 AM	0.75	0.09	0.04								
13	29.70	38.30	12:00 AM	5 m										
14	28.58	33.79	12:00 AM	5 m										
15	28.35	33.09	12:00 AM	5 m										
16	29.69	36.93	12:00 AM	5 m										
17	31.55	38.41	12:00 AM	5 m										
18	30.07	36.95	12:00 AM	5 m										
19	27.96	33.08	12:00 AM	5 m										
20	28.10	32.19	12:00 AM	5 m										
21	27.95	32.20	12:00 AM	5 m										
22	27.94	32.34	12:00 AM	5 m										
23	27.10	33.31	12:00 AM	5 m										
24	27.43	34.11	12:00 AM	5 m										
25	28.30	39.44	12:00 AM	5 m										
26	44.50	88.02	5:30 PM	2.55	0.85	0.46								
27	57.46	88.02	12:15 PM	2.17	0.26	0.10								
28	43.36	51.58	9:15 AM	0.67	0.09	0.04								
29	36.41	46.65	12:00 AM	5 m										
30	30.21	36.35	9:15 AM	0.08	0.01	0.01								
Totals:	956.69			6.67	1.35				0	0.00	0	0.00	0	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 10/29/23

City: Fort Wayne Permit Number: IN0021191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met: Y  
 Monitoring Period: [MONTH] 9-2023 Check box if no CSO discharges occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified: Y

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Daily Flow (MGD)	Peak Intensity (ft./hr.)	Peak Intensity (ft./hr.)	Precipitation (inches)	Design Average Flow (MGD)	Design Average Flow (MGD)	CSO Outfall No. 74		CSO Outfall No. 57		CSO Outfall No. 64	
									Time Discharge or Event Begins	Time Discharge or Event Ends	Time Discharge or Event Begins	Time Discharge or Event Ends	Time Discharge or Event Begins	Time Discharge or Event Ends
01														
02														
03														
04														
05														
06														
07														
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09														
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Totals:														

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

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 10/29/23



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 3656 (04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 3656 (04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permits Number: IN003191  
 Facility: Fort Wayne - P.L. Bruner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 9-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified.

Day of Month	CSO Outfall No. 25				CSO Outfall No. 26				CSO Outfall No. 27				CSO Outfall No. 28			
	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began
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30																
Totals:	2	0	2	0	1	0	1	0	1	0	1	0	1	0	1	0

City: Fort Wayne Permits Number: IN003191  
 Facility: Fort Wayne - P.L. Bruner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 9-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified.

Day of Month	CSO Outfall No. 25				CSO Outfall No. 26				CSO Outfall No. 27				CSO Outfall No. 28			
	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began	Time Discharge Began
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Totals:	2	0	2	0	1	0	1	0	1	0	1	0	1	0	1	0

Type of Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 250-427-6213  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON AN INQUIRY TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 10/20/23



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

State Form 5804a (8-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

CRF: Fort Wayne		Page 4 of 12		Permit Number: IN002101								
Facility: Fort Wayne - Ft. Wayne WWTP		Public Notification Requirements Met?		Y								
Monitoring Period: [MONTH] 9-2023		Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Measured (M) or Estimated (E) must be specified								
Day of Month	CSO Outfall No. 89			CSO Outfall No. 55			CSO Outfall No. 74			CSO Outfall No.		
	Time Discharge Began	Event Duration (Hours)	Point Discharge (MGD)	Time Discharge Began	Event Duration (Hours)	Point Discharge (MGD)	Time Discharge Began	Event Duration (Hours)	Point Discharge (MGD)	Time Discharge Began	Event Duration (Hours)	Point Discharge (MGD)
01												
02												
03												
04												
05												
06												
07												
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18												
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25												
26	5:40 PM	M	0.83	M	0.083	M						
27												
28												
29												
30												
Totals:	1	Y	0.83	0.083	0	Y	0.00	0.000	0	Y	0.00	0.000



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

State Form 3606 (Rev. 12)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 3606 (Rev. 12)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 5 of 12		Permit Number: IN032191		Public Notification Requirements Met?		Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 1-MONTH 9-2023		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharges occurred for the month:	
WVPP Inflow Data		Precipitation Data - Peakard Ave. W. Off Gauge		CSO Outfall No. 74		CSO Outfall No. 13		CSO Outfall No. 17	
Average Daily Flow (MGD)	Peak Daily Flow (MGD)	Time of Day	Flow Intensity (inches/hour)	Flow Intensity (inches/hour)	Time of Day	Flow Intensity (inches/hour)	Time of Day	Flow Intensity (inches/hour)	Time of Day
01	28.83	3:22	12:00 AM	5 m					
02	28.10	3:36	12:00 AM	5 m					
03	29.72	4:07	12:00 AM	5 m					
04	32.65	4:37	12:00 AM	5 m					
05	31.87	4:50	6:45 PM	0.08	0.01	0.01	5 m		
06	32.12	4:58	8:00 PM	0.33	0.11	0.11	5 m		
07	30.52	4:57	12:00 AM	5 m					
08	32.43	3:21	12:00 AM	5 m					
09	32.74	3:45	12:00 AM	5 m					
10	29.01	3:55	12:00 AM	5 m					
11	28.26	3:40	11:40 PM	0.08	0.01	0.01	5 m		
12	29.58	3:25	12:05 AM	0.67	0.08	0.03	5 m		
13	29.70	3:30	12:00 AM	5 m					
14	28.88	3:29	12:00 AM	5 m					
15	28.35	3:09	12:00 AM	5 m					
16	29.69	3:43	12:00 AM	5 m					
17	31.55	3:41	12:00 AM	5 m					
18	30.07	3:43	12:00 AM	5 m					
19	27.96	3:08	12:00 AM	5 m					
20	28.10	3:19	12:00 AM	5 m					
21	27.95	3:20	12:00 AM	5 m					
22	27.94	3:24	12:00 AM	5 m					
23	27.10	3:31	12:00 AM	5 m					
24	27.43	3:11	12:00 AM	5 m					
25	28.50	3:44	12:00 AM	5 m					
26	44.50	8:02	5:10 PM	2.58	1.15	0.55	5 m	5:45 PM	M
27	57.46	8:02	12:15 PM	2.33	0.28	0.10	5 m	3:45 PM	M
28	43.56	5:18	8:40 AM	0.75	0.09	0.05	5 m		
29	36.41	4:55	12:00 AM	5 m					
30	30.21	3:35	12:00 AM	5 m					
Totals:	950.69				6.83	1.73		2	1.434

City: Fort Wayne		Page 5 of 12		Permit Number: IN032191		Public Notification Requirements Met?		Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 1-MONTH 9-2023		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharges occurred for the month:	
WVPP Inflow Data		Precipitation Data - Peakard Ave. W. Off Gauge		CSO Outfall No. 74		CSO Outfall No. 13		CSO Outfall No. 17	
Average Daily Flow (MGD)	Peak Daily Flow (MGD)	Time of Day	Flow Intensity (inches/hour)	Flow Intensity (inches/hour)	Time of Day	Flow Intensity (inches/hour)	Time of Day	Flow Intensity (inches/hour)	Time of Day
01									
02									
03									
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Totals:									

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
Telephone: 256-427-6213

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: Jennifer E. Lash  
Date (mm/dd/yy): 10/20/23

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
Telephone: 256-427-6213

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: Jennifer E. Lash  
Date (mm/dd/yy): 10/20/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
MS Form 2000 (04-14-13)  
INTELLISA, DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
MS Form 2000 (04-14-13)  
INTELLISA, DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 6 of 12		Period Number: 00002014	
Facility: Fort Wayne - P.A. Browner WWTP		Public Notification Requirements Met?		Public Notification Requirements Met?	
Monitoring Period: 06/00/2014		Check box if the CSO discharge occurred for the month		Check box if the CSO discharge occurred for the month	
Design Peak Hourly Flow (MGD): 0.33		Maximum Discharge (M) or Estimated (E) issue for specified		Maximum Discharge (M) or Estimated (E) issue for specified	
WWTW Inflow Data		Precipitation Data (Inches) or W.L. Drop		CSO Discharge No.	
Actual Inflow (MGD)	Peak Inflow (MGD)	Time (HH:MM)	Flow (MGD)	Time (HH:MM)	Flow (MGD)
01	28.93	12:00 AM	0.08	0:01	0.01
02	28.19	12:00 AM	0.08	0:01	0.01
03	29.72	12:00 AM	0.08	0:01	0.01
04	32.69	12:00 AM	0.08	0:01	0.01
05	31.87	12:00 AM	0.08	0:01	0.01
06	32.12	12:00 AM	0.08	0:01	0.01
07	30.52	12:00 AM	0.08	0:01	0.01
08	32.60	12:00 AM	0.08	0:01	0.01
09	32.74	12:00 AM	0.08	0:01	0.01
10	29.01	12:00 AM	0.08	0:01	0.01
11	29.26	12:00 AM	0.08	0:01	0.01
12	29.38	12:00 AM	0.08	0:01	0.01
13	29.79	12:00 AM	0.08	0:01	0.01
14	28.58	12:00 AM	0.08	0:01	0.01
15	28.55	12:00 AM	0.08	0:01	0.01
16	29.69	12:00 AM	0.08	0:01	0.01
17	31.55	12:00 AM	0.08	0:01	0.01
18	30.07	12:00 AM	0.08	0:01	0.01
19	27.56	12:00 AM	0.08	0:01	0.01
20	28.19	12:00 AM	0.08	0:01	0.01
21	27.95	12:00 AM	0.08	0:01	0.01
22	27.64	12:00 AM	0.08	0:01	0.01
23	27.18	12:00 AM	0.08	0:01	0.01
24	27.43	12:00 AM	0.08	0:01	0.01
25	28.59	12:00 AM	0.08	0:01	0.01
26	44.50	12:00 PM	0.33	1:15	0.33
27	37.46	12:00 PM	0.33	1:15	0.33
28	43.34	12:00 PM	0.33	1:15	0.33
29	34.41	12:00 PM	0.33	1:15	0.33
30	30.21	12:00 PM	0.33	1:15	0.33
<b>Totals:</b>	<b>958.68</b>		<b>6.83</b>	<b>1.73</b>	

City: Fort Wayne		Page 8 of 12		Period Number: 00002014	
Facility: Fort Wayne - P.A. Browner WWTP		Public Notification Requirements Met?		Public Notification Requirements Met?	
Monitoring Period: 06/00/2014		Check box if the CSO discharge occurred for the month		Check box if the CSO discharge occurred for the month	
Design Peak Hourly Flow (MGD): 0.33		Maximum Discharge (M) or Estimated (E) issue for specified		Maximum Discharge (M) or Estimated (E) issue for specified	
WWTW Inflow Data		Precipitation Data (Inches) or W.L. Drop		CSO Discharge No.	
Actual Inflow (MGD)	Peak Inflow (MGD)	Time (HH:MM)	Flow (MGD)	Time (HH:MM)	Flow (MGD)
01	28.93	12:00 AM	0.08	0:01	0.01
02	28.19	12:00 AM	0.08	0:01	0.01
03	29.72	12:00 AM	0.08	0:01	0.01
04	32.69	12:00 AM	0.08	0:01	0.01
05	31.87	12:00 AM	0.08	0:01	0.01
06	32.12	12:00 AM	0.08	0:01	0.01
07	30.52	12:00 AM	0.08	0:01	0.01
08	32.60	12:00 AM	0.08	0:01	0.01
09	32.74	12:00 AM	0.08	0:01	0.01
10	29.01	12:00 AM	0.08	0:01	0.01
11	29.26	12:00 AM	0.08	0:01	0.01
12	29.38	12:00 AM	0.08	0:01	0.01
13	29.79	12:00 AM	0.08	0:01	0.01
14	28.58	12:00 AM	0.08	0:01	0.01
15	28.55	12:00 AM	0.08	0:01	0.01
16	29.69	12:00 AM	0.08	0:01	0.01
17	31.55	12:00 AM	0.08	0:01	0.01
18	30.07	12:00 AM	0.08	0:01	0.01
19	27.56	12:00 AM	0.08	0:01	0.01
20	28.19	12:00 AM	0.08	0:01	0.01
21	27.95	12:00 AM	0.08	0:01	0.01
22	27.64	12:00 AM	0.08	0:01	0.01
23	27.18	12:00 AM	0.08	0:01	0.01
24	27.43	12:00 AM	0.08	0:01	0.01
25	28.59	12:00 AM	0.08	0:01	0.01
26	44.50	12:00 PM	0.33	1:15	0.33
27	37.46	12:00 PM	0.33	1:15	0.33
28	43.34	12:00 PM	0.33	1:15	0.33
29	34.41	12:00 PM	0.33	1:15	0.33
30	30.21	12:00 PM	0.33	1:15	0.33
<b>Totals:</b>	<b>1</b>	<b>1</b>	<b>0.113</b>	<b>0.113</b>	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent  
 Jonathan E. Lusk, Program Manager  
 Signature of Principal Executive Officer or Authorized Agent  
 Title (must be printed)  
 06/00/2014

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent  
 Jonathan E. Lusk, Program Manager  
 Signature of Principal Executive Officer or Authorized Agent  
 Title (must be printed)  
 06/00/2014



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 60546 (6/4/01-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 60546 (6/4/01-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Permit Number: IN0032191  
 Page 7 of 12  
 Public Notification Requirements Met? Y

Monitoring Period: (MONTH) 9-2023  
 Check box if no CSO discharge occurred for the month:  Y

Design Peak Hourly Flow (MGD): 85  
 Design Average Flow (MGD): 74  
 Measured/Metered (M) or Estimated (E) must be specified.

Day of Month	Average Daily Flow (MGD)		Time Flow Begins	Time Flow Ends	Precipitation Date - Brown St. 305 Gauge	Total Daily Precipitation (Inches)	Total Daily Inflow (MGD)	Total Daily Outflow (MGD)	CSO Outfall No. 74		CSO Outfall No. 84		CSO Outfall No. 85		CSO Outfall No. 11		CSO Outfall No. 12		CSO Outfall No. 25		
	M	E							M	E	M	E	M	E	M	E	M	E	M	E	M
01	28.83	33.32	12:00 AM	5 m																	
02	28.10	33.96	12:00 AM	5 m																	
03	29.72	40.70	12:00 AM	5 m																	
04	32.65	42.37	12:00 AM	5 m																	
05	31.87	43.50	12:00 AM	5 m																	
06	32.12	44.58	8:30 PM	0.17	0.02	0.01	5 m														
07	30.52	46.97	12:00 AM	5 m																	
08	32.43	37.31	12:00 AM	5 m																	
09	32.74	38.45	12:00 AM	5 m																	
10	29.01	35.55	12:00 AM	5 m																	
11	38.26	34.20	12:00 AM	5 m																	
12	29.58	32.95	12:00 AM	5 m			0.75	0.09	0.03	5 m											
13	29.70	38.30	12:00 AM	5 m																	
14	28.58	33.79	12:00 AM	5 m																	
15	28.35	33.09	12:00 AM	5 m																	
16	29.69	36.93	12:00 AM	5 m																	
17	31.55	38.41	12:00 AM	5 m																	
18	30.07	36.93	12:00 AM	5 m																	
19	27.96	33.08	12:00 AM	5 m																	
20	28.10	32.19	12:00 AM	5 m																	
21	27.95	32.20	12:00 AM	5 m																	
22	27.94	32.34	12:00 AM	5 m																	
23	27.10	33.31	12:00 AM	5 m																	
24	27.43	34.11	12:00 AM	5 m																	
25	28.50	39.44	12:00 AM	5 m																	
26	44.50	88.02	4:40 PM	3.08	1.69	0.86	5 m														
27	57.46	88.02	12:15 PM	2.42	0.29	0.10	5 m														
28	43.36	51.58	9:10 AM	0.25	0.03	0.02	5 m														
29	36.41	46.65	12:00 AM	5 m																	
30	50.21	36.35	1:10 PM	0.08	0.01	0.01	5 m														
Totals:	950.69				6.75	2.13			0	0.00	0.000	2	0.425	0.842							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Date (m/d/yyyy): 10/20/23

City: Fort Wayne  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Permit Number: IN0032191  
 Page 7 of 12  
 Public Notification Requirements Met? Y

Monitoring Period: (MONTH) 9-2023  
 Check box if no CSO discharge occurred for the month:  Y

Design Peak Hourly Flow (MGD): 85  
 Design Average Flow (MGD): 74  
 Measured/Metered (M) or Estimated (E) must be specified.

Day of Month	Average Daily Flow (MGD)		Time Flow Begins	Time Flow Ends	Precipitation Date - Brown St. 305 Gauge	Total Daily Precipitation (Inches)	Total Daily Inflow (MGD)	Total Daily Outflow (MGD)	CSO Outfall No. 74		CSO Outfall No. 84		CSO Outfall No. 85		CSO Outfall No. 11		CSO Outfall No. 12		CSO Outfall No. 25		
	M	E							M	E	M	E	M	E	M	E	M	E	M	E	M
01	28.83	33.32	12:00 AM	5 m																	
02	28.10	33.96	12:00 AM	5 m																	
03	29.72	40.70	12:00 AM	5 m																	
04	32.65	42.37	12:00 AM	5 m																	
05	31.87	43.50	12:00 AM	5 m																	
06	32.12	44.58	8:30 PM	0.17	0.02	0.01	5 m														
07	30.52	46.97	12:00 AM	5 m																	
08	32.43	37.31	12:00 AM	5 m																	
09	32.74	38.45	12:00 AM	5 m																	
10	29.01	35.55	12:00 AM	5 m																	
11	38.26	34.20	12:00 AM	5 m																	
12	29.58	32.95	12:00 AM	5 m			0.75	0.09	0.03	5 m											
13	29.70	38.30	12:00 AM	5 m																	
14	28.58	33.79	12:00 AM	5 m																	
15	28.35	33.09	12:00 AM	5 m																	
16	29.69	36.93	12:00 AM	5 m																	
17	31.55	38.41	12:00 AM	5 m																	
18	30.07	36.93	12:00 AM	5 m																	
19	27.96	33.08	12:00 AM	5 m																	
20	28.10	32.19	12:00 AM	5 m																	
21	27.95	32.20	12:00 AM	5 m																	
22	27.94	32.34	12:00 AM	5 m																	
23	27.10	33.31	12:00 AM	5 m																	
24	27.43	34.11	12:00 AM	5 m																	
25	28.50	39.44	12:00 AM	5 m																	
26	44.50	88.02	4:40 PM	3.08	1.69	0.86	5 m														
27	57.46	88.02	12:15 PM	2.42	0.29	0.10	5 m														
28	43.36	51.58	9:10 AM	0.25	0.03	0.02	5 m														
29	36.41	46.65	12:00 AM	5 m																	
30	50.21	36.35	1:10 PM	0.08	0.01	0.01	5 m														
Totals:	950.69				6.75	2.13			0	0.00	0.000	2	0.425	0.842							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Date (m/d/yyyy): 10/20/23





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

State Form 5046 (R-04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5046 (R-04-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Branner WWTP  
 Monitoring Period: (MONTH) 9-2023  
 Design Peak Hourly Flow (MGD): 85  
 Wastewater Treatment Plant (WWTP) Plant Data

Date/Month	Daily Flow (MGD)	Peak Flow (MGD)	Peak Intensity (Inch/hr)	Peak Intensity (ft/hr)	Peak Intensity (ft/min)	Precipitation Duration (Hours)	Precipitation Rate (Inch/hr)	Flow Discharge (MGD)	CSO Outfall No. 74		CSO Outfall No. 85		CSO Outfall No. 51		CSO Outfall No. 52		CSO Outfall No. 53		CSO Outfall No. 54		
									Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins
01	28.53	37.22	12:00 AM	5 m																	
02	28.10	33.96	12:00 AM	5 m																	
03	29.72	40.70	12:00 AM	5 m																	
04	32.65	42.37	12:00 AM	5 m																	
05	31.87	43.50	3:10 PM	0.33	0.16	0.12	5 m														
06	32.12	44.38	6:55 AM	0.08	0.01	0.01	5 m														
07	30.52	46.97	12:00 AM	5 m																	
08	32.43	37.21	1:05 PM	0.08	0.01	0.01	5 m														
09	32.74	38.45	12:00 AM	5 m																	
10	29.01	35.55	12:00 AM	5 m																	
11	28.26	34.20	11:50 PM	0.08	0.01	0.01	5 m														
12	29.58	32.95	12:10 AM	0.75	0.09	0.03	5 m														
13	29.70	38.30	2:00 PM	0.33	0.06	0.06	5 m														
14	28.58	33.79	12:00 AM	5 m																	
15	28.35	33.09	12:00 AM	5 m																	
16	29.69	36.93	12:00 AM	5 m																	
17	31.55	38.41	12:00 AM	5 m																	
18	30.07	36.93	12:00 AM	5 m																	
19	27.96	33.08	12:00 AM	5 m																	
20	28.10	32.19	12:00 AM	5 m																	
21	27.95	32.20	12:00 AM	5 m																	
22	27.94	32.34	12:00 AM	5 m																	
23	27.10	33.31	12:00 AM	5 m																	
24	27.43	34.11	12:00 AM	5 m																	
25	28.50	39.44	12:00 AM	5 m																	
26	44.50	88.02	5:15 PM	3.00	0.95	0.55	5 m														
27	57.46	88.02	12:25 PM	2.25	0.30	0.10	5 m														
28	43.36	51.58	9:30 AM	0.50	0.07	0.05	5 m														
29	36.41	46.65	12:00 AM	5 m																	
30	30.21	36.35	12:00 AM	5 m																	
Totals:	950.69			7.42	1.66			0	0	0	0	0	0	0	0	0	0	0	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 260-427-6213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yyyy): 10/20/23

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Branner WWTP  
 Monitoring Period: (MONTH) 9-2023  
 Design Peak Hourly Flow (MGD): 85  
 Wastewater Treatment Plant (WWTP) Plant Data

Date/Month	Daily Flow (MGD)	Peak Flow (MGD)	Peak Intensity (Inch/hr)	Peak Intensity (ft/hr)	Peak Intensity (ft/min)	Precipitation Duration (Hours)	Precipitation Rate (Inch/hr)	Flow Discharge (MGD)	CSO Outfall No. 51		CSO Outfall No. 52		CSO Outfall No. 53		CSO Outfall No. 54		CSO Outfall No. 55		CSO Outfall No. 56		
									Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends	Time Discharge Begins	Time Discharge Ends			
01																					
02																					
03																					
04																					
05																					
06																					
07																					
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22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
Totals:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Public Notification Requirements Met?  Y  N  
 Check box if no CSO discharge occurred for the month:  Y  N  
 Measured/Metered (M) or Estimated (E) must be specified







National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (8-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 50546 (8-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: N0032191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
Monitoring Period: [MONTH] 9-2023 Check box if no CSO discharge occurred for the month:  Y  
Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified

Day of Month	WWT Plant Data		Precipitation Data - Inlet Ave. 24 Hr. Gauge		Design Average Flow (MGD)		CSO Outfall No. 74		CSO Outfall No. 33	
	Average Daily Flow (MGD)	Peak Flow (MGD)	Pre-Event Precip. (Inches)	Post-Event Precip. (Inches)	Pre-Event Flow (MGD)	Post-Event Flow (MGD)	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended
01	28.83	33.22	12:00 AM							
02	28.10	33.96	12:00 AM							
03	29.72	40.70	12:00 AM							
04	32.65	42.37	12:00 AM							
05	31.87	43.50	2:35 PM	0.42	0.27	0.20				
06	32.12	44.58	8:35 PM	0.25	0.03	0.03				
07	30.52	46.97	12:00 AM							
08	32.43	37.31	12:00 AM							
09	32.74	38.45	12:00 AM							
10	29.01	35.55	12:00 AM							
11	28.26	34.20	11:50 AM	0.08	0.01	0.01				
12	29.58	32.95	12:05 PM	0.67	0.08	0.03				
13	29.70	38.30	1:55 PM	0.33	0.07	0.06				
14	28.58	33.79	12:00 AM							
15	28.35	33.09	12:00 AM							
16	29.69	36.93	12:00 AM							
17	31.55	38.41	12:00 AM							
18	30.07	36.93	12:00 AM							
19	27.96	33.08	12:00 AM							
20	28.10	32.19	12:00 AM							
21	27.95	32.20	12:00 AM							
22	27.94	32.34	12:00 AM							
23	27.10	33.31	12:00 AM							
24	27.43	34.11	12:00 AM							
25	28.50	39.44	12:00 AM							
26	44.50	88.02	5:10 PM	2.58	1.26	0.81				
27	57.46	88.02	12:05 PM	2.00	0.24	0.09				
28	43.36	51.58	9:15 AM	0.25	0.03	0.03				
29	36.41	46.65	12:00 AM							
30	30.21	36.35	7:30 AM	0.08	0.01	0.01				
Totals:	950.69			6.67	2.00		0	0	0	3.570

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213  
Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 10/20/23

City: Fort Wayne Permit Number: N0032191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
Monitoring Period: [MONTH] 9-2023 Check box if no CSO discharge occurred for the month:  Y  
Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified

Day of Month	WWT Plant Data		Precipitation Data - Inlet Ave. 24 Hr. Gauge		Design Average Flow (MGD)		CSO Outfall No. 44		CSO Outfall No. 45		CSO Outfall No. 74	
	Average Daily Flow (MGD)	Peak Flow (MGD)	Pre-Event Precip. (Inches)	Post-Event Precip. (Inches)	Pre-Event Flow (MGD)	Post-Event Flow (MGD)	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended
01	28.83	33.22	12:00 AM									
02	28.10	33.96	12:00 AM									
03	29.72	40.70	12:00 AM									
04	32.65	42.37	12:00 AM									
05	31.87	43.50	2:35 PM	0.42	0.27	0.20						
06	32.12	44.58	8:35 PM	0.25	0.03	0.03						
07	30.52	46.97	12:00 AM									
08	32.43	37.31	12:00 AM									
09	32.74	38.45	12:00 AM									
10	29.01	35.55	12:00 AM									
11	28.26	34.20	11:50 AM	0.08	0.01	0.01						
12	29.58	32.95	12:05 PM	0.67	0.08	0.03						
13	29.70	38.30	1:55 PM	0.33	0.07	0.06						
14	28.58	33.79	12:00 AM									
15	28.35	33.09	12:00 AM									
16	29.69	36.93	12:00 AM									
17	31.55	38.41	12:00 AM									
18	30.07	36.93	12:00 AM									
19	27.96	33.08	12:00 AM									
20	28.10	32.19	12:00 AM									
21	27.95	32.20	12:00 AM									
22	27.94	32.34	12:00 AM									
23	27.10	33.31	12:00 AM									
24	27.43	34.11	12:00 AM									
25	28.50	39.44	12:00 AM									
26	44.50	88.02	5:10 PM	2.58	1.26	0.81						
27	57.46	88.02	12:05 PM	2.00	0.24	0.09						
28	43.36	51.58	9:15 AM	0.25	0.03	0.03						
29	36.41	46.65	12:00 AM									
30	30.21	36.35	7:30 AM	0.08	0.01	0.01						
Totals:	950.69			6.67	2.00		0	0	0	0	0	3.570

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213  
Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 10/20/23



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: 112] of 112]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 9-2023	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	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	Wet Weather Day
27	Wet Weather Day
28	
29	
30	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Jennifer E. Lash, Program Manager	Telephone 260-427-6213
---	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent Jennifer E. Lash	Date (mm/dd/yy) 10/20/23
--	-----------------------------

DMIR Copy of Record

**Permit:** IN6632191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** 002  
 External Outfall  
**Discharge:** 003-C  
 CSO 008-104 - 002 POND - WHEN USED AS CSO ONLY - 3359 FT W OF COLISEUM BLVD  
**Status:** NotDMIR Validated

**Report Dates & Status:**  
**Monitoring Period:** From 09/01/23 to 09/30/23  
**Considerations for Form Completion:** 19/28/23

**CSO - 002 POND WHEN USED AS CSO ONLY**  
**Principal Executive Officer:**  
**First Name:** Jennifer  
**Last Name:** Lash  
**Title:** Program Manager  
**Telephone:** 260-427-5213

**No Data Indicator (NDD):** -  
**Form NDD:** -

Code	Parameter Name	Monitoring Location	Section #	Permit NDD	Quantity or Loading			# of EA	Frequency of Analysis	Sample Type
					Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3			
50027	Dwellin	EG - Effluent Gross	0	-	Req Mon MO TOTAL, EG - Inflow C - No Discharge	WY03 - When Discharging	RT - NDDTOT			
10053	Overflow volume (588 volumes, CSO volumes)	EG - Effluent Gross	0	-	Req Mon MO TOTAL, 24 - Mgal C - No Discharge	AL03 - All Events	EG - EST06A			
70067	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.00 Req Mon MO TOTAL, 500 - Inflow \$	AL03 - All Events	RT - NDDTOT			
94195	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL, 46 - Inflow C - No Discharge	AL03 - All Events	RT - NDDTOT			

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

**DR Check Errors:**  
 No errors

**Comments:**

**Attachments:**

Name	Type	Size
R0002191_0005_Lash_2023_09.pdf	pdf	181720.0
R0002191_0005_CSO002_2023_09.pdf	pdf	489086.0

**Report Last Saved By:**  
 FORT WAYNE WWTP

**User:** JETEFADMJ  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:27 (Time Zone: -04:00)

**Report Last Signed By:**  
**User:** JETEFADMJ  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMIR Copy of Record

<b>Permit</b>		<b>Permit#:</b> 90002191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BELANES VBC 2601 DRUMMER AVE FORT WAYNE, IN 46803	
<b>Permitted Feature:</b> 003 External Outfall		<b>Discharge:</b> 603-C CSO F10-025, 001 POND - 800 FT E OF PEABERTON CR		<b>Status:</b> 1026723		<b>Statustc:</b> NotCSDB Validated	
<b>Report Dates &amp; Status</b>		<b>Monitoring Location:</b> EG - Effluent Gross		<b>Quantity or Loading:</b>		<b># of E.C. Frequency of Analysis:</b>	
<b>Monitoring Period:</b> From 09/01/23 to 09/30/23		<b>DMR Due Date:</b>		<b>Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 2 Qualifier 4 Value 3 Qualifier 5</b>		<b>Units</b>	
<b>Considerations for Form Completion</b>		<b>CSO - 001 POND WHEN USED AS CSO ONLY</b>		<b>Permit Rec. Value MDD</b>		<b>Sample Type</b>	
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL When Discharging RT - RC010T</b>	
<b>First Name:</b>		<b>Last Name:</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - No Discharge</b>	
<b>No Data Indicator (NDD)</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Form NDD:</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Code</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>50017 Duration</b>		<b>EG - Effluent Gross</b> 0		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>7-020 Overflow volume (SSB volume, CSO volume)</b>		<b>EG - Effluent Gross</b> 0		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>7887 Prescriptions, monthly accumulation</b>		<b>EG - Effluent Gross</b> 0		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>84165 Discharge event observation (Visual Monitoring)</b>		<b>EG - Effluent Gross</b> 0		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Submission Note</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Get Check Errors</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>No errors.</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Comments</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Attachments</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Report List Saved By</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>FORT WAYNE WWTP</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>User:</b> JETEFADMIR		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Name:</b> Jennifer Leah		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Email:</b> jennifer.leah@cityofwayne.org		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Date/Time:</b> 2023-10-20 14:13 (Time Zone: -04:00)		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Report List Signed By</b>		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>User:</b> JETEFADMIR		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Name:</b> Jennifer Leah		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Email:</b> jennifer.leah@cityofwayne.org		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	
<b>Date/Time:</b> 2023-10-20 14:29 (Time Zone: -04:00)		<b>Permit Rec. Value MDD</b>		<b>Permit Rec. Value MDD</b>		<b>WVCSL - All Events</b>	

DMR Copy of Record

<b>Permit</b> Permit #: 90002191 Major: Yes		FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		FORT WAYNE WWTP P.L. BRUNNER WPC 2671 DIVIDEN AVE FORT WAYNE, IN 46823	
Permitted Features: 004 External Outfall		Discharge: 994-C CSO, 302-090, 210 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER		Facility Location:	
Report Dates & Status Monitoring Period: From 8/8/1/23 to 8/30/23 Considerations for Permit Completion CSO, 302-090 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer		DMR Due Date: 10/28/23		Status: Not DMR Validated	
First Name: Last Name: No Data Indicator (NDD)		Title:		Telephone:	
Form NDD:		Permit #:		Sample #:	
Code:		Monitoring Location:		Quality or Concentration:	
50037 Duration		EQ - Effluent Gross 0		Qualifier 1 Qualifier 2 Qualifier 3 Qualifier 4 Qualifier 5 Qualifier 6 Qualifier 7 Qualifier 8 Qualifier 9 Qualifier 10 Value 1 Value 2 Value 3 Value 4 Value 5 Value 6 Value 7 Value 8 Value 9 Value 10	
70953 Overflow volume [585 volume, CSO volume]		EQ - Effluent Gross 0		Req Mon MD TOTAL, EQ - Inflow C - No Discharge WNGDS - When Discharging RT - SCOTOT	
78887 Precipitation, monthly accumulation		EQ - Effluent Gross 0		Req Mon MD TOTAL, EQ - Inflow C - No Discharge WNGDS - When Discharging RT - SCOTOT	
84185 Discharge event observation (Visual Monitoring)		EQ - Effluent Gross 0		Req Mon MD TOTAL, EQ - Inflow C - No Discharge WNGDS - When Discharging RT - SCOTOT	
Submission Note If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.					
EIR Check Errors No errors.					
Comments					
Attachments No attachments.					
Report Last Saved By FORT WAYNE WWTP					
User:		JETEFACMR Jennifer Lash jennifer.lash@cityoffortwayne.org		Date/Time: 2023-10-20 14:53 (Time Zone: -04:00)	
Report Last Signed By					
User:		JETEFACMR Jennifer Lash jennifer.lash@cityoffortwayne.org		Date/Time: 2023-10-20 14:29 (Time Zone: -04:00)	

DMR Copy of Record

**Permit #** 96032191 **Permittee:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46803  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BELANGER WPC  
 3001 CHENAUER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 005 External Outfall **Discharge:** 905-C  
 CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD  
**Report Date & Status:** 10/28/23 **Status:** NotDMR Validated  
**Monitoring Period:** From 09/01/23 to 09/30/23  
**Considerations for Form Completion:**  
 CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Form NO2:** -- **No Data Indicator (NO2):** --

Code	Parameter	Note	Monitoring Location	Status of Param. NO2	Quantity or Loading		Quality or Concentration		# PTEs	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
80237	Station		EG - Effluent Disch	0	--			4.28	0	Events	WQ05 - When Discharging RT - RC0707 WQ05 - When Discharging RT - RC0707
			EG - Effluent Disch	0	--			3.842	0	26 - Mgal	AL07 - All Events AL07 - All Events
			EG - Effluent Disch	0	--			2.13	0	267 - 6000	AL07 - All Events AL07 - All Events
			EG - Effluent Disch	0	--			3.3	0	46 - 6000	AL07 - All Events AL07 - All Events

**Submitter Note:**  
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETEFADMW  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-30 14:07 (Time Zone: -04:00)  
**Report Last Signed By:**  
 JETEFADMW  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-30 14:29 (Time Zone: -04:00)

DMR Copy of Record

Permit #	M0032191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC 2607 DAVENPORT AVE FORT WAYNE, IN 46603			
Permitted Features:	007 External Outfall	Discharge:	987-C CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.	State:	NotCDMR Validated			
Report Dates & Status		DMR Due Date:	15/28/23					
Monitoring Period:	From 09/15/22 to 09/30/23							
Considerations for Form Completion								
CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD:								
Code	Parameter	Monitoring Location	Series # Param. NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
5027	Disinfect	EG - Effluent Gross	0		Reg Inten MD TOTAL	EG - Nitra	WQ02 - When Discharging	BT - RC07TOT
					C - No Discharge			
7403	Overflow volume (556 volumes, CSO volume)	EG - Effluent Gross	0		Reg Inten MD TOTAL	JK - Sgal	AJEN - All Events	ES - ES7MA
					C - No Discharge			
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0		Reg Inten MD TOTAL	SW - nitra	AJEN - All Events	BT - RC07TOT
					2.13			
					Reg Inten MD TOTAL	SW - nitra	AJEN - All Events	BT - RC07TOT
					C - No Discharge			
8410	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Reg Inten MD TOTAL	JK - Sgal	AJEN - All Events	BT - RC07TOT
					C - No Discharge			
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample (or Effluent) Testing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Exit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User:	JTTEFAOUR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-10-20 14:26 (Time Zone: -04:00)							
<b>Report Last Signed By</b>								
User:	JTTEFAOUR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-10-20 14:26 (Time Zone: -04:00)							



DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IN0002191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
<b>Major:</b>	Yes	<b>Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DWANSEY AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	0-11 External Outfall	<b>Discharge:</b> 8F1-C CSC: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.	
<b>Report Dates &amp; Status</b>	<b>Monitoring Period:</b> From 9/9/10 to 9/30/23	<b>DMR Due Date:</b> 10/28/23	<b>Status:</b> NotDMR Validated
<b>Considerations for Form Completion</b>	CSD: K06-233 MUNICIPAL MAJOR ALLEN COUNTY		
<b>Principal Executive Officer</b>	Telephone:		
<b>First Name:</b>	Title:		
<b>Last Name:</b>	Telephone:		
<b>No Data Indicator (NDDI)</b>	-		
<b>Form NOC:</b>	-		

Code	Parameter Name	Monitoring Location	Session #	Permit NOC	Quality or Loading		Quantity or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Proc Value NOC						Reg Min MD TOTAL 42 - time C - No Discharge
7403	Overflow volume (558 volumes, CSD volume)	EG - Effluent Gross	0	-	Sample Permit Proc Value NOC						Reg Min MD TOTAL 24 - mgal C - No Discharge
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Proc Value NOC						2.13 Reg Min MD TOTAL 59 - inches C - No Discharge
8455	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Proc Value NOC						Reg Min MD TOTAL 46 - time C - No Discharge

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

**ESR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:08 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:09 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>	IN0002194	<b>Permittee</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility</b>	FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
<b>Major:</b>	Yes	<b>Permittee Address:</b>		<b>Facility Location:</b>		
<b>Permitted Features:</b>	012 External Outfall	<b>Discharge:</b>	013-C CSO K06-234 - 235 FT SE OF MAIN ST. & CAMP ALLEN DR.	<b>Status:</b>	MaxDMR Validated	
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	10/28/23			
<b>Monitoring Period:</b>	From 08/01/23 to 09/06/23					
<b>Considerations for Form Completion</b>						
<b>CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY</b>						
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>		
<b>First Name:</b>						
<b>Last Name:</b>						
<b>No Data Indicator (NDD)</b>						
<b>Form NDD:</b>						
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Section # Param. NDD</b>	<b>Quality of Compliance</b>	<b>Quality of Analysis</b>	<b>Sample Type</b>
				Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 2 Qualifier 4	Units	Frequency of Analysis
1007	Duration	EG - Effluent Gross	0 --	2.58 Reg Min MD TOTAL, EG - Inflow	0	WY08 - When Discharging RT - ROOTOT WY08 - When Discharging RT - ROOTOT
1008	Overflow volume (558 volume, CSO volume)	EG - Effluent Gross	0 --	1.507 Reg Min MD TOTAL, 28 - Infl	0	AL07 - All Events ES - ESTMA AL07 - All Events ES - ESTMA
1009	Precipitation, monthly accumulation	EG - Effluent Gross	0 --	2.13 Reg Min MD TOTAL, 28 - Inflow	0	AL07 - All Events RT - ROOTOT AL07 - All Events RT - ROOTOT
04155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 --	0.0 Reg Min MD TOTAL, 06 - Efflu	0	AL07 - All Events RT - ROOTOT AL07 - All Events RT - ROOTOT
<b>Submitter Note</b>						
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.						
<b>Edit Check Errors</b>						
No errors.						
<b>Comments</b>						
Attachments						
Report Last Saved By						
FORT WAYNE WWTP						
<b>User:</b>	JETEFACHR					
<b>Name:</b>	Jennifer Lash					
<b>E-Mail:</b>	jennifer.lash@cityofjaywayne.org					
<b>Case/Time:</b>	2023-10-25 14:08 (Time Zone: -04:00)					
<b>Report Last Signed By</b>	JETEFACHR					
<b>User:</b>	Jennifer Lash					
<b>Name:</b>	Jennifer Lash					
<b>E-Mail:</b>	jennifer.lash@cityofjaywayne.org					
<b>Date/Time:</b>	2023-10-25 14:23 (Time Zone: -04:00)					

DMR Copy of Record

<b>Permit</b>	IN0002191	<b>Permittee</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	FORT WAYNE WWTP P.L. BILMAYER WPC 2601 DRENGER AVE FORT WAYNE, IN 46803			
<b>Permit Major:</b>	Yes	<b>Permit Address:</b>						
<b>Permitted Features:</b>	013 External Outfall	<b>Discharge:</b>	813-C CSO: K06-358 - 80 FT N OF THEME DR & BERRY ST					
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	152823	<b>Status:</b>	NotDMR Validated			
<b>Monitoring Period:</b>	From 08/01/23 to 09/30/23							
<b>Contributions for Flow Computation:</b>								
<b>CSO: K06-358 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>								
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>Last Name:</b>								
<b>No Data Indicator (NDDI)</b>								
<b>Form NDDI:</b>	--							
<b>Code</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Section # Param. NDDI</b>	<b>Quantity of Loading</b>	<b>Quality or Concentration</b>	<b># of EA</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
8037	None	EG - Effluent Gross	0 --	Sample Permit Trc Value NDDI	0.28 Reg Min MD TOTAL	0	0	ES - ESTMA
7003	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0 --	Sample Permit Trc Value NDDI	1.04 Reg Min MD TOTAL	0	0	ES - ESTMA
1887	Precipitates, mainly accumulation	EG - Effluent Gross	0 --	Sample Permit Trc Value NDDI	1.73 Reg Min MD TOTAL	0	0	ES - ESTMA
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 --	Sample Permit Trc Value NDDI	3.0 Reg Min MD TOTAL	0	0	ES - ESTMA
<b>Submission Note</b>								
If a permittee row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b> JETSFADAR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-10-20 14:00 (Time Zone: -04:00)								
<b>Report Last Signed By</b>								
JETSFADAR								
<b>Name:</b> Jennifer Lash								
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b> 2023-10-20 14:00 (Time Zone: -04:00)								

DMR Copy of Record

**Permit**  
 Permit #: IM0002181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Permitted Features: 017 External Outfall  
 CSO: K07-175 - 130 FT SW OF ST. MARY'S POORY & WALDRON CIRCLE  
 07A-C

**Reporting Dates & Status**  
 Monitoring Period: From 08/01/23 to 08/30/23  
 Status: MCDMR Validated  
 Considerations for Form Completion: 182823

CSO: K07-175A-K07PA, MADISON COUNTY  
 Principal Executive Officer: [Blank]  
 First Name: [Blank]  
 Last Name: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

No Data Indicator (NOD): [Blank]  
 Form NOD: [Blank]

Code	Parameter Name	Monitoring Location	Section & Permit NOD	Quantity of Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5
5037	Doratal	EG - Effluent Gross	0	0	0	0	0	0
1405	Overflow volume (588 volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0	0
1087	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	0
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0	0

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

**608 Check Errors**  
 No errors

**Comments**  
 [Blank]

**Attachments**  
 No attachments

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-10-20 14:00 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DWINGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: D1E External Outfall  
 Discharge: 618-C  
 CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD  
 Report Date & Status: 10/28/23  
 Monitoring Period: From 08/19/23 to 09/30/23  
 Considerations for Form Completion: NoChRM Validated  
 CSO: K11-165(MUNICIPAL MAJOR/MULLEN COUNTY)  
 Principal Executive Officer:  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NOD):  
 Form NOD:

Code	Parameter Name	Monitoring Location	Screen # Param. NOD	Quantity of Loading		Quality or Consumption		# of EA	Frequency of Analysis	Sample Type
				Qualifier 1 Value (1 Quarter)	Qualifier 2 Value (2 Quarters)	Qualifier 3 Value (3 Quarters)	Qualifier 4 Value (4 Quarters)			
5037	Duration	EG - Effluent Gross	0	--	0	0	0	0	10-47 Res Min MO TOTAL	ES - Storm ES - Storm Res Min MO TOTAL
71003	Overflow volume (580 volume, CSO volume)	EG - Effluent Gross	0	--	0	0	0	0	6176 Res Min MO TOTAL	ES - Storm ES - Storm Res Min MO TOTAL
71007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	0	0	0	0	1.73 Res Min MO TOTAL	ES - Storm ES - Storm Res Min MO TOTAL
811E	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	0	0	0	0	3.0 Res Min MO TOTAL	ES - Storm ES - Storm Res Min MO TOTAL

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

**EDR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFAQMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:01 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFAQMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:23 (Time Zone: -04:00)

DMIR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BELANGER WPC  
 200 S BERRY ST  
 FT WAYNE, IN 46802

Permittee: FORT WAYNE WWTP  
 City of Fort Wayne  
 200 S BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 00B-C  
 CSO: K15-116 - 1200 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status  
 Monitoring Period: From 09/01/23 to 09/30/23  
 DMR Due Date: 10/26/23  
 Status: MUDMR Validated

Considerations for Form Completion  
 CEC: K15-150 MUNICIPAL MAJORALLEN COUNTY

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

No Data Indicator (NDD)  
 Form NDD:

Code	Parameter Name	Monitoring Location	Method #	Form NDD	Quantity or Loading	Quality or Compliance	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Units		
0037	Duration	00 - Effluent Gross	0	-	3.74 Per Mon MO TOTAL	00 - 0000 00 - 0000	00 - 0000	00 - 0000	00 - 0000
1003	Overflow volume [888 volume, CSO volume]	00 - Effluent Gross	0	-	1.74 Per Mon MO TOTAL	00 - 0000 00 - 0000	00 - 0000	00 - 0000	00 - 0000
7087	Precipitation, monthly accumulation	00 - Effluent Gross	0	-	1.79 Per Mon MO TOTAL	00 - 0000 00 - 0000	00 - 0000	00 - 0000	00 - 0000
94105	Discharge event observation [Visual Monitoring]	00 - Effluent Gross	0	-	3.0 Per Mon MO TOTAL	00 - 0000 00 - 0000	00 - 0000	00 - 0000	00 - 0000

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

EDR Check Errors  
 No errors.

Comments

Attachments

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMK

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-10-20 14:02 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMK

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

Permit	IN002191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP			
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location	P.L. BILSNER WPC 3601 DAVENGER AVE FORT WAYNE, IN 46603			
Permitted Features	021 External Outfall	Discharge	021-C CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE	Scopes	MetDMR Validated			
Report Dates & Status		DMR Due Date	10/28/23					
Monitoring Period	From 8/9/1/23 to 8/9/26/23							
Considerations for Permit Completion								
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title		Telephone				
First Name:								
Last Name:								
No Data Indicator (NOD)								
Form NOD:								
Permittee Name	Monitoring Location	Sampled From	NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50307	Sanitation	ES - Effluent Gross	0		3.39	ES - 1/line	ES - 1/line	WH05 - When Discharging RT - RC000F WH05 - When Discharging RT - RC000F
74593	Overflow volume (SSD volume, CSO volume)	ES - Effluent Gross	0		0.13	ES - 1/line	ES - 1/line	AL07 - All Events AL07 - All Events
78857	Precipitation, monthly accumulation	ES - Effluent Gross	0		1.23	ES - 1/line	ES - 1/line	AL07 - All Events AL07 - All Events
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0		1.2	ES - 1/line	ES - 1/line	AL07 - All Events AL07 - All Events
Submission Note	If a permittee does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.							
ESR Check Errors								
No errors								
Comments								
Attachments								
No attachments								
Report Last Saved By								
FORT WAYNE WWTP								
User:	JTEFFACMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-10-20 14:52 (Time Zone: -04:00)							
Report Last Signed By								
User:	JTEFFACMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-10-20 14:23 (Time Zone: -04:00)							

DMR Copy of Record

<b>Parent</b>											
<b>Parent #:</b>	IN002191	<b>Permitted:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility:</b>	Fort Wayne WWTP P.L. BRUNNER WPC 2602 DRENGER AVE FORT WAYNE, IN 46803				
<b>Major:</b>	003 External Outfall	<b>Discharge:</b>	ES-C	<b>DMR Due Date:</b>	10/28/23	<b>Status:</b>	Not DMR Validated				
<b>Report Date &amp; Status</b>											
<b>Monitoring Period:</b>	From 8/9/123 to 8/9/2023										
<b>Considerations for Permit Compliance</b>	CSO: US-103/MUNICIPAL MAJORALLEN COUNTY										
<b>Principal Executive Officer</b>											
<b>Last Name:</b>	Title:										
<b>No Data Indicator (NDD)</b>											
<b>Form NDD:</b>											
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Season</b>	<b>Param. NDD</b>	<b>Sample Permit Req. Value NDD</b>	<b>Quantity of Loading</b>	<b>Quality of Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>	
5007	Buncheon	ES - Effluent Gross	6	-	-	3.42 Req Min: MO TOTAL, 82 - lb/day	0	0	3K - Mgr	ES - ESTMA	
7003	Overflow volume (350 volume, CSO volume)	ES - Effluent Gross	6	-	-	0.27 Req Min: MO TOTAL, 28 - Mgr	0	0	3K - Mgr	ES - ESTMA	
7887	Precipitation, monthly accumulation	ES - Effluent Gross	6	-	-	1.28 Req Min: MO TOTAL, 89 - lb/day	0	0	3K - Mgr	ES - ESTMA	
84105	Discharge event observations (Plant Monitoring)	ES - Effluent Gross	6	-	-	2.2 Req Min: MO TOTAL, 44 - lb/day	0	0	3K - Mgr	ES - ESTMA	
<b>Submission Note</b>											
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.											
<b>EDR Check Errors</b>											
No errors.											
<b>Comments</b>											
Attachments											
No attachments.											
<b>Report Last Saved By</b>											
FORT WAYNE WWTP											
<b>User:</b>	JTEFADM										
<b>Name:</b>	Jennifer Lash										
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org										
<b>Date/Time:</b>	2023-10-20 13:58 (Time Zone: -04:00)										
<b>Report Last Signed By</b>											
<b>User:</b>	JTEFADM										
<b>Name:</b>	Jennifer Lash										
<b>E-Mail:</b>	jennifer.lash@cityofwayne.org										
<b>Date/Time:</b>	2023-10-20 14:29 (Time Zone: -04:00)										



DMR Copy of Record

**Permit #:** IN0021311  
**Major:** Yes  
**Permitted Features:** C04  
 Exernal Outfall  
**Report Dates & Status:**  
 Monitoring Period: From 05/17/23 to 05/02/23  
 DMR Due Date: 10/28/23  
 Status: NotDMR Validated  
**Considerations for Permit Completion:**  
 CSO, L04-SDMUNICIPAL MAJORALLEN COUNTY  
**Facility:**  
 FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:**  
 FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2001 OWENSER AVE  
 FORT WAYNE, IN 46803  
**Discharge:**  
 CSD: L04-430 - 200 FT. N. OF SUPERIOR ST. & FAIRFIELD AVE

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

Code	Parameter Name	Monitoring Location	Seasonal Permit MGR	Sample Permit Req	Value 1	Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
50207	Durhman	EG - Effluent Gross	0	-	3.68		mg/L	1	WWS - When Discharging RT - RCOTOT	RT - RCOTOT
71003	Overflow volume (588 volume, CSO volume)	EG - Effluent Gross	0	-	2.00		ft <sup>3</sup> /Mgal	1	WWS - When Discharging RT - RCOTOT	RT - RCOTOT
71887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.20		in	1	WWS - When Discharging RT - RCOTOT	RT - RCOTOT
84-105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	3.0		in	1	WWS - When Discharging RT - RCOTOT	RT - RCOTOT

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**EDI Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 JETEFADM  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-10-20 13:58 (Time Zone: -04:00)  
**Report Last Signed By:**  
 JETEFADM  
 Jennifer Lash  
 jennifer.lash@cityofwayne.org  
 2023-10-20 14:26 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN0002191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP					
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BRUNER WPC 2601 DUNNAGE AVE FORT WAYNE, IN 46803					
<b>Permitted Pesticides:</b> 025 External Outfall		<b>Discharge:</b>		<b>025-C</b>							
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 10/28/23		<b>Status:</b>		NotDMR Validated					
<b>Monitoring Period:</b> From 09/1/23 to 09/30/23											
<b>Considerations for Form Completion</b>											
<b>Principal Executive Officer</b>											
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>							
<b>Last Name:</b>											
<b>No Data Indicator (NDD)</b>											
<b>Form NO2E</b>											
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Event #</b>	<b>Permit Type</b>	<b>Value 1</b>	<b>Value 2</b>	<b>Value 3</b>	<b>Units</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
80207	Durbanon	EG - Effluent Disch	0	0	0	0	0	0	0	0	0
74063	Overflow volume (559 volume, CSO volume)	EG - Effluent Disch	0	0	0	0	0	0	0	0	0
78887	Precipitation, monthly accumulation	EG - Effluent Disch	0	0	0	0	0	0	0	0	0
84195	Discharge event observation (Disal Monitoring)	EG - Effluent Disch	0	0	0	0	0	0	0	0	0

Code	Parameter	Monitoring Location	Event #	Permit Type	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
80207	Durbanon	EG - Effluent Disch	0	0	0	0	0	0	0	0	0
74063	Overflow volume (559 volume, CSO volume)	EG - Effluent Disch	0	0	0	0	0	0	0	0	0
78887	Precipitation, monthly accumulation	EG - Effluent Disch	0	0	0	0	0	0	0	0	0
84195	Discharge event observation (Disal Monitoring)	EG - Effluent Disch	0	0	0	0	0	0	0	0	0

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

**EDT Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-10-20 13:59 (Time Zone: -04:00)

**Report Last Signed By**  
**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IM002191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permit Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803	
<b>Permitted Feature:</b> 007 Excess Discharge		<b>Discharge:</b>		<b>Discharge:</b> 007-C			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 10/20/23		<b>Status:</b>		MaxDMR Validated	
<b>Monitoring Period:</b> From 9/9/123 to 9/9/2023							
<b>Consolidations for Permit Completion:</b>							
<b>CSO:</b> M10-020 MUNICIPAL MAJORALLEN COUNTY							
<b>Principal Executive Officer:</b>							
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>			
<b>Last Name:</b>							
<b>No Data Indicator (NDD):</b> --							
<b>Form NDD:</b>							
<b>Zone:</b>		<b>Monitoring Location:</b> Station # Permit, NDD		<b>Quantity of Loading:</b> Quotient 1 (Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4) Quotient 5 (Value 5 Quotient 6 Value 6) Quotient 7 (Value 7 Quotient 8 Value 8) Quotient 9 (Value 9 Quotient 10 Value 10)		<b># of Ex.:</b> Frequency of Analysis Sample Type	
30037	Dunfield	EG - Effluent Gross	0	--	Sample Permit Rec Value NDD	Req Max MD TOTAL, All - Inflow C - No Discharge	WVCS - When Discharging RT - RCOTOT
14053	Overflow volume (SSC volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Rec Value NDD	Req Max MD TOTAL, RT - Inflow C - No Discharge	ALBY - All Events ES - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec Value NDD	3.0 Req Max MD TOTAL, RT - Inflow C - No Discharge	ALBY - All Events RT - RCOTOT ALBY - All Events RT - RCOTOT
84188	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Rec Value NDD	Req Max MD TOTAL, All - Inflow C - No Discharge	ALBY - All Events RT - RCOTOT
<b>Submission Note</b>		If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.					
<b>EEZ Check Errors</b>							
<b>No errors.</b>							
<b>Comments</b>							
<b>Attachments</b>							
<b>No attachments.</b>							
<b>Report Last Saved By</b>							
<b>FORT WAYNE WWTP</b>							
<b>User:</b>	JTEFADM						
<b>Name:</b>	Jennifer Lash						
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org						
<b>Date/Time:</b>	2023-10-20 14:16 (Time Zone: -04:00)						
<b>Report Last Signed By</b>	JTEFADM						
<b>Name:</b>	Jennifer Lash						
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org						
<b>Date/Time:</b>	2023-10-20 14:29 (Time Zone: -04:00)						

DMR Copy of Record

**Permit**  
 Permit #: IN022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BLUNGER WPC  
 2601 DWANER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: G38  
 External Outfall  
 Discharge:  
 CSD: M10-026 - 150 FT. E. OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE  
 026-C  
 Report Dates & Status: 10/28/23  
 Monitoring Period: From 09/01/23 to 09/28/23  
 Considerations for Flow Completion  
 CSD: M10-23BUNICIPAL MAJORGALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 No Data Indicator (NDD):  
 Form NDD:

Code	Permit	Monitoring Location	Session #	Permit NDD	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
5037	Overflow	EG - Effluent Gross	0	-	Reg Mon MD TOTAL	AE - None	WHOLE - When Discharging RT - RC0000		
					G - No Discharge				
7103	Overflow volume (500 volume, C50 volume)	EG - Effluent Gross	0	-	Reg Mon MD TOTAL	AE - None	AUEV - AE Events		ES - ESTMA
					G - No Discharge				
7187	Precipitation, weekly accumulation	EG - Effluent Gross	0	-	1.00	BY - None	AUEV - AE Events		RT - RC0000
					Reg Mon MD TOTAL	BY - None	AUEV - AE Events		RT - RC0000
8105	Discharge event observations (Flow Monitoring)	EG - Effluent Gross	0	-	Reg Mon MD TOTAL	AE - None	AUEV - AE Events		RT - RC0000
					G - No Discharge				

**Exclusion Note**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Est Check Errors**  
 No errors.  
**Comments**  
**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-20 14:09 (Time Zone: -04:00)  
**Report Last Signed By**  
 User: JETEFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> M0032191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
		<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b> P.L. BRUNNER WPC 2007 DAVISGER AVE FORT WAYNE, IN 46803	
<b>Permitted Feature:</b> CS External Outfall		<b>Discharge:</b>					
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 10/28/23		<b>Status:</b> NonDMR Violated			
<b>Monitoring Period:</b> From 08/15/22 to 09/30/23							
<b>Considerations for Form Completion</b>							
<b>CS: M10-35MUNICIPAL MAJORALLEN COUNTY</b>							
<b>Principal Executive Officer</b>							
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>			
<b>Last Name:</b>							
<b>No Data Indicator (NDD)</b>							
<b>Form NDD</b>							
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Subnet # Param. NDD</b>	<b>Quantity of Loading</b>	<b>Quality of Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Value 1 Value 2 Value 3 Value 4	Units	Sample Type
5027	Duration	EG - Effluent Gross	0	Sample Permit Rec Value NDD	0.28	Reg Ion MD TOTAL	Reg - WWSW Reg - WWSW Reg - WWSW Reg - WWSW
3063	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Rec Value NDD	0.22	Reg Ion MD TOTAL	Reg - WWSW Reg - WWSW Reg - WWSW Reg - WWSW
7087	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Rec Value NDD	1.28	Reg Ion MD TOTAL	Reg - WWSW Reg - WWSW Reg - WWSW Reg - WWSW
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Rec Value NDD	1.3	Reg Ion MD TOTAL	Reg - WWSW Reg - WWSW Reg - WWSW Reg - WWSW
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample rec, Effluent Trading, then none of the following fields will be submitted for that rec: Units, Number of Excessions, Frequency of Analysis, and Sample Type.							
<b>ESR Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments							
No attachments.							
<b>Report Last Saved By</b>							
PORT WAYNE WWTP							
<b>User:</b> JETEFADM							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b> 2023-10-20 13:53 (Time Zone: -04:00)							
<b>Report Last Signed By</b>							
JETEFADM							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b> 2023-10-20 14:29 (Time Zone: -04:00)							

DMR Copy of Record

Permit #	IN002191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2001 DRENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	032 External Outfall	Discharge:	032-C CSD: M19-306 - 120 FT N OF CLAR ST & HARRISON ST		
Report Dates & Status		Start Due Date:	10/28/23	Status:	Network Validated
Monitoring Period:	From 09/01/23 to 09/30/23				
Considerations for Form Completion					
CSD: M19-306 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No DMR Indicator (NODM)					
Form MODE:	--				

State	Parameter Name	Monitoring Location	Section # Param. MOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Unit			
5027	Burdian	03 - Effluent Gross	0	--	1.87 Reg Max MD TOTAL, 02 - 1/hrs	0		WH02 - When Discharging RT - R0000F WH02 - When Discharging RT - R0000F
7400	Overflow volume (506 volume), CSD volume	03 - Effluent Gross	0	--	0.317 Reg Max MD TOTAL, 24 - 1/MG	0		AURV - All Events ES - 037MA AURV - All Events ES - 037MA
7087	Precipitation, monthly accumulation	03 - Effluent Gross	0	--	1.89 Reg Max MD TOTAL, 24 - 1/hrs	0		AURV - All Events RT - R0000F AURV - All Events RT - R0000F
8115	Discharge event observation (Visual Monitoring)	03 - Effluent Gross	0	--	1.2 Reg Max MD TOTAL, 48 - 1/hrs	0		AURV - All Events RT - R0000F AURV - All Events RT - R0000F

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

DMR Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFACUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-10-20 13:59 (Time Zone: -04:00)

Report Last Signed By  
User: JETEFACUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN8032191  
**Permit #:** Yes  
**Major:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46803  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNSER WPC  
 2601 CONDORER AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** 023  
 External Outfall  
**Discharge:** CSO, 115-313 - 200 FT SE OF THIRD ST & CALHOUN ST  
**Report Dates & Status:** 10/28/23  
**Status:** Needs Validation

**Monitoring Period:** From 09/1/23 to 09/30/23  
**Considerations for Form Completion:** CSO, 115-313/MUNICIPAL MAJORALLEN COUNTY  
**Principal/Executive Officer:** [Blank]  
**First Name:** [Blank]  
**Last Name:** [Blank]  
**Title:** [Blank]  
**Telephone:** [Blank]

**No Data Indicator (NDDI):** --  
**Form NDDI:** --  
**Assessor:** Name

Code	Monitoring Location	Sample	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
		Percent Pass Value NDDI	Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3 Quarter 4 Value 4	Value 1 Value 2 Value 3 Value 4	Units		
5037	Surstable	0	0	0	1.7	Req Min MD TOTAL, 42 - Intro	WWS - When Discharging RT - RCDDT WWS - When Discharging RT - RCDDT WWS - When Discharging RT - RCDDT
7403	Overflow volume (SS volume, CSO volume)	0	0	0	3.7	Req Min MD TOTAL, 36 - Mgal	ALBY - All Events ALBY - All Events ES - ESTMA ES - ESTMA
7887	Precipitation, monthly accumulation	0	0	0	2.2	Req Min MD TOTAL, 39 - 10000	ALBY - All Events ALBY - All Events RT - RCDDT RT - RCDDT
84155	Discharge event observation (Visual Monitoring)	0	0	0	1.2	Req Min MD TOTAL, 46 - 500	ALBY - All Events ALBY - All Events RT - RCDDT RT - RCDDT

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

**608 Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFACMR  
**FORT WAYNE WWTP:** Jennifer Lush  
 jennifer.lush@cityoffortwayne.org  
 2023-10-20 14:15 (Time Zone: -04:00)

**User:** JETEFACMR  
**Name:** Jennifer Lush  
**E-Mail:** jennifer.lush@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:15 (Time Zone: -04:00)

**Report Last Signed By:** JETEFACMR  
**User:** Jennifer Lush  
**Name:** Jennifer Lush  
**E-Mail:** jennifer.lush@cityoffortwayne.org  
**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN552181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2001 DIVIDGER AVE FORT WAYNE, IN 46603				
Permitted Feature:	036 External Outfall	Discharge:	896-C CED: M1A-000 - 500 FT. N. OF STATE BLVD & WESTBROOK DR	Status:	NotDMR Validated				
Report Dates & Status		DMR Due Date:	10/28/23						
Monitoring Period:	From 08/01/23 to 09/30/23								
Contributions for Form Completion									
CSO: M1A-000 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer		Title:		Telephone:					
First Name:									
Last Name:									
No Data Indicator (NDD)									
Form NDD:									
Code	Parameter Name	Monitoring Location	Session & Param. NDD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	# of Ex. Units	Frequency of Analysis	Sample Type	
80207	Duration	ED - Effluent Gross	0 -	Sample Permit Sys. Value NDD	Req Min MO Total, C - No Discharge	ED - mins	90000 - When Discharging RT - 8020707		
74055	Overflow volume [855 volume, CSO volume]	ED - Effluent Gross	0 -	Sample Permit Sys. Value NDD	Req Min MO Total, C - No Discharge	3H - Mgal	AUEN - All Events	ES - ESTMA	
70887	Precipitation, monthly accumulation	ED - Effluent Gross	0 -	Sample Permit Sys. Value NDD	#	3H - mins	AUEN - All Events	RT - 8020707 RT - 8020707	
81155	Discharge event observation [Visual Monitoring]	ED - Effluent Gross	0 -	Sample Permit Sys. Value NDD	Req Min MO Total, C - No Discharge	ex - 3hrs	AUEN - All Events	RT - 8020707	
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample row (Effluent Trading), then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>DMR Check Errors</b>									
No errors.									
<b>Comments</b>									
No comments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b> JETEFADMR									
<b>Name:</b> Jennifer Lush									
<b>E-Mail:</b> jennifer.lush@cityofwayne.org									
<b>Date/Time:</b> 2023-10-20 14:15 (Time Zone: -04:00)									
<b>Report Last Signed By</b>									
<b>User:</b> JETEFADMR									
<b>Name:</b> Jennifer Lush									
<b>E-Mail:</b> jennifer.lush@cityofwayne.org									
<b>Date/Time:</b> 2023-10-20 14:29 (Time Zone: -04:00)									





DMR Copy of Record

Permit #:	IN0522181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BOLANER WPC 2601 BOLANER AVE FORT WAYNE, IN 46803
Permitted Features:	544 External Outfall	Discharge:	644-C CSO N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE		
Report Dates & Status		DMR Due Date:	16/26/23	Status:	NRIDMR Validated
Monitoring Period:	From 09/01/23 to 09/30/23				
Considerations for Form Completion					
CSO N22-093 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Code	Parameter Name	Monitoring Location	Station # Param. NOD	Quantity of Loading			P of EL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5027	Sanitise	EG - Effluent Gross	0	--					
				Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	
				C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	
7403	Overflow volume [50 volumes, CSO volume]	EG - Effluent Gross	0	--					
				Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	
				C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	
7587	Precipitation, weekly accumulation	EG - Effluent Gross	0	--					
				Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	
				C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	
8195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					
				Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	Reg Mon HQ TOTAL	
				C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	C - No Discharge	

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

Edit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User:  
Name: JETFAQAR  
Email: Jennifer.Lash@cityofwayne.org  
Date/Time: 2023-10-25 14:15 (Time Zone: -04:00)

Report Last Signed By  
User:  
Name: JETFAQAR  
Email: Jennifer.Lash@cityofwayne.org  
Date/Time: 2023-10-25 14:29 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** IN0002101  
**Permittee:** FORT WAYNE WWTTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46803  
**Facility:** Facility Location:  
 FORT WAYNE WWTTP  
 P.L. BRUNNER WPC  
 2801 DIVINGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 048  
 External Outfall  
**Discharge:** 048-C  
 CSO: 015-252 - 300 FT W OF EDGEWATER & DANFIELD  
**Report Dates & Status:** 15/08/23  
**Status:** Not DMR Validated

**Monitoring Period:** From 09/01/23 to 09/30/23  
**DMR Due Date:** 15/08/23  
**Considerations for Permit Conditions:**

**CSO:** 015-252 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Form N008:** No Data Indicator (N008)

Code	Parameter Name	Monitoring Location	Session 1 Param. N008	Session 2 Param. N008	Quantity or Loading	Quality of Concentration	# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 3 (Unit)	Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3	Units		
50237	Susturb	EG - Effluent Gross	0	0	Reg Min MD TDTAL, AS - 0.000	Reg Min MD TDTAL, AS - 0.000	MG	1W426 - When Discharging, RT - R02000F	RT - R02000F
					G - No Discharge				
74353	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	0	Reg Min MD TDTAL, AS - 0.000	Reg Min MD TDTAL, AS - 0.000	MGAL	ALUY - All Events	ES - ESTIMA
					G - No Discharge				
78837	Precipitation, weekly accumulation	EG - Effluent Gross	0	0	UAE	UAE	MM	ALUY - All Events	RT - R02000F
					Reg Min MD TDTAL, RW - 0.000	Reg Min MD TDTAL, RW - 0.000	MG	ALUY - All Events	RT - R02000F
84165	Discharge event observation [Missal Monitoring]	EG - Effluent Gross	0	0	Reg Min MD TDTAL, AS - 0.000	Reg Min MD TDTAL, AS - 0.000	MG	ALUY - All Events	RT - R02000F
					G - No Discharge				

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMJ

**FORT WAYNE WWTTP**

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-09-20 14:09 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMJ

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-09-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: IN0002181  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 561 CHAMBER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: CSO External Outfall  
 Discharge: 950-C  
 CSO: 015-277 - 100 FT N OF COOMBS ST & HERBERT ST  
 Report Dates & Status: 1/26/23  
 Status: NetDMR Validated  
 Monitoring Period: From 9/8/23 to 9/26/23  
 Considerations for Permit Compliance: CSO: 015-277 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 No Data Indicator (NOD): -  
 Form NOD: -  
 Provider Name: \_\_\_\_\_

Code	Description	Monitoring Location	Session #	From	NOD	Quantity or Loading			Quality or Concentration			Frequency of Analytes	Sample Type	
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50237	Overflow	EG - Effluent Gross	0	-	-	Sample	0.00	0.00	0.00	Reg Min	0	0	0	ES - ESTMA
14033	Overflow volume (359 volumes, CSO volume)	EG - Effluent Gross	0	-	-	Sample	0.00	0.00	0.00	Reg Min	0	0	0	ES - ESTMA
17887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Sample	0.00	0.00	0.00	Reg Min	0	0	0	ES - ESTMA
41355	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Sample	0.00	0.00	0.00	Reg Min	0	0	0	ES - ESTMA

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analytes, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: JTEFAOUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-20 14:00 (Time Zone: -04:00)  
**Report Last Signed By:**  
 User: JTEFAOUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-20 14:28 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #:	80032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP		
Major:	Yes	Permit Address:	CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BESSNER WPC 2601 DUNDAS AVE FORT WAYNE, IN 46803			
Permitted Features:	001 External Outfall	Discharge:	651-C CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE	Status:	NotDMR Validated			
Report Date & Status	Monitoring Period:	DMR Due Date:	10/26/23					
Monitoring Period:	From 8/31/23 to 8/31/23							
Considerations for Form Completion	CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer	First Name:	Title:		Telephone:				
First Name:								
Last Name:								
Form NOOI	Permit No.:	Monitoring Location	Address # Param. NOOI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
Code	Name			Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Overflow	EG - Effluent Gross	0	--				Reg Mon ISO TOTAL, EG - Volume C - No Discharge
70053	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	--				Reg Mon ISO TOTAL, SS - Mg/L C - No Discharge
70057	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				USE Reg Mon ISO TOTAL, SS - Volume @
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				Reg Mon ISO TOTAL, AC - Time C - No Discharge

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETFEAZAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-25 14:09 (Time Zone: -04:00)

**Report Last Signed By**

**User:** JETFEAZAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-10-25 14:28 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0302191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNGER WPC  
 2001 CHALLENGER AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 98-C  
**Discharge Address:** CSC: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR  
**Facility Location:**

**Report Dates & Status:** 19/03/23  
**Monitoring Period:** From 05/01/23 to 28/03/23  
**DMR Due Date:** 19/03/23  
**Status:** NotDMR Validated  
**Considerations for Form Completion:**  
**CSC:** 022-004 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**  
**No Data Indicator (NOD):**  
**Form NODs:**

Code	Parameter Name	Monitoring Location	Session #	Param. NOD	Quantity of Loading			Quality of Concentration			# of EL	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
5037	Dentils	EG - Effluent Gross	0	-	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Req Min MD TOTAL	EG - WWS	WWS - When Discharging	RT - ROOTOT	RT - ROOTOT
7403	Overflow volume (50 volumes, CSO volume)	EG - Effluent Gross	0	-	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Req Min MD TOTAL	EG - legal	ALBY - All Events	ES - ESTMA	ES - ESTMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	1.00	SW - 27WS	ALBY - All Events	RT - ROOTOT	RT - ROOTOT
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Empty Permit Dtg Value NOD	Req Min MD TOTAL	es - 27WS	ALBY - All Events	RT - ROOTOT	RT - ROOTOT

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

**Self Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETEFADMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-10-20 14:09 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2023-10-20 14:09 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: 20032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE IN 46802  
 Facility Location: FORT WAYNE WWTP  
 P.L. BOLLANER WPC  
 2601 DWYER AVE  
 FORT WAYNE IN 46803

Permitted Features: 554 External Outfall  
 Discharge: 554C CSO: 033-030 - 240 FT E OF MERCER AVE & NOLLIS LN  
 Status: Not/Not Validated

Report Dates & Status: 15/28/23  
 Monitoring Period: From 08/01/23 to 08/30/23  
 Considerations for Permit Completion:

Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

Form NOC#	Permittee Name	Monitoring Location	Session #	Form NOC#	Quantity of Loading	Quantity of Consumption	# of Es.	Frequency of Analysis	Sample Type
Code	Value	Value 1	Value 2	Value 3	Qualifier 1	Qualifier 2	Qualifier 3	Units	Sample Type
8037	Dentline	EG - Effluent Gross	0	-	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#
7403	Overflow volume (500 volume, CSO volume)	EG - Effluent Gross	0	-	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#
7887	Precipitation, weekly accumulation	EG - Effluent Gross	0	-	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#
8435	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#	Permit file Value NOC#

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

**Edit Check Errors**  
 No errors.

**Comments**  
 [Blank]

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETSFACUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-25 14:08 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETSFACUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-25 14:29 (Time Zone: -04:00)



DMR Copy of Record

**Permit**  
 Permit #: 10022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BELINER WPC  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 565 External Outfall  
 CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status: 1603023  
 Monitoring Period: From 09/01/23 To 09/30/23  
 Status: NotDMR Validated  
 Considerations for Force Completion:

CGO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

First Name: Title:  
 Last Name: Telephone:

No Data Indicator (NDD):  
 Permit NDD:

Code	Parameter Name	Monitoring Location	Event #	Param. NDD	Sample Permit Req. Value NDD	Quantity or Loading	Quality or Compliance	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
50237	Derivative	EG - Effluent Gross	0	--		Reg Min MD TOTAL	EG - No Discharge			REG - REG
14053	Overflow volume (EG volume, CSO volume)	EG - Effluent Gross	0	--		Reg Min MD TOTAL	EG - No Discharge			REG - REG
75807	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		Reg Min MD TOTAL	EG - No Discharge			REG - REG
84165	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	--		Reg Min MD TOTAL	EG - No Discharge			REG - REG

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

**Edit Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 JETFAQUR

**Report Last Saved**  
 2023-10-20 14:00 (Time Zone: -04:00)

**User:** JETFAQUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofhawkeye.org

**Date/Time:** 2023-10-20 14:00 (Time Zone: -04:00)

**Report Last Signed By**  
 JETFAQUR

**Report Last Signed**  
 2023-10-20 14:29 (Time Zone: -04:00)

**User:** JETFAQUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofhawkeye.org

**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IM002181  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNER WPC  
 2501 DIMANER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 056  
 External Outfall  
**Discharge:**  
**Report Dates & Status:** 658-C  
 CSO: 03-313 - BROWN ST PUMP STATION  
**Monitoring Period:** 1028023  
**DMR Due Date:** NADMR Validated  
**Considerations for Permit Completion:**

**CSO: 03-313 MUNICIPAL MAJOR ALLEN COUNTY**  
**Principal Executive Officer:**  
**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**No Data Indicator (NDD):** -  
**Form NDD:** -

Code	Parameter Name	Monitoring Location	Status	Permit NDD	Quantity of Loading				Quality or Concentrations				Sample Type	
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value	Value 1	Value 2	Value 3	Value 4		
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	0	0	0	0	0	ES - 877MA
N003	Overflow volume (335 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	0	0	0	0	0	ES - 877MA
7587	Precipitation, inventory accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	0	0	0	0	0	ST - 802T07
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	Sample Permit Req Value NDD	0	0	0	0	0	ST - 802T07

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETEFADUR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofchicagoyne.org

**Date/Time:** 2023-10-20 14:08 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADUR

**User:** Jennifer Lash

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofchicagoyne.org

**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** 86002191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permitted Features:** 217 External Outfall  
**Report Dates & Status:** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C  
**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C  
**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C

**Report Dates & Status:** CSO: P10-121 - STORMWATER LIFTSTATION WET WELL  
**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C  
**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C

**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C  
**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C

**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C  
**Monitoring Location:** Permittee: FORT WAYNE WWTP  
**Monitoring Location:** Permittee Address: CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46803  
**Monitoring Location:** Discharge: 892-C

Code	Description	Monitoring Location	Event	Permit No	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5027	Overflows	EG - Effluent Gross	0	-	Sample Permit No Value MOO	Reg Min MO TOTAL	RT - 10mg	WH08 - When Discharging	RT - RC02TOT				
7023	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit No Value MOO	Reg Min MO TOTAL	28 - 1mg	AL05 - All Events	ES - ESTMA				
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit No Value MOO	1.38	Reg Min MO TOTAL	20 - 10mg	AL05 - All Events	RT - RC02TOT			
8-165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit No Value MOO	Reg Min MO TOTAL	40 - 1mg	AL05 - All Events	RT - RC02TOT				

**Submission Note:** If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Occurrences, Frequency of Analysis, and Sample Type.  
**Est Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFADMJ  
**PORT WAYNE WWTP:** Jennifer Leah  
**User:** Jennifer Leah  
**Name:** Jennifer Leah  
**E-Mail:** jennifer.leah@cityofwayne.org  
**Date/Time:** 2023-10-20 13:28 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMJ  
**User:** Jennifer Leah  
**Name:** Jennifer Leah  
**E-Mail:** jennifer.leah@cityofwayne.org  
**Date/Time:** 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	86032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BOLANER WPC 3601 DIVISADER AVE FORT WAYNE, IN 46803			
Permitted Features:	060 External Outfall	Discharge:	864-C CSC: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE	Status:	NotDMR Validated			
Report Date & Status		DMR Due Date:	19/08/23	Telephone:				
Monitoring Period:	Frym 09/01/23 to 09/08/23	Considerations for Form Completion						
CSC:	R06-031 MUNICIPAL MAJOR ALLEN COUNTY	Principal Executive Officer						
First Name:		Title:						
Last Name:								
Site Data Indicator (NO09)								
Form NO09								
Code	Provisional	Monitoring Location	Session # Form, NO09	Quantity or Loading	Quality or Concentration	# of EL	Frequency of Analysis	Sample Type
				Quotient 1 Value 1 Quotient 1 Value 8 Units Quotient 1 Value 1 Quotient 2 Value 1 Quotient 2 Value 2	Units			
NO07	Overflow	EG - Effluent Gross	0		Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
					Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
NO08	Overflow volume (350 volumes, CSO volume)	EG - Effluent Gross	0		Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
					Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
NO09	Precipitation, weekly accumulation	EG - Effluent Gross	0		Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
					Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
NO10	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
					Reg Mon MD TOTAL, EG - Nitro C - No Discharge	WH08 - When Discharging RT - R0000P		
<b>Submittable Note</b>								
If a permittee row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP								
User:								
Name: JETEFACAR								
E-Mail: jennifer.lash@cityofcolumbiaindiana.org								
Date/Time: 2023-10-20 13:57 (Time Zone: -04:00)								
Report Last Signed By								
User: JETEFACAR								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityofcolumbiaindiana.org								
Date/Time: 2023-10-20 14:29 (Time Zone: -04:00)								

DMR Copy of Record

**Permit #:** IN632191  
**Major:** Yes  
**Permitted Features:** D1 External Outfall  
**Facility:** FORT WAYNE WWTP  
 P.L. BLUNDES VOIC  
 201 DUNBAR AVE  
 FORT WAYNE, IN 46803

**Permittee:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 941-C  
 CSO: R14-137 - 200 FT W OF LAVERNE AVE & STATE BLVD  
**Quantity or Loading:** 152823  
**Status:** NotDMR Validated

**Report Dates & Status:** From 09/01/23 to 05/05/23  
**Monitoring Location:** 152823  
**DMR Due Date:** 152823  
**Considerations for Form Completion:** CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Form MOE:** No Data Indicator (NODI)

Event	Permittee Name	Monitoring Location	Event # Param. MOE	Sample Permit File Value MOE	Quantity or Loading	Quality or Compliance	# of Ex.	Frequency of Analysis	Sample Type	
Event	Permittee Name	Monitoring Location	Event # Param. MOE	Sample Permit File Value MOE	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	
50207	Dunbars	EG - Edward Gross	0	--	0	0	0	0	0	WH08 - When Discharging RT - RC03T07 C - No Discharge
74033	Overflow volume (SS volume, CSO volume)	EG - Edward Gross	0	--	0	0	0	0	0	AL01V - All Events C - No Discharge
75807	Precipitation, monthly accumulation	EG - Edward Gross	0	--	0	0	0	0	0	AL01V - All Events C - No Discharge
91055	Discharge event observables (Visual Monitoring)	EG - Edward Gross	0	--	0	0	0	0	0	AL01V - All Events C - No Discharge

**Submission Note:** If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETEFACAR  
**PORT WAYNE WWTP**  
 User: Jennifer Lash  
 Name: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-20 14:10 (Time Zone: -04:00)

**Report Last Signed By:** JETEFACAR  
 User: Jennifer Lash  
 Name: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-10-20 14:20 (Time Zone: -04:00)

DMR Copy of Record

**Permit:**  
 Permit #: 80532191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 807 SWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:**  
 012 External Outfall  
 Discharge: 863-C  
 CSD: R-14-138 - 300 FT W OF LAVERN AVE & STATE BLVD

**Report Date & Status:**  
 Monitoring Period: From 08/01/23 to 08/02/23  
 DMR Due Date: 10/28/23  
 Status: NotDMR Validated

**Considerations for Permit Completion:**  
 CSD: R-14-138 MUNICIPAL MAJOR ALLEN COUNTY

**Principal Executive Officer:**  
 First Name: [Blank]  
 Last Name: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

**Form NOOE:**  
 No Data Indicator (NOD): -

Code	Parameter Name	Monitoring Location	Event #	Param. NOOE	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5037	Duration	ED - Effluent Gross	0	--				WHSE - When Discharging	RT - RCOTOT
					Permit Fee Value NOOE			C - No Discharge	
7423	Overflow volume (BS volume, CSD volume)	ED - Effluent Gross	0	--				ALUE - All Events	BS - ESTMA
					Permit Fee Value NOOE			C - No Discharge	
7887	Precipitation, runoff accumulation	ED - Effluent Gross	0	--				ALUE - All Events	RT - RCOTOT
					Permit Fee Value NOOE			C - No Discharge	
8185	Discharge event observation (Visual Monitoring)	ED - Effluent Gross	0	--				ALUE - All Events	RT - RCOTOT
					Permit Fee Value NOOE			C - No Discharge	

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

**Edit Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: JTEFADWR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofcorywv.org  
 Date Time: 2023-10-20 14:11 (Time Zone: -04:00)

**Report Last Signed By:**  
 User: JTEFADWR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofcorywv.org  
 Date Time: 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2671 DRENGER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitted Features: 554 External Outfall  
 Discharge: 864-C  
 CSO: 503-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 09/01/23 to 09/30/23  
 DMR Due Date: 10/28/23  
 Considerations for Form Completion  
 CSO: 503-035 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name:  
 Last Name:  
 Title:  
 Telephone:

No Data Indicator (NDD) -  
 Form NDD: -

Code	Description	Permit	Monitoring Location	Status	Permit NDD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Sanflow	EG - Effluent Gross	0	-	-	Permit Req. Value NDD	Permit Req. Value NDD	Permit Req. Value NDD	0	WQSR - When Discharging RT - SCOTOP	C - No Discharge
7002	Overflow volume (254 volume, CSO volume)	EG - Effluent Gross	0	-	-	Permit Req. Value NDD	Permit Req. Value NDD	Permit Req. Value NDD	0	ALUV - All Events	ES - ESTMA
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Permit Req. Value NDD	Permit Req. Value NDD	Permit Req. Value NDD	0	ALUV - All Events	RT - SCOTOP
8410	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Permit Req. Value NDD	Permit Req. Value NDD	Permit Req. Value NDD	0	ALUV - All Events	RT - SCOTOP

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

**DMR Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFADM  
 Name: Jennifer Leah  
 E-Mail: jennifer.leah@cityofwayne.org  
 Date/Time: 2023-10-20 13:58 (Time Zone: -04:00)

**Report Last Signed By**  
 User: JETEFADM  
 Name: Jennifer Leah  
 E-Mail: jennifer.leah@cityofwayne.org  
 Date/Time: 2023-10-20 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit:** IN0002191  
**Permit #:** IN0002191  
**Major:** Yes  
**Permitted Features:** 068 External Outlet  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BELINGER WPC  
 3001 DAMENGER AVE  
 FORT WAYNE, IN 46803

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT. WAYNE, IN 46802  
**Discharger:** 968-C  
**CSO:** N19-254 - 54 FT. N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK  
**Report Date & Status:** 10/26/23  
**Status:** NotDMR Validated  
**Monitoring Location:** 88 - Effluent Gross  
**DMR Due Date:** 10/26/23  
**Monitoring Location:** 88 - Effluent Gross  
**DMR Due Date:** 10/26/23

**Considerations for Form Completion:** CSO: N19-254 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**Form M001:** No Data Indicator (NOD)  
**Form M002:**

Code	Parameter Name	Monitoring Location	Stream # Param. M001	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 3 Value 4	Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 4 Value 4	Units		
5007	Quarrels	88 - Effluent Gross	0	Example Permit Fee Value 1000	Req Min MG TOTAL 88 - 88MG G - No Discharge	MG	When Discharging	RT - ROOTTOT
7403	Overflow volume (SS volume, CSO volume)	88 - Effluent Gross	0	Example Permit Fee Value 1000	Req Min MG TOTAL 38 - 10MG G - No Discharge	MG	When Discharging	RT - ROOTTOT
7887	Precipitation, monthly accumulation	88 - Effluent Gross	0	Example Permit Fee Value 1000	1.88 Req Min MG TOTAL 38 - 10MG G - No Discharge	MG	When Discharging	RT - ROOTTOT
8416	Discharge event observation [Visual Monitoring]	88 - Effluent Gross	0	Example Permit Fee Value 1000	Req Min MG TOTAL 44 - 8MG G - No Discharge	MG	When Discharging	RT - ROOTTOT

**Submission Note:** If a parameter row does not contain any values for the Sample per Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type  
**Self Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.  
**Report Last Saved By:** JETSFADMR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityofportwayne.org  
 2023-10-23 14:13 (Time Zone: -04:00)

**Report Last Signed By:** JETSFADMR  
 Jennifer Lash  
 jennifer.lash@cityofportwayne.org  
 2023-10-23 14:29 (Time Zone: -04:00)



DMR Copy of Record

**Permit:** 00002191  
**Permit #:** FORT WAYNE WWTP  
**Major:** Yes  
**Permit Address:** CITY OF FORT WAYNE  
 300 E BERRY ST  
 FT WAYNE, IN 46602  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BLUNGER WPC  
 2601 DOWNER AVE  
 FORT WAYNE, IN 46603

**Permitted Features:** 060  
 External Outfall  
**Discharge:** 08B-C  
**Report Date & Status:** 10/06/23  
**Status:** NotDMR Validated

**Monitoring Period:** From 08/01/23 to 09/30/23  
**Considerations for Form Completion:** CSD - P15-001 2507 EAST, NE OF PEMBERTON DR & NIAGARA DR  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Permit NOC:** -  
**No Data Indicator (NO2):** -

Code	Parameter Name	Monitoring Location	Event #	Permit NOC	Quantity or Loading	Quality or Consumption	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3	Units	
6037	Sewerage	EG - Effluent Dross	0	-	Reg Mon MD TOTAL	EG - Sewer	Value 3	MGDS - When Discharging	RT - RC00107
								G - No Discharge	
7403	Overflow volume (555 volume, CSD volume)	EG - Effluent Dross	0	-	Reg Mon MD TOTAL	55 - Spill		ALRY - All Events	EE - ESTMA
								G - No Discharge	
7587	Precipitation, monthly accumulations	EG - Effluent Dross	0	-	VALR	55 - Storm		ALRY - All Events	RT - RC00107
								Reg Mon MD TOTAL	55 - Storm
								G - No Discharge	
8410	Discharge event observation (Visual Monitoring)	EG - Effluent Dross	0	-	Reg Mon MD TOTAL	66 - King		ALRY - All Events	RT - RC00107
								G - No Discharge	

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

**Edit Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFADMJ  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-10-06 14:13 (Time Zone: -04:00)

**Report Last Signed By:** JETEFADMJ  
 Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2023-10-30 14:29 (Time Zone: -04:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 City: CITY OF FORT WAYNE  
 Address: 200 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 881-C  
 CSD: R14-002, 200 NORTH AND 710 WEST OF NEVADA & LAVERNE DR.  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 09/15/02 to 09/30/02  
 DMR Due Date: 10/28/02  
 Considerations for Form Completion: CSD - R14-002, 200 NORTH AND 710 WEST OF NEVADA & LAVERNE DR.

**Principal Executive Officer**  
 First Name: [ ] Title: [ ]  
 Last Name: [ ] Telephone: [ ]

No Data Indicator (NOD) -

Code	Parameter Name	Monitoring Location	Stream # Permit	ROD	Quantity or Loading	Quality or Consumption	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 3	Value 3	Units		
5002	Dissolve	EG - Effluent Gross	0	-	Req Non MO TOTAL	42 - nms	WHGS - When Discharging	RT - R02T0T	
						D - No Discharge			
14203	Overflow volume (200 volume, CSD volume)	EG - Effluent Gross	0	-	Req Non MO TOTAL	28 - legal	ALRY - All Events	ES - ESTMA	
						D - No Discharge			
18887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	U.M.	5M - nms	ALRY - All Events	RT - R02T0T	
						Req Non MO TOTAL	5M - nms	RT - R02T0T	
						D - No Discharge			
91162	Discharge event observations [Visual Monitoring]	EG - Effluent Gross	0	-	Req Non MO TOTAL	44 - nms	ALRY - All Events	RT - R02T0T	
						D - No Discharge			

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

Edit Check Errors: No errors.

Comments: [ ]

Attachments: [ ]

Report Last Saved By: JETEFACHR

Report Last Saved By: Jennifer Lash

Report Last Saved By: jennifer.lash@cityofindianapolis.org

Date Time: 2003-10-20 14:29 (Time Zone: -04:00)

Report Last Signed By: JETEFACHR

Report Last Signed By: Jennifer Lash

Report Last Signed By: jennifer.lash@cityofindianapolis.org

Date Time: 2003-10-20 14:29 (Time Zone: -04:00)



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

November 17, 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 October 2023

We are pleased to enclose a completed CSO MRO form for the month of October 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The flow meter had to be removed at CSO 023 on July 26 due to a construction project. The City is temporarily using modeling to estimate overflows for CSO 023, CSO 024 and CSO 025 for the entire month of October on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of October. The City will be using the Packard Ave W\_L07 rain gauge for CSOs 18, 20 and 21 for October.

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,

Jennifer E. Lash  
Program Manager -Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### V – Visual Inspection

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

### C – Model Charts

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

### S – Storm Runoff

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

### P – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
Form 2004-08-16-03  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
Form 2004-08-16-03  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Facility: Fort Wayne - P.L. Bruner WWTP		Period Number: 20040201	
Monitoring Period: 02/01/2004 - 02/28/2004		Public Notification Requirements Met: Y		Check box if an CSO discharge occurred for the month:		Check box if an CSO discharge occurred for the month:	
Design Peak Month Flow (MGD): 01		Measured/Obtained (M) or Estimated (E) data for specified:		CSO Discharge %:		CSO Discharge %:	
Day of Month	Time (M/PM)	Flow (MGD)	Peak Intensity (MGD)	M	E	M	E
01	07:00 AM	0.16	0.16				
02	07:00 AM	0.16	0.16				
03	07:00 AM	0.16	0.16				
04	07:00 AM	0.16	0.16				
05	07:00 AM	0.16	0.16				
06	07:00 AM	0.16	0.16				
07	07:00 AM	0.16	0.16				
08	07:00 AM	0.16	0.16				
09	07:00 AM	0.16	0.16				
10	07:00 AM	0.16	0.16				
11	07:00 AM	0.16	0.16				
12	07:00 AM	0.16	0.16				
13	07:00 AM	0.16	0.16				
14	07:00 AM	0.16	0.16				
15	07:00 AM	0.16	0.16				
16	07:00 AM	0.16	0.16				
17	07:00 AM	0.16	0.16				
18	07:00 AM	0.16	0.16				
19	07:00 AM	0.16	0.16				
20	07:00 AM	0.16	0.16				
21	07:00 AM	0.16	0.16				
22	07:00 AM	0.16	0.16				
23	07:00 AM	0.16	0.16				
24	07:00 AM	0.16	0.16				
25	07:00 AM	0.16	0.16				
26	07:00 AM	0.16	0.16				
27	07:00 AM	0.16	0.16				
28	07:00 AM	0.16	0.16				
29	07:00 AM	0.16	0.16				
30	07:00 AM	0.16	0.16				
31	07:00 AM	0.16	0.16				
<b>Totals:</b>		1178.85	33.24	3.54		0.40	0.00

City: Fort Wayne		Page 4 of 12		Facility: Fort Wayne - P.L. Bruner WWTP		Period Number: 20040201	
Monitoring Period: 02/01/2004 - 02/28/2004		Public Notification Requirements Met: Y		Check box if an CSO discharge occurred for the month:		Check box if an CSO discharge occurred for the month:	
Design Peak Month Flow (MGD): 01		Measured/Obtained (M) or Estimated (E) data for specified:		CSO Discharge %:		CSO Discharge %:	
Day of Month	Time (M/PM)	Flow (MGD)	Peak Intensity (MGD)	M	E	M	E
01	07:00 AM	0.16	0.16				
02	07:00 AM	0.16	0.16				
03	07:00 AM	0.16	0.16				
04	07:00 AM	0.16	0.16				
05	07:00 AM	0.16	0.16				
06	07:00 AM	0.16	0.16				
07	07:00 AM	0.16	0.16				
08	07:00 AM	0.16	0.16				
09	07:00 AM	0.16	0.16				
10	07:00 AM	0.16	0.16				
11	07:00 AM	0.16	0.16				
12	07:00 AM	0.16	0.16				
13	07:00 AM	0.16	0.16				
14	07:00 AM	0.16	0.16				
15	07:00 AM	0.16	0.16				
16	07:00 AM	0.16	0.16				
17	07:00 AM	0.16	0.16				
18	07:00 AM	0.16	0.16				
19	07:00 AM	0.16	0.16				
20	07:00 AM	0.16	0.16				
21	07:00 AM	0.16	0.16				
22	07:00 AM	0.16	0.16				
23	07:00 AM	0.16	0.16				
24	07:00 AM	0.16	0.16				
25	07:00 AM	0.16	0.16				
26	07:00 AM	0.16	0.16				
27	07:00 AM	0.16	0.16				
28	07:00 AM	0.16	0.16				
29	07:00 AM	0.16	0.16				
30	07:00 AM	0.16	0.16				
31	07:00 AM	0.16	0.16				
<b>Totals:</b>		1178.85	33.24	3.54		0.40	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Annelle E. Leah, Program Manager

Signature of Principal Executive Officer or Authorized Agent: [Signature]

Date: 02/28/2004

Time: 11:00 AM

State (mandatory): IN

306-07-4213

11/17/03

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Annelle E. Leah, Program Manager

Signature of Principal Executive Officer or Authorized Agent: [Signature]

Date: 02/28/2004

Time: 11:00 AM

State (mandatory): IN

306-07-4213

11/17/03



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 35646 (6-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 35646 (6-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
Facility: Fort Wayne - P.L. Brunner WWTWP Public Notification Requirements Met? YMonitoring Period: 10-2023 Check box if no CSO discharges occurred for the month: YDesign Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74WWTWP Influent Plant Precipitation Data - Values E, N/E, Gage

Date of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak (hh:mm)	Total Daily Precip. (Inches)	Peak Intensity (Inches/hr)	Time of Peak (hh:mm)	74		57		64	
							Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended
01	30.23	37.16	12:00 AM									
02	30.73	37.53	12:00 AM									
03	30.59	36.28	12:00 AM									
04	29.21	36.04	12:00 AM									
05	47.61	88.03	12:30 PM	4.25	0.60							
06	45.81	87.98	6:30 PM	0.08	0.01							
07	31.73	40.16	8:40 AM	0.08	0.01							
08	31.98	40.57	9:00 AM	0.33	0.04							
09	32.66	39.02	12:00 AM									
10	30.67	37.36	12:00 AM									
11	29.42	34.21	12:00 AM									
12	30.64	34.04	3:25 AM	0.50	0.06							
13	30.58	35.27	7:45 PM	2.17	0.35							
14	72.10	88.01	12:00 AM	2.67	0.38							
15	39.83	55.16	10:00 PM	0.33	0.04							
16	35.32	42.04	12:00 AM									
17	32.18	37.33	12:00 AM									
18	31.07	36.02	12:00 AM									
19	52.20	97.67	8:15 AM	3.42	0.48							
20	46.08	62.26	5:30 AM	0.67	0.13							
21	36.96	46.83	12:00 PM	0.33	0.04							
22	34.06	42.42	12:00 AM									
23	32.38	38.24	12:00 AM									
24	31.40	36.59	12:00 AM									
25	30.43	35.29	12:00 AM									
26	30.08	35.02	7:20 PM	0.25	0.03							
27	30.47	35.26	3:15 AM	0.17	0.02							
28	30.95	37.01	12:40 AM	1.50	0.24							
29	65.68	88.00	12:00 AM	5.98	0.65							
30	68.59	88.06	12:00 AM	1.50	0.22							
31	39.12	48.33	12:00 AM									
<b>Totals:</b>	<b>1170.82</b>			<b>23.83</b>	<b>3.28</b>							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager Telephone: 260-427-6213  
Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah Date (mm/dd/yy): 11/17/23

City: Fort Wayne Permit Number: IN0032191  
Facility: Fort Wayne - P.L. Brunner WWTWP Public Notification Requirements Met? YMonitoring Period: 10-2023 Check box if no CSO discharges occurred for the month: YDesign Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74

Time of Month	CSO Outfall No. 85		CSO Outfall No. 74		CSO Outfall No. 57		CSO Outfall No. 64	
	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended
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								
<b>Totals:</b>								

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT I, THE SIGNER, AM THE PERSON DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION ON WHICH THIS REPORT IS BASED. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah Date (mm/dd/yy): 11/17/23



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 30546 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 30546 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 3 of 13		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH 10-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 25		10-2023	
Wastewater Treatment Plant (WWTP) Influent Data		Design Peak Hourly Flow (MGD): 74		Design Average Flow (MGD): 25	
Day of Month	Average Daily Flow (MGD)	Time of Day	Flow (MGD)	Time of Day	Flow (MGD)
01	30.23	12:00 AM	37.16	12:00 AM	37.16
02	30.73	12:00 AM	37.33	12:00 AM	37.33
03	30.39	12:00 AM	36.28	12:00 AM	36.28
04	29.21	12:00 AM	36.04	12:00 AM	36.04
05	47.61	12:30 PM	88.03	12:30 PM	88.03
06	45.81	6:25 PM	87.98	6:25 PM	87.98
07	31.73	8:10 AM	40.16	8:10 AM	40.16
08	31.98	9:05 AM	40.37	9:05 AM	40.37
09	32.66	12:00 AM	39.02	12:00 AM	39.02
10	30.67	12:00 AM	37.36	12:00 AM	37.36
11	29.42	10:15 PM	34.21	10:15 PM	34.21
12	30.64	5:00 AM	34.04	5:00 AM	34.04
13	30.58	5:27 PM	35.27	5:27 PM	35.27
14	72.10	12:00 AM	88.01	12:00 AM	88.01
15	39.83	5:16 PM	55.16	5:16 PM	55.16
16	33.32	4:24 AM	42.04	4:24 AM	42.04
17	32.18	12:00 AM	37.33	12:00 AM	37.33
18	31.07	36.02	36.02	12:00 AM	36.02
19	52.20	97.67	74.5 AM	3.67	0.52
20	46.08	62.26	12:40 AM	0.83	0.12
21	36.96	46.83	12:20 PM	0.42	0.05
22	34.06	42.42	12:00 AM	0.42	0.05
23	32.58	38.24	12:00 AM	0.42	0.05
24	31.40	36.59	12:00 AM	0.42	0.05
25	30.43	35.29	12:00 AM	0.42	0.05
26	30.08	35.02	7:20 PM	0.25	0.03
27	30.47	35.26	3:20 AM	0.17	0.02
28	30.95	37.01	12:40 AM	1.67	0.25
29	65.68	88.00	12:00 AM	4.67	0.62
30	68.59	88.06	12:00 AM	1.42	0.21
31	39.12	48.33	12:00 AM	0.42	0.05
<b>Totals:</b>	<b>1170.82</b>		<b>22.50</b>	<b>3.40</b>	<b>0.83</b>

I hereby certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yy): 11/17/23

City: Fort Wayne		Page 3 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH 10-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 25		10-2023	
Wastewater Treatment Plant (WWTP) Effluent Data		Design Peak Hourly Flow (MGD): 74		Design Average Flow (MGD): 25	
Day of Month	Average Daily Flow (MGD)	Time of Day	Flow (MGD)	Time of Day	Flow (MGD)
01	30.23	12:00 AM	37.16	12:00 AM	37.16
02	30.73	12:00 AM	37.33	12:00 AM	37.33
03	30.39	12:00 AM	36.28	12:00 AM	36.28
04	29.21	12:00 AM	36.04	12:00 AM	36.04
05	47.61	12:30 PM	88.03	12:30 PM	88.03
06	45.81	6:25 PM	87.98	6:25 PM	87.98
07	31.73	8:10 AM	40.16	8:10 AM	40.16
08	31.98	9:05 AM	40.37	9:05 AM	40.37
09	32.66	12:00 AM	39.02	12:00 AM	39.02
10	30.67	12:00 AM	37.36	12:00 AM	37.36
11	29.42	10:15 PM	34.21	10:15 PM	34.21
12	30.64	5:00 AM	34.04	5:00 AM	34.04
13	30.58	5:27 PM	35.27	5:27 PM	35.27
14	72.10	12:00 AM	88.01	12:00 AM	88.01
15	39.83	5:16 PM	55.16	5:16 PM	55.16
16	33.32	4:24 AM	42.04	4:24 AM	42.04
17	32.18	12:00 AM	37.33	12:00 AM	37.33
18	31.07	36.02	36.02	12:00 AM	36.02
19	52.20	97.67	74.5 AM	3.67	0.52
20	46.08	62.26	12:40 AM	0.83	0.12
21	36.96	46.83	12:20 PM	0.42	0.05
22	34.06	42.42	12:00 AM	0.42	0.05
23	32.58	38.24	12:00 AM	0.42	0.05
24	31.40	36.59	12:00 AM	0.42	0.05
25	30.43	35.29	12:00 AM	0.42	0.05
26	30.08	35.02	7:20 PM	0.25	0.03
27	30.47	35.26	3:20 AM	0.17	0.02
28	30.95	37.01	12:40 AM	1.67	0.25
29	65.68	88.00	12:00 AM	4.67	0.62
30	68.59	88.06	12:00 AM	1.42	0.21
31	39.12	48.33	12:00 AM	0.42	0.05
<b>Totals:</b>	<b>1170.82</b>		<b>22.50</b>	<b>3.40</b>	<b>0.83</b>

I hereby certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yy): 11/17/23



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

State Form 60546 (6-24-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page 4 of 12

Permit Number: IN002191

Facility: Fort Wayne - P.L. Bruner WWTTP

Monitoring Period: [MONTH] 10-2023

Public Notification Requirements Met?  Y  N

Check box if a CSO discharge occurred for the month:  M  E

Design Peak Flow (MGD): 85

Design Average Flow (MGD): 74

Measured/Estimated (M) or Estimated (E) must be specified

Day of Month	CSO Outfall No. 89			CSO Outfall No. 85			CSO Outfall No. 74			CSO Outfall No. 55		
	Time Discharge Began	Event or Discharge (MGD)	M, E	Time Discharge Began	Event or Discharge (MGD)	M, E	Time Discharge Began	Event or Discharge (MGD)	M, E	Time Discharge Began	Event or Discharge (MGD)	M, 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	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00





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

State Form 5546 (04-01-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (04-01-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTWP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	
Monitoring Period: 10-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y <input type="checkbox"/> N	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WWTW Influent Data		CSO Outfall No. 13	
Day of Month	Hourly Flow (MGD)	Time Discharge Began	Time Discharge Ended
01	30.23	12:00 AM	5 m
02	30.73	12:00 AM	5 m
03	30.39	12:00 AM	5 m
04	29.21	12:00 AM	5 m
05	47.61	12:30 PM	4:42 PM
06	45.81	6:25 PM	0.08
07	31.73	4:16 PM	9:30 AM
08	31.98	4:03 PM	9:35 AM
09	32.66	3:02 PM	12:00 AM
10	30.67	3:36 PM	12:00 AM
11	29.42	3:42 PM	12:00 AM
12	30.64	3:04 PM	5:30 AM
13	33.58	3:27 PM	7:45 PM
14	72.10	8:01 PM	12:00 AM
15	39.83	5:16 PM	10:00 PM
16	35.32	4:04 PM	12:00 AM
17	32.18	3:33 PM	12:00 AM
18	31.07	3:02 PM	12:00 AM
19	52.20	9:67 AM	8:00 AM
20	46.08	6:26 AM	4:30 AM
21	36.96	4:85 PM	12:25 PM
22	34.06	4:42 PM	12:00 AM
23	32.58	3:24 PM	12:00 AM
24	31.40	3:59 PM	12:00 AM
25	30.43	3:29 PM	12:00 AM
26	30.08	3:02 PM	7:10 PM
27	30.47	3:26 PM	3:15 AM
28	30.95	3:01 PM	12:50 AM
29	65.68	8:00 AM	5:08 PM
30	68.59	3:06 PM	12:00 AM
31	39.12	4:33 PM	12:00 AM
Totals:	1170.82	23.67	3.35

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTWP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	
Monitoring Period: 10-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y <input type="checkbox"/> N	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74	
WWTW Effluent Data		CSO Outfall No. 17	
Day of Month	Hourly Flow (MGD)	Time Discharge Began	Time Discharge Ended
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Totals:		0	0.00

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Date (month/day/year): 11/17/23  
 Telephone: 260-423-6115

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

**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 5656 (04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 5656 (04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



City: Fort Wayne		Permit Number: IN002191							
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N							
Monitoring Period: [MONTH] 10-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>							
Design Peak Hourly Flow (MGD): 74		Design Average Flow (MGD): 21							
CSO Outfall No. 74		CSO Outfall No. 21							
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)
01									
02									
03									
04									
05	5:10 PM	M	0.67	M	0.64	M			
06									
07									
08									
09									
10									
11									
12									
13									
14	1:20 AM	M	2.25	M	0.003	M			
15									
16									
17									
18									
19	12:55 PM	M	1.75	M	0.014	M			
20									
21									
22									
23									
24									
25									
26									
27									
28									
29	3:45 AM	M	1.75	M	0.013	M			
30	12:40 AM	M	3.42	M	0.052	M			
31									
<b>Totals:</b>	<b>5</b>	<b>ys</b>	<b>12.84</b>	<b>0.126</b>	<b>0.126</b>		<b>5</b>	<b>ys</b>	<b>12.84</b>

City: Fort Wayne		Permit Number: IN002191							
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N							
Monitoring Period: [MONTH] 10-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>							
Design Peak Hourly Flow (MGD): 74		Design Average Flow (MGD): 21							
CSO Outfall No. 74		CSO Outfall No. 21							
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)
01									
02									
03									
04									
05	4:20 PM	M	6.17	M	3.927	M	4:15 PM	M	2.92
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									
<b>Totals:</b>	<b>1170.82</b>	<b>23.67</b>	<b>3.35</b>	<b>36.50</b>	<b>15.818</b>		<b>6</b>	<b>ys</b>	<b>12.23</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash

Date (mm/dd/yy): 11/17/23

Telephone: 260-427-6213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT ALL INFORMATION IS TRUE AND ACCURATE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 30546 (03-99-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 30546 (03-99-15)  
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] 10-2023		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:	
WWTW Inflow Date:		CSO Outfall No. 64		CSO Outfall No. 65	
Average Hourly Flow (MGD)	Time	Time	Event	Time	Event
Day of Month	Peak Flow (MGD)	Peak Flow (MGD)	Discharge or Return	Discharge or Return	Discharge or Return
01	30.23	37.16	12:00 AM		
02	30.73	37.33	12:00 AM		
03	30.39	36.28	12:00 AM		
04	29.21	36.04	12:00 AM		
05	47.61	88.05	12:30 PM	4:55 PM	M 0.035
06	45.81	87.98	6:50 PM		
07	31.73	40.16	1:40 PM		
08	31.98	40.37	9:40 AM		
09	32.65	39.02	12:00 AM		
10	30.67	37.36	12:00 AM		
11	29.42	34.21	10:10 PM		
12	30.64	34.04	4:55 AM		
13	30.58	33.27	7:45 PM	11:35 PM	M 0.009
14	72.10	88.01	12:00 AM	12:00 AM	M 0.042
15	39.83	55.16	9:55 PM		
16	33.32	42.04	12:00 AM		
17	32.18	37.33	12:00 AM		
18	31.07	36.02	12:00 AM		
19	52.20	97.67	7:45 AM	11:35 AM	M 0.015
20	45.08	62.26	4:00 AM		
21	36.96	46.83	12:20 PM		
22	34.06	42.42	12:00 AM		
23	32.58	38.24	12:00 AM		
24	31.40	36.59	12:00 AM		
25	30.43	35.29	12:00 AM		
26	39.08	35.02	7:05 PM		
27	39.47	35.26	3:15 AM		
28	39.95	37.01	12:40 AM		
29	65.68	88.00	12:00 AM	12:15 AM	M 0.021
30	68.59	88.06	12:00 AM	12:20 AM	M 0.069
31	39.12	48.33	12:00 AM		
<b>Totals:</b>	<b>1170.82</b>	<b>24.33</b>	<b>3.43</b>	<b>0</b>	<b>0.000</b>

Typed or Printed Name and Title of Principal, Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 264-427-6213

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

Signature of Principal, Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 11/19/23

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] 10-2023		Check box if no CSO discharge occurred for the month:			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:	
WWTW Inflow Date:		CSO Outfall No. 67		CSO Outfall No. 68	
Average Hourly Flow (MGD)	Time	Time	Event	Time	Event
Day of Month	Peak Flow (MGD)	Peak Flow (MGD)	Discharge or Return	Discharge or Return	Discharge or Return
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
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16					
17					
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19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0</b>	<b>0.000</b>



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

State Form 30546 (8-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 30546 (8-16-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 8 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH 10-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measure/Metered (M) or Estimated (E) must be specified.	
Day of Month	Time	Flow (MGD)	Flow (MGD)	CSO Outfall No.	
				Event Discharge (M/E)	Time Discharge (M/E)
01	01:30:43	37.16	12:00 AM		
02	02:30:73	37.33	12:00 AM		
03	03:30:59	36.28	12:00 AM		
04	04:29:21	36.04	12:00 AM		
05	05:47:61	88.03	12:45 PM		
06	06:45:51	87.98	7:25 PM		
07	07:31:73	40.16	12:00 AM		
08	08:31:98	40.37	9:45 AM		
09	09:32:56	39.02	12:00 AM		
10	10:30:67	37.36	12:00 AM		
11	11:29:42	34.21	12:00 AM		
12	12:30:64	34.04	4:55 AM		
13	13:30:58	35.27	7:55 PM		
14	14:72:10	48.01	12:15 AM		
15	15:39:83	55.16	10:10 PM		
16	16:35:32	42.04	12:00 AM		
17	17:32:18	37.33	12:00 AM		
18	18:31:07	36.02	12:00 AM		
19	19:52:20	97.07	8:05 AM		
20	20:46:08	62.26	5:00 AM		
21	21:36:56	46.83	11:55 AM		
22	22:34:06	42.42	12:00 AM		
23	23:32:58	38.24	12:00 AM		
24	24:31:40	36.59	12:00 AM		
25	25:30:43	35.20	12:00 AM		
26	26:30:08	35.02	7:40 PM		
27	27:30:47	35.26	3:05 AM		
28	28:30:95	37.01	12:35 AM		
29	29:65:68	88.00	12:05 AM		
30	30:68:59	88.06	12:00 AM		
31	31:39:12	48.33	12:00 AM		
<b>Totals:</b>	<b>170:82</b>	<b>22.50</b>	<b>3.36</b>	<b>0</b>	<b>0.00</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (month/day): 11/17/23

City: Fort Wayne		Page 9 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: MONTH 10-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measure/Metered (M) or Estimated (E) must be specified.	
Day of Month	Time	Flow (MGD)	Flow (MGD)	CSO Outfall No.	
				Event Discharge (M/E)	Time Discharge (M/E)
01	01:30:43	37.16	12:00 AM		
02	02:30:73	37.33	12:00 AM		
03	03:30:59	36.28	12:00 AM		
04	04:29:21	36.04	12:00 AM		
05	05:47:61	88.03	12:45 PM		
06	06:45:51	87.98	7:25 PM		
07	07:31:73	40.16	12:00 AM		
08	08:31:98	40.37	9:45 AM		
09	09:32:56	39.02	12:00 AM		
10	10:30:67	37.36	12:00 AM		
11	11:29:42	34.21	12:00 AM		
12	12:30:64	34.04	4:55 AM		
13	13:30:58	35.27	7:55 PM		
14	14:72:10	48.01	12:15 AM		
15	15:39:83	55.16	10:10 PM		
16	16:35:32	42.04	12:00 AM		
17	17:32:18	37.33	12:00 AM		
18	18:31:07	36.02	12:00 AM		
19	19:52:20	97.07	8:05 AM		
20	20:46:08	62.26	5:00 AM		
21	21:36:56	46.83	11:55 AM		
22	22:34:06	42.42	12:00 AM		
23	23:32:58	38.24	12:00 AM		
24	24:31:40	36.59	12:00 AM		
25	25:30:43	35.20	12:00 AM		
26	26:30:08	35.02	7:40 PM		
27	27:30:47	35.26	3:05 AM		
28	28:30:95	37.01	12:35 AM		
29	29:65:68	88.00	12:05 AM		
30	30:68:59	88.06	12:00 AM		
31	31:39:12	48.33	12:00 AM		
<b>Totals:</b>	<b>170:82</b>	<b>22.50</b>	<b>3.36</b>	<b>0</b>	<b>0.00</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (month/day): 11/17/23



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

State Form 5046 (8-6-01)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5046 (8-6-01)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN002191			
Monitoring Period: 10-2023		Public Notification Requirements Met? Y		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			
WWTW Influent Data	Time of Day	Peak Hourly Flow (MGD)	Time of Day	CSO Overall No.	Event		
Day of Month	Time of Day	Peak Hourly Flow (MGD)	Time of Day	CSO Overall No.	Event		
01	30.23	37.16	12:00 AM	48			
02	30.73	37.33	12:00 AM	48			
03	30.39	36.28	12:00 AM	48			
04	29.21	36.04	12:00 AM	48			
05	47.61	88.03	12:25 PM	4.50	0.63	0.15	5 m
06	45.81	87.98	7:35 PM	0.08	0.01	0.01	5 m
07	31.73	40.16	4:50 PM	0.08	0.01	0.01	5 m
08	31.68	40.37	10:30 AM	0.50	0.06	0.03	5 m
09	32.66	39.02	12:00 AM				5 m
10	30.67	37.36	12:00 AM				5 m
11	29.42	34.21	10:25 PM	0.17	0.02	0.01	5 m
12	30.64	34.04	5:05 AM	0.75	0.09	0.08	5 m
13	30.58	35.27	7:50 PM	2.00	0.38	0.23	5 m
14	72.10	88.01	12:00 AM	2.50	0.44	0.14	5 m
15	39.83	55.16	10:25 PM	0.25	0.03	0.02	5 m
16	35.32	42.04	12:00 AM				5 m
17	32.18	37.33	12:00 AM				5 m
18	31.07	36.02	12:00 AM				5 m
19	52.20	97.67	7:45 AM	4.25	0.61	0.17	5 m
20	46.08	62.26	1:55 AM	0.25	0.03	0.01	5 m
21	36.96	46.83	12:15 PM	0.42	0.05	0.03	5 m
22	34.06	42.42	12:00 AM				5 m
23	32.58	38.24	12:00 AM				5 m
24	31.40	36.59	12:00 AM				5 m
25	30.43	35.29	12:00 AM				5 m
26	30.08	35.02	7:20 PM	0.33	0.04	0.03	5 m
27	30.47	35.26	3:55 AM	0.17	0.02	0.01	5 m
28	30.95	37.01	12:10 AM	1.75	0.24	0.15	5 m
29	65.68	88.00	12:05 AM	4.75	0.65	0.16	5 m
30	66.59	88.06	12:00 AM	1.33	0.21	0.15	5 m
31	30.12	48.33	12:00 AM				5 m
<b>Totals:</b>	<b>1170.82</b>			<b>24.48</b>	<b>3.52</b>		

City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN002191	
Monitoring Period: 10-2023		Public Notification Requirements Met? Y		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	
WWTW Effluent Data	Time of Day	Peak Hourly Flow (MGD)	Time of Day	CSO Overall No.	Event
Day of Month	Time of Day	Peak Hourly Flow (MGD)	Time of Day	CSO Overall No.	Event
01				51	
02				51	
03				51	
04				51	
05				51	
06				51	
07				51	
08				51	
09				51	
10				51	
11				51	
12				51	
13				51	
14				51	
15				51	
16				51	
17				51	
18				51	
19				51	
20				51	
21				51	
22				51	
23				51	
24				51	
25				51	
26				51	
27				51	
28				51	
29				51	
30				51	
31				51	
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.000</b>	<b>0.000</b>

Type and Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 11/17/23

Type and Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 11/17/23



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 50546 (04-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Permit Number: IN002191

Page 10 of 12  
 Public Notification Requirements Met?  Y  N  
 Monitoring Period: (MONTH) 10-2023  
 Check box if an CSO discharge occurred for the month:  Y  N

Design Peak Hourly Flow (MGD): 45  
 Design Average Flow (MGD): 74  
 Measured/Estimated (M) or Estimated (E) must be specified

CSO Outfall No. 45  
 CSO Outfall No. 74  
 CSO Outfall No. 03

Day of Month	CSO Outfall No. 45			CSO Outfall No. 74			CSO Outfall No. 03		
	Time Discharge or Begin	Event Duration or (Hours)	Event Discharge or (MG)	Time Discharge or Begin	Event Duration or (Hours)	Event Discharge or (MG)	Time Discharge or Begin	Event Duration or (Hours)	Event Discharge or (MG)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
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20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Totals:	0	0	0.000	0	0	0.000	0	0	0.000



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 50546 (04-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne  
 Facility: Fort Wayne - P.L. Brunner WWTP  
 Permit Number: IN002191

Page 10 of 12  
 Public Notification Requirements Met?  Y  N  
 Monitoring Period: (MONTH) 10-2023  
 Check box if an CSO discharge occurred for the month:  Y  N

Design Peak Hourly Flow (MGD): 45  
 Design Average Flow (MGD): 74  
 Measured/Estimated (M) or Estimated (E) must be specified

CSO Outfall No. 45  
 CSO Outfall No. 74  
 CSO Outfall No. 03

Day of Month	CSO Outfall No. 45			CSO Outfall No. 74			CSO Outfall No. 03		
	Time Discharge or Begin	Event Duration or (Hours)	Event Discharge or (MG)	Time Discharge or Begin	Event Duration or (Hours)	Event Discharge or (MG)	Time Discharge or Begin	Event Duration or (Hours)	Event Discharge or (MG)
01									
02									
03									
04									
05									
06									
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27									
28									
29									
30									
31									
Totals:	0	0	0.000	0	0	0.000	0	0	0.000



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

State Form 0656 (05/04-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 0656 (05/04-15)  
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]		Check box if no CSO discharge occurred for the month:		Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		CSO Discharge No. 33		
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Event Discharge (MGD)	Event Duration (MGD)	Event Discharge (MGD)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Totals:</b>	0	0	0.000	0	0.000	0.000

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]		Check box if no CSO discharge occurred for the month:		Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		CSO Discharge No. 45		
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (MGD)	Event Discharge (MGD)	Event Duration (MGD)	Event Discharge (MGD)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Totals:</b>	0	0	0.000	0	0.000	0.000

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah  
Date (mm/dd/yyyy): 11/17/23

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah  
Date (mm/dd/yyyy): 11/17/23



**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: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 10-2023	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	
07	
08	
09	
10	
11	
12	
13	Wet Weather Day
14	Wet Weather Day
15	
16	
17	
18	
19	Wet Weather Day
20	Wet Weather Day
21	
22	
23	
24	
25	
26	
27	
28	
29	Wet Weather Day
30	Wet Weather Day
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent <i>Jennifer E. Lash, Program Manager</i>	Telephone 260-427-6213
--	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent <i>Jennifer E. Lash</i>	Date (mm/dd/yy) 11/17/23
---	-----------------------------



DMR Copy of Record

<b>Parent</b>		<b>Permit:</b>		<b>Facility:</b>	
Permit #:	IM002191	Permittee:	FORT WAYNE WWTP	Facility Location:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802		P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features:	002 External Outlet	Discharger:	000-C CSO D06-104 - 022 POND - WHEN USED AS CSO ONLY - 3360 FT W OF COLESEUM BLVD		
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>		<b>Status:</b>	
Monitoring Period:	From 10/19/23 to 10/31/23	DMR Due Date:	11/28/23		McDMR Validated
Considerations for Form Completion					
CSO - 003 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:	Jennifer	Title:	Program Manager		
Last Name:	Lash				
No Data Indicator (NDDI)					
Form NDDI:	-				
<b>Event</b>		<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Form NDDI</b>
50327	Derivation		ES - Effluent Gross	0	-
		<b>Sample Permit Exp. Value</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of EA, Frequency of Analysis</b>
		Value NDDI	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Value 1 Value 2 Value 3 Value 4	Units
74053	Overflow volume (BSB volume, CSO volume)		ES - Effluent Gross	0	-
		<b>Sample Permit Exp. Value</b>	<b>Req Min MO TOTAL, C - No Discharge</b>	<b>Req Min MO TOTAL, RT - Inlets</b>	<b>Req Min MO TOTAL, RT - No Discharge</b>
		Value NDDI	Value NDDI	Value NDDI	Value NDDI
76887	Precipitation, monthly accumulation		ES - Effluent Gross	0	-
		<b>Sample Permit Exp. Value</b>	<b>Req Min MO TOTAL, C - No Discharge</b>	<b>Req Min MO TOTAL, SF - Inlets</b>	<b>Req Min MO TOTAL, SF - No Discharge</b>
		Value NDDI	Value NDDI	Value NDDI	Value NDDI
84185	Discharge event observation (Visual Monitoring)		ES - Effluent Gross	0	-
		<b>Sample Permit Exp. Value</b>	<b>Req Min MO TOTAL, A1 - Inlets</b>	<b>Req Min MO TOTAL, A1 - Inlets</b>	<b>Req Min MO TOTAL, A1 - Inlets</b>
		Value NDDI	Value NDDI	Value NDDI	Value NDDI
<b>Submission Note</b>					
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Basistations, Frequency of Analysis, and Sample Type.					
<b>608 Check Errors</b>					
No errors.					
<b>Comments</b>					
<b>Attachments</b>					
		<b>Name</b>	<b>Type</b>	<b>Size</b>	
		IM002191_0002_CSOWMS_2023_10.pdf	pdf	1351777.0	
		IM002191_0002_LASH_2023_10.pdf	pdf	187886.0	
<b>Report Last Saved By</b>					
FORT WAYNE WWTP					
User:	JETEFADM				
Name:	Jennifer Lash				
E-Mail:	jennifer.lash@cityofwayne.org				
Date/Time:	2023-11-17 09:38 (Time Zone: -05:00)				
<b>Report Last Signed By</b>					
JETEFADM					
User:	Jennifer Lash				
Name:	Jennifer Lash				
E-Mail:	jennifer.lash@cityofwayne.org				
Date/Time:	2023-11-17 09:43 (Time Zone: -05:00)				

DMR Copy of Record

<b>Permit</b>	IN0002191	<b>Permittee:</b>	FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	<b>Facility:</b>	FORT WAYNE WWTP P.L. BRUNNER WPC 2501 DWANER AVE FORT WAYNE, IN 46803			
<b>Major:</b>	Yes	<b>Permittee Address:</b>		<b>Facility Location:</b>				
<b>Permitted Features:</b>	603 External Outfall	<b>Discharge:</b>	603-C CSO P19-026, 001 POND - 900 FT E OF PEMBERTON DR	<b>Staff:</b>	Not DMR Validated			
<b>Report Dates &amp; Dates</b>	From 10/9/23 to 10/9/23	<b>DMR Due Date:</b>	11/09/23					
<b>Monitoring Period:</b>	Considerations for Four Categories							
<b>CSO - 001 POND WHEN USED AS CSO ONLY</b>								
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (NOD)</b>								
<b>Form NOD:</b>								
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Reasons for NOD</b>	<b>Quantity or Loading</b>	<b>Quality of Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
50027	Deviation	60 - Effluent Gross	0	Sample Permit Fee Value NOD	Req Min MO TOTAL, 60 - Inflow 0 - No Discharge	18100	18100 - Inflow Discharge	RT - R00007
71003	Overflow volume (560 volume)	60 - Effluent Gross	0	Sample Permit Fee Value NOD	Req Min MO TOTAL, 36 - Inflow 0 - No Discharge	18100	18100 - Inflow Discharge	RT - R00007
71887	Precipitation, monthly accumulation	60 - Effluent Gross	0	Sample Permit Fee Value NOD	Req Min MO TOTAL, 36 - Inflow 0 - No Discharge	18100	18100 - Inflow Discharge	RT - R00007
84105	Discharge event observation (Flow Monitoring)	60 - Effluent Gross	0	Sample Permit Fee Value NOD	Req Min MO TOTAL, 60 - Inflow 0 - No Discharge	18100	18100 - Inflow Discharge	RT - R00007
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample row Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JTTEFADM	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org	<b>Date/Time:</b>	2023-11-17 09:30 (Time Zone: -0500)	
<b>Report Last Signed By</b>	JTTEFADM	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org	<b>Date/Time:</b>	2023-11-17 09:40 (Time Zone: -0500)	

DMR Copy of Record

Permit	Permit #	Permittee	Facility
Major	80002191	CITY OF FORT WAYNE	FORT WAYNE WWTP
Permitted Feature	Yes	250 E BERRY ST FT WAYNE, IN 46822	P.L. BRUNGER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803
Report Dates & Status	Discharge:	Monitoring Location	Station:
Monitoring Period:	864-C	EG - Effluent Disch	NeCDMR Validated
Considerations for Permit Completion	DMR Due Date:	EG - Effluent Disch	
CSC: 20-090 MUNICIPAL MAJOR ALLEN COUNTY	11/28/23	EG - Effluent Disch	
Principal Executive Officer	Title:	EG - Effluent Disch	
First Name:		EG - Effluent Disch	
Last Name:		EG - Effluent Disch	
No Data Indicator (NDDI)		EG - Effluent Disch	
Form NDDI		EG - Effluent Disch	
Code	Form Name	Monitoring Location	Station & Permit NDDI
5037	Overflows	EG - Effluent Disch	0 -
7003	Overflow volume (500 volume, CSO volume)	EG - Effluent Disch	0 -
7007	Precipitation, weekly accumulation	EG - Effluent Disch	0 -
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0 -
Submittal Note			
Earl Check Errors			
Comments			
Attachments			
Report Last Saved By	JETEFADMR		
FORT WAYNE WWTP	Jennifer Lash		
User:	jennifer.lash@cityofwayne.org		
Name:	Jennifer Lash		
E-Mail:	jennifer.lash@cityofwayne.org		
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)		
Report Last Signed By	JETEFADMR		
User:	Jennifer Lash		
Name:	Jennifer Lash		
E-Mail:	jennifer.lash@cityofwayne.org		
Date/Time:	2023-11-17 09:40 (Time Zone: -05:00)		

DMR Copy of Record

**Permit**  
 Permit #: IN00023191  
 Major: Yes  
 Permittee: FORT WAYNE WWTP  
 City of Fort Wayne  
 220 E BERRY ST  
 FT WAYNE, IN 46802  
 Facility Location:  
 FORT WAYNE WWTP  
 P.L. BRUNER (APC)  
 2803 DIVISADER AVE  
 FORT WAYNE, IN 46803

Permitted Features: 005 External Outfall  
 Discharger: 695-C  
 CSO, 715-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status  
 Monitoring Period: From 10/01/03 to 10/01/03  
 DMR Due Date: 11/28/03  
 Status: NotCSMS Validated

Consolidations for Form Completion  
 CSO: 715-164 MUNICIPAL MAJOR ALLEN COUNTY

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

No Data Indicator (NDDI)  
 Form NDDI: -

Code	Permittee Name	Monitoring Location	Segment # Param. NDDI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. Units	Frequency of Analysis	Sample Type	
50037	Duration	EG - Effluent Gross	0	Sample Permit Fee Value NDDI	14.33 Per Max MO TOTAL	82 - 10000 82 - 10000	0	WY05 - When Discharging WY05 - When Discharging WY05 - When Discharging	RT - R0070T RT - R0070T RT - R0070T
70063	Overflow volume (\$56 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Fee Value NDDI	0.101 Per Max MO TOTAL	24 - 1000 24 - 1000	0	AL07 - All Events AL07 - All Events AL07 - All Events	ES - E070MA ES - E070MA ES - E070MA
70067	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Fee Value NDDI	3.43 Per Max MO TOTAL	00 - 1000 00 - 1000	0	AL07 - All Events AL07 - All Events AL07 - All Events	RT - R0070T RT - R0070T RT - R0070T
8r165	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Fee Value NDDI	0.0 Per Max MO TOTAL	00 - 1000 00 - 1000	0	AL07 - All Events AL07 - All Events AL07 - All Events	RT - R0070T RT - R0070T RT - R0070T

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

Report Last Saved By  
 FORT WAYNE WWTP  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2003-11-17 09:33 (Time Zone: -05:00)

Report Last Signed By  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2003-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN032191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b> P.L. BELANGER WPC 2601 CHAMBERLAIN FORT WAYNE, IN 46803			
<b>Permitted Features:</b> 007 External Outfall		<b>Discharge:</b> 607-C CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.		<b>Status:</b> MetDMR Validated			
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 11/26/23					
<b>Monitoring Period:</b> From 10/1/23 to 10/31/23							
<b>Considerations for Permit Compliance</b>							
<b>CSO: K03-092 MUNICIPAL MAJOR/ALLER COUNTY</b>							
<b>Principal Executive Officer</b>							
<b>First Name:</b>		<b>Title:</b>					
<b>Last Name:</b>							
<b>Mo Date Indicator (MOO)</b>							
<b>Facile MOO:</b>							
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Station # Param. MOO</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>
				<b>Qualifier 1 Value 1</b>	<b>Qualifier 2 Value 2</b>	<b>Qualifier 3 Value 3</b>	<b>Qualifier 4 Value 4</b>
50387	Overflows	03 - Effluent Gross	0	Req Rep MO TOTAL	02 - Inlets	Units	WY08 - When Discharging RT - RC07OT
				G - No Discharge			
				Req Rep MO TOTAL	28 - Inlet	Units	AL05 - All Events
74503	Overflow volume (500 volume, CSO volume)	03 - Effluent Gross	0	C - No Discharge			ES - ESTMA
				Req Rep MO TOTAL	38 - Inlets	Units	AL05 - All Events
				Req Rep MO TOTAL	28 - Inlets	Units	AL05 - All Events
7887	Precipitation, monthly accumulation	03 - Effluent Gross	0				RT - RC07OT
				Req Rep MO TOTAL	46 - Inlets	Units	AL05 - All Events
				Req Rep MO TOTAL	46 - Inlets	Units	AL05 - All Events
84165	Discharge event observation (Visual Monitoring)	03 - Effluent Gross	0				RT - RC07OT
				Req Rep MO TOTAL	46 - Inlets	Units	AL05 - All Events
				C - No Discharge			
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample ID, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Durations, Frequency of Analysis, and Sample Type.							
<b>Edit Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
<b>User:</b> JTEFADMR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> jennifer.lash@cityofwayne.org							
<b>Date/Time:</b> 2023-11-17 09:30 (Time Zone: -05:00)							
<b>Report Last Signed By</b>							
User: JTEFADMR							
Name: Jennifer Lash							
E-Mail: jennifer.lash@cityofwayne.org							
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)							

DMR Copy of Record

Permit #	IN0032191	Permitter	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location	FORT WAYNE WWTP P.L. BELANGER WPC 2621 DWINGER AVE FORT WAYNE, IN 46803			
Major	Yes	Permit Address	011-C CSO: 606-203 - SE OF MAIN ST. & CAMP ALLEN DR.	Facility				
Permitted Features	011 External Outlet	Discharge	11/23/23	Status	NotDMR Validated			
Report Dates & Status	From 10/1/23 to 10/31/23	DMR Due Date		Telephone				
Monitoring Permit	From 10/1/23 to 10/31/23							
Considerations for Form Completion	CSO: 606-203 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer		Title						
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD								
Code	Permitter Name	Monitoring Location	Session # Perm. NDD	Quantity or Loading Qualifier 1 Units 1 Qualifier 2 Units 2 Qualifier 3 Units 3 Qualifier 4 Units 4	Quality or Concentration Qualifier 1 Units 1 Qualifier 2 Units 2 Qualifier 3 Units 3 Qualifier 4 Units 4	# of Ex.	Frequency of Analysis	Sample Type
8007	Duration	EG - Effluent Gross	0	Sample Permit Fee Value NDD	Req Max WD TOTAL, 48 - mins C - No Discharge	0	WVCS - When Discharging RT - RCOTOT	RT - RCOTOT
7000	Overflow volume (\$55 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Fee Value NDD	Req Max WD TOTAL, 24 - Mgal C - No Discharge	0	ALRY - All Events	ES - ESTIM
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Fee Value NDD	3.43 Req Max WD TOTAL, 24 - mins	0	ALRY - All Events	RT - RCOTOT
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Permit Fee Value NDD	Req Max WD TOTAL, 48 - mins C - No Discharge	0	ALRY - All Events	RT - RCOTOT
<p>Submission Note If a parameter row does not contain any values for the Sample row Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.</p>								
<p>EDI Check Errors No errors.</p>								
<p>Comments</p>								
<p>Attachments No attachments.</p>								
<p>Report Last Saved By FORT WAYNE WWTP</p>								
User:	JTEFADMUR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityofwayne.org							
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)							
<p>Report Last Signed By</p>								
User:	JTEFADMUR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityofwayne.org							
Date/Time:	2023-11-17 09:45 (Time Zone: -05:00)							

DMR Copy of Record

**Permit #:** W002181  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Facility Location:** P.L. BRUNER WPC  
 2801 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 012 External Outfall  
**Discharge:** 013-C  
 CSD: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

**Report Date & Status:** 11/28/23  
**Monitoring Period:** From 15/01/23 to 15/01/23  
**DMR Due Date:** 11/28/23  
**Considerations for Form Completion:** NotDMR Validated  
**Principal Executive Officer:**

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

Code	Parameter	Monitoring Location	Instrument Param. MOD	Quantity or Loading	Quality or Concentration	# of S.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Units			
5027	Station	EG - Effluent Disch	0	1.33 Reg Min MO TOTAL, 02 - Nitro	g	3	W02S - When Discharge RT - SCOTOT W02S - When Discharge RT - SCOTOT	WT - SCOTOT
7403	Overflow volume (380 volumes, CSD volume)	EG - Effluent Disch	0	3.03 Reg Min MO TOTAL, 02 - Nitro	g	3	AL2Y - All Events AL2Y - All Events	ES - ESTRA
7687	Precipitation, weekly accumulation	EG - Effluent Disch	0	3.43 Reg Min MO TOTAL, 02 - Nitro	g	3	AL2Y - All Events AL2Y - All Events	WT - SCOTOT
8-155	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	3.5 Reg Min MO TOTAL, 02 - Nitro	g	3	AL2Y - All Events AL2Y - All Events	WT - SCOTOT

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

**Est Check Errors:** No errors.

**Comments:**

**Attachments:**

**Report Last Saved By:** JETEFACMR

**Fort Wayne WWTP:** Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-11-17 09:35 (Time Zone: -05:00)

**Report Last Signed By:** JETEFACMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

Permit	Permit #	Permittee	Facility Location:	Facility Location:
	06032191	FORT WAYNE WWTP	CITY OF FORT WAYNE	FORT WAYNE WWTP
	Yes	Permittee Address:	303 E BERRY ST	P.L. BELANGER WPC
		Discharge	FT WAYNE, IN 46802	300 DAVENPORT AVE
			813-C	FORT WAYNE, IN 46803
Report Dates & Status	Monitoring Period:	SMR Due Date:	Status:	NotClear Validated
	From 10/6/23 to 10/1/23	11/28/23		
Considerations for Permit Completion	Principal Executive Officer:	First Name:	Title:	Telephone:
CSO K09-288 MUNICIPAL MAJOR ALLEN COUNTY				
	Last Name:			
	No Data Indicator (NDD)			
Form NDD:	Parameter	Monitoring Location	Session Param. NDD	Quantity or Loading
	Name			Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5
5007 Duration	EG - Effluent Gross	0	-	Sample Permit Freq Value NDD
7003 Overflow volume [588 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Freq Value NDD
7007 Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Freq Value NDD
8155 Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Freq Value NDD
<b>Submission Note</b>				
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.				
<b>Exit Check Errors</b>				
No errors.				
<b>Comments</b>				
Attachments				
No attachments.				
<b>Report Last Saved By</b>				
FORT WAYNE WWTP				
User:				
Name: JETEFACUR				
E-Mail: Jennifer.Lash				
Date/Time: jennifer.lash@cityofwayne.org				
Report Last Signed By				
User: JETEFACUR				
Name: Jennifer Lash				
E-Mail: jennifer.lash@cityofwayne.org				
Date/Time: 2023-11-17 09:43 (Time Zone: -05:00)				
Report Last Signed By				
User: JETEFACUR				
Name: Jennifer Lash				
E-Mail: jennifer.lash@cityofwayne.org				
Date/Time: 2023-11-17 09:43 (Time Zone: -05:00)				



DMR Copy of Record

Permit #:	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E SERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2021 DWINGER AVE FORT WAYNE, IN 46603			
Permitted Features:	017 External Outfall	Discharger:	BT-C CSD: K07-175 - 130 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE	Status:	NotDMR Validated			
Report Dates & Status		DMR Due Date:	11/28/23	Telephone:				
Monitoring Period:	From 10/1/23 to 10/31/23							
Considerations for Form Completion								
CSD: K07-175 MUNICIPAL MAJORALLEN COUNTY								
Principal Executive Officer:								
First Name:		TDR:						
Last Name:								
No Data Indicator (NDDI)								
Form NDDI:								
Code	Parameter	Monitoring Location	Section 8 Param. NDDI	Quantity of Loading	Quality of Concentration	# of GL	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
8037	Duration	EG - Effluent Cross	0				Reg Min MO TOTL, 82 - mins C - No Discharge	WNCS - When Challenging RT - SCOTDT
				Sample Permit Trc Value NDDI				
3003	Overflow volume (\$38 volume, CSD volume)	EG - Effluent Cross	0				Reg Min MO TOTL, 38 - Mgal C - No Discharge	AUEY - All Events ES - ESTMA
				Sample Permit Trc Value NDDI				
7007	Precipitation, monthly accumulation	EG - Effluent Cross	0				3.28 Reg Min MO TOTL, 38 - mins C - No Discharge	AUEY - All Events RT - SCOTDT
				Sample Permit Trc Value NDDI				
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0				Reg Min MO TOTL, 60 - mins C - No Discharge	AUEY - All Events RT - SCOTDT
				Sample Permit Trc Value NDDI				
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Events, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
PORT WAYNE WWTP								
User:	JTEFAQMR							
Name:	Jennifer Lush							
E-Mail:	jennifer.lush@cityoffortwayne.org							
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)							
<b>Report Last Signed By</b>								
User:	JTEFAQMR							
Name:	Jennifer Lush							
E-Mail:	jennifer.lush@cityoffortwayne.org							
Date/Time:	2023-11-17 09:40 (Time Zone: -05:00)							

DMR Copy of Record

<b>Permit</b>		<b>Permit #</b>		<b>Permittee</b>		<b>Facility</b>	
IN002191		FORT WAYNE WWTP		CITY OF FORT WAYNE		FORT WAYNE WWTP	
Major: Yes		200 E BERRY ST		FT WAYNE, IN 46802		P.L. BRUNNER WPC	
Permitted Features:		Discharge:		Status:		Facility Location:	
219 External Outfall		CSO: K11-152 - 150 FT W OF BROADWAY & RUSSELL BLVD		1/28/23		3801 CHAMBER AVE	
Report Dates & Status		DMR Due Date:		Telephone:		FORT WAYNE, IN 46803	
Monitoring Period: From 15/01/23 to 15/31/23		1/28/23		Not DMR Validated			
Considerations for Form Completion							
CSO: K11-152/MUNICIPAL MAJORALLEN COUNTY							
Principal Executive Officer		Title:					
First Name:		Last Name:					
No Data Indicator (NDD)							
Form NDD:							
Code		Permittee Name		Monitoring Location		Session #	
5037 Duration		EG - Effluent Gross		0		-	
7403 Overflow volume (\$50 volume, CSO volume)		EG - Effluent Gross		0		-	
7687 Precipitation, monthly accumulation		EG - Effluent Gross		0		-	
8155 Discharge event observation (Visual Monitoring)		EG - Effluent Gross		0		-	
Submittal Note		Sample 1 Value 1		Sample 2 Value 1		Sample 3 Value 1	
If a parameter row does not contain any values for the Sample or Effluent Typing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		Sample 1 Value 2		Sample 2 Value 2		Sample 3 Value 2	
E&T Check Errors		Sample 1 Value 3		Sample 2 Value 3		Sample 3 Value 3	
No errors		Sample 1 Value 4		Sample 2 Value 4		Sample 3 Value 4	
Comments		Sample 1 Value 5		Sample 2 Value 5		Sample 3 Value 5	
Attachments		Sample 1 Value 6		Sample 2 Value 6		Sample 3 Value 6	
No attachments		Sample 1 Value 7		Sample 2 Value 7		Sample 3 Value 7	
Report Last Saved By		Sample 1 Value 8		Sample 2 Value 8		Sample 3 Value 8	
FORT WAYNE WWTP		Sample 1 Value 9		Sample 2 Value 9		Sample 3 Value 9	
User:		Sample 1 Value 10		Sample 2 Value 10		Sample 3 Value 10	
Name:		Sample 1 Value 11		Sample 2 Value 11		Sample 3 Value 11	
E-Mail:		Sample 1 Value 12		Sample 2 Value 12		Sample 3 Value 12	
Date/Time:		Sample 1 Value 13		Sample 2 Value 13		Sample 3 Value 13	
Report Last Signed By		Sample 1 Value 14		Sample 2 Value 14		Sample 3 Value 14	
User:		Sample 1 Value 15		Sample 2 Value 15		Sample 3 Value 15	
Name:		Sample 1 Value 16		Sample 2 Value 16		Sample 3 Value 16	
E-Mail:		Sample 1 Value 17		Sample 2 Value 17		Sample 3 Value 17	
Date/Time:		Sample 1 Value 18		Sample 2 Value 18		Sample 3 Value 18	

DMR Copy of Record

**Permit**  
 Permit #: 0000000000  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2601 DUNDAS AVE  
 FORT WAYNE, IN 46803  
 Discharge: 020  
 Excessual Outfall  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 10/01/03 to 10/31/03  
 Considerations for from Completion  
 CSO: K15-15 MUNICIPAL MAJORALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:  
 No Data Indicator (NDDI)  
 Form NDDI:

Code	Permittee Name	Numbering Location	Issues #	Permit NDDI	Quantity of Loading	Quality or Concentration	# of ELs	Frequency of Analysis	Sample Type
					Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3	Value 3	Units		
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Fee Value NDDI	1.33	Reg Min MO TOTM, 82 - 10ms	W005 - When Discharging RT - RC0707 W006 - When Discharging RT - RC0707	
7053	Overflow volume (\$35 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Fee Value NDDI	1.14	Reg Min MO TOTM, 91 - 1gal	AL07 - All Storm AL08 - All Storm	ES - BEETNA ES - BEETNA
7087	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Fee Value NDDI	3.35	Reg Min MO TOTM, 89 - 10ms	AL07 - All Storm AL08 - All Storm	RT - RC0707 RT - RC0707
8195	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Fee Value NDDI	6.0	Reg Min MO TOTM, 46 - 10ms	AL07 - All Storm AL08 - All Storm	RT - RC0707 RT - RC0707

**Submission Note**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**DBE Check Errors**  
 No errors.  
**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFACMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2003-11-17 09:33 (Time Zone: -05:00)  
**Report Last Signed By**  
 User: JETEFACMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2003-11-17 09:43 (Time Zone: -05:00)

DMR Copy of Record

Permit #	IN622161	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 202 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2021 DAVENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	021 External Outfall	Discharge:	02-C CSD: K19-044 - 850 FT W OF OLD WELLD RD & FAIRFAX AVE	Status:	NotDMR Validated
Report Dates & Status	From 10/1/23 to 10/31/23	DMR Due Date:	11/28/23	Telephone:	
Monitoring Period:	From 10/1/23 to 10/31/23	Considerations for Form Completion			
CSD:	K19-044 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Representative		Title:			
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Section # Param. NDD	Quantity or Loading	Quality or Compliance	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5007	Duration	EG - Effluent Gross	0	-	-	-	1:34 Per Min MO TOTL, 02 - mins	WY06 - When Discharging RT - ROOTOT WY06 - When Discharging RT - ROOTOT
7-003	Overflow volume (\$56 volume, CSD volume)	EG - Effluent Gross	0	-	-	-	1:08 Per Min MO TOTL, 20 - total	AE07 - AE Events AE07 - AE Events ES - ESTPMA ES - ESTPMA
7007	Precipitation, monthly accumulation	EG - Effluent Discharge	0	-	-	-	3:38 Per Min MO TOTL, 00 - mins	AE07 - AE Events AE07 - AE Events RT - ROOTOT RT - ROOTOT
9-155	Discharge event observation (Visual Monitoring)	EG - Effluent Discharge	0	-	-	-	0.0 Per Min MO TOTL, 00 - mins	AE07 - AE Events AE07 - AE Events RT - ROOTOT RT - ROOTOT

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

DMR Check Errors  
No errors

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: JETIFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-11-17 09:30 (Time Zone: -05:00)

Report Last Signed By  
User: JETIFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>	IN0032191	Permittee	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b>	J.L. BRUNNER WPC 2801 DAVENGER AVE FORT WAYNE, IN 46833			
<b>Permitted Features:</b>	023 External Outfall	<b>Discharge:</b>	023-C	<b>Status:</b>	NotDMR Validated			
<b>Report Dates &amp; Status</b>	From 10/9/23 to 10/31/23	<b>DMR Due Date:</b>	11/28/23					
<b>Monitoring Period:</b>	From 10/9/23 to 10/31/23							
<b>Considerations for Permit Completion</b>								
<b>CSD:</b>	LS6-103(MUNICIPAL MAJORALLEN COUNTY							
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Data Indicator (ND00)</b>	--							
<b>Form N001</b>	--							
<b>Code</b>	<b>Permittee</b>	<b>Monitoring Location</b>	<b>Reserv# Perm. W00</b>	<b>Quantity of Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
				Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 3 Value 3	Value 3	Units		
30027	Duration	EG - Effluent Cross	0		3.43	Res Max MD TOTAL, EG - Inflow	\$	WT06 - When Discharging RT - RC01TOT WT06 - When Discharging RT - RC01TOT
30053	Overflow volume (\$56 volume, CSD volume)	EG - Effluent Cross	0		3.21	Res Max MD TOTAL, EG - Inflow	\$	AL07 - All Events EG - Effluent AL07 - All Events EG - Effluent
70017	Precipitation, monthly accumulation	EG - Effluent Cross	0		3.4	Res Max MD TOTAL, EG - Inflow	\$	AL07 - All Events RT - RC01TOT AL07 - All Events RT - RC01TOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0		4.3	Res Max MD TOTAL, EG - Inflow	\$	AL07 - All Events RT - RC01TOT AL07 - All Events RT - RC01TOT
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>ESR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
PORT WAYNE WWTP								
<b>User:</b>	JETEFADM							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b>	2023-11-17 09:30 (Time Zone: -05:00)							
<b>Report Last Signed By</b>								
<b>User:</b>	JETEFADM							
<b>Name:</b>	Jennifer Lash							
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b>	2023-11-17 09:40 (Time Zone: -05:00)							

DMR Copy of Record

Permit #	IN002191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BOLLNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803			
Permitted Features:	034 External Outfall	Discharge:	034-C CSO: L05-430 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	States:	NotDMR Validated			
Report Date & Status		DMR Due Date:	11/26/23					
Monitoring Period:	From 15/07/23 to 15/01/23							
Considerations for Permit Completion								
CSO: L05-430(CS0), MAJORALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD:								
Code	Permitter	Monitoring Location	Season & Permit, NDD	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
				Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3	Value 1 Value 2 Value 3	Units		
8007	Durition	EG - Effluent Cross	0 -	Sample Permit Fee Value NDD	3.0 Reg Min MO TOTAL, 81 - 1000 \$	81 - 1000	WQ05 - When Discharging RT - RC0707 WQ05 - When Discharging RT - RC0707	RT - RC0707
7009	Overflow volume (\$58 volume, CSO volume)	EG - Effluent Cross	0 -	Sample Permit Fee Value NDD	0.24 Reg Min MO TOTAL, 26 - 500 \$	26 - 500	AL01 - All Events AL01 - All Events	ES - ESTIMA
7007	Precipitation, monthly accumulation	EG - Effluent Cross	0 -	Sample Permit Fee Value NDD	3.4 Reg Min MO TOTAL, 591 - 1000 \$	591 - 1000	AL01 - All Events AL01 - All Events	RT - RC0707
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0 -	Sample Permit Fee Value NDD	4.3 Reg Min MO TOTAL, 46 - 800 \$	46 - 800	AL01 - All Events AL01 - All Events	RT - RC0707
<p>Submission Note If a parameter row does not contain any values for the Sample Fee, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p>								
<p>ERI Check Errors No errors.</p>								
<p>Comments</p>								
<p>Attachments No attachments.</p>								
<p>Report Last Saved By FORT WAYNE WWTP</p>								
User:	JTEFADMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-11-17 09:31 (Time Zone: -05:00)							
<p>Report Last Signed By</p>								
User:	JTEFADMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-11-17 09:40 (Time Zone: -05:00)							

DMR Copy of Record

<b>Permit</b>	IN002191	<b>Permittee</b>	FORT WAYNE WWTP	<b>Facility</b>	FORT WAYNE WWTP				
<b>Major</b>	Yes	<b>Permittee Address</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location</b>	P.L. BRUNNER WPC 2601 DAVENPORT AVE FORT WAYNE, IN 46803				
<b>Permitted Features</b>	G25 External Outfall	<b>Discharge</b>	G25-C CSC-106-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	<b>Status</b>	NotCAMR Validated				
<b>Report Dates &amp; Status</b>		<b>DMR Due Date</b>	11/28/23						
<b>Monitoring Period</b>	From 10/1/23 to 10/31/23								
<b>Considerations for Form Completion</b>									
<b>CSD</b>	106-421 MUNICIPAL MAJOR ALLEN COUNTY								
<b>Principal Executive Officer</b>									
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>					
<b>Last Name:</b>									
<b>No Data Indicator (NDD)</b>	--								
<b>Form NDD</b>									
<b>Code</b>	<b>Promoter</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Param. NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Es.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	ES - Nitrite	Units	WH05 - When Discharging RT - ROOTTOT	
5037	Sanitation	EG - Effluent Gross	0	--	3.0	Req Max MO TOTAL, ES - Nitrite	0		WH05 - When Discharging RT - ROOTTOT
					ES - Nitrite	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
7003	Overflow volume (566 volume, CSD volume)	EG - Effluent Gross	0	--	3.0	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
					ES - Nitrite	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.0	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
					ES - Nitrite	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	3.0	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
					ES - Nitrite	Req Max MO TOTAL, ES - Nitrite	0		ES - ES7MA
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>DMR Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b> JETIFACMR									
<b>Name:</b> Jennifer Lush									
<b>E-Mail:</b> jennifer.lush@cityofindianapolis.org									
<b>Date/Time:</b> 2023-11-17 09:33 (Time Zone: -05:00)									
<b>Report Last Signed By</b>									
JETIFACMR									
<b>Name:</b> Jennifer Lush									
<b>E-Mail:</b> jennifer.lush@cityofindianapolis.org									
<b>Date/Time:</b> 2023-11-17 09:40 (Time Zone: -05:00)									

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**Permit**  
 Permit #: IM603191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 3801 DAVENGER AVE  
 FORT WAYNE, IN 46803  
 Permitted Feature: 027 External Outfall  
 Discharge: 827-C  
 CSD: M10-028 - 250 FT SE OF THIRD ST & CALHOUN ST

**Report Dates & Status**  
 Monitoring Period: From 10/9/23 to 10/31/23  
 DMR Due Date: 11/28/23  
 Status: Not DMR Validated  
 Considerations for Permit Compliance  
 CSD: M10-028 MUNICIPAL, MAJORVILLE COUNTY  
 Principal Executive Officer  
 First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 No Data Indicator (NDD): -

Code	Parameter	Units	Monitoring Location	Session #	Permit NDD	Quantity of Loading	Quality of Concentration	# of E.C.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
5037	Burdock		82 - Effluent Gross	0	-	Req Min MD TOTAL	Req Max MD TOTAL	Req Min MD TOTAL	Req Max MD TOTAL	WH02 - When Discharging 87 - NOOTOT
						C - No Discharge				
7493	Overflow volume (556 volume, CSO volume)		82 - Effluent Gross	0	-	Req Min MD TOTAL	Req Max MD TOTAL	Req Min MD TOTAL	Req Max MD TOTAL	88 - ESTMA
						C - No Discharge				
7887	Precipitates, monthly accumulation		82 - Effluent Gross	0	-	3-AT	Req Min MD TOTAL	Req Max MD TOTAL	Req Min MD TOTAL	87 - NOOTOT
										87 - NOOTOT
8416	Discharge event observation (Visual Monitoring)		82 - Effluent Gross	0	-	Req Min MD TOTAL	Req Max MD TOTAL	Req Min MD TOTAL	Req Max MD TOTAL	87 - NOOTOT
						C - No Discharge				

**Submission Note**  
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors**  
 No errors.  
**Comments**

**Attachments**  
 No attachments.  
**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JTEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-11-17 09:30 (Time Zone: -05:00)  
**Report Last Signed By**  
 User: JTEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-11-17 09:45 (Time Zone: -05:00)



DMR Copy of Record

<b>Permit</b>	<b>Permit #:</b> IM032191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
	<b>Major:</b> Yes	<b>Permitter Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803
<b>Permitted Feature:</b> 023 External Outfall	<b>Discharge:</b> 828-C CSO: M10-328 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE		
<b>Report Dates &amp; Status</b>	<b>Monitoring Period:</b> From 10/9/23 to 10/31/23	<b>DMR Due Date:</b> 11/28/23	<b>Status:</b> NotDMR Validated
	<b>Consolidations For Form Completion</b>		
	<b>CSO: M10-328 MUNICIPAL MAJORALLEN COUNTY</b>		
<b>Principal Executive Officer</b>	<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>
<b>Last Name:</b>			
<b>No Data Indicator (NDDI)</b>			
<b>Form NDDI:</b>			
<b>State</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Section 8 Permit NDDI</b>
		<b>Quantity of Loading</b>	<b>Quality or Concentration</b>
		<b>Qualifier 1 Value 1</b>	<b>Qualifier 2 Value 2</b>
		<b>Qualifier 3 Value 3</b>	<b>Date</b>
		<b># of EA</b>	<b>Frequency of Analysis</b>
		<b>Sample Type</b>	
5007 Detention	EG - Effluent Disch 0 =	Sample Permit Freq. Value NDDI	Reg Mon MO TOTL, 6E - 6hrs C - No Discharge
7403 Overflow volume [888 volume, CSO volume]	EG - Effluent Disch 0 =	Sample Permit Freq. Value NDDI	Reg Mon MO TOTL, 3E - 6gal C - No Discharge
7887 Precipitation, monthly accumulation	EG - Effluent Disch 0 =	Sample Permit Freq. Value NDDI	3.EE Reg Mon MO TOTL, 5E - 1mins G
8415 Discharge event observation [Visual Monitoring]	EG - Effluent Disch 0 =	Sample Permit Freq. Value NDDI	Reg Mon MO TOTL, 6E - 6hrs C - No Discharge
<b>Submission Note</b>	If a permittee row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
<b>DMR Check Errors</b>	No errors.		
<b>Comments</b>			
<b>Attachments</b>	No attachments.		
<b>Report Last Saved By</b>	JETFACMR		
<b>FORT WAYNE WWTP</b>	Jennifer Lash		
<b>User:</b>	jennifer.lash@cityoffortwayne.org		
<b>E-Mail:</b>	2023-11-17 09:30 (Time Zone: -05:00)		
<b>Date/Time:</b>	JETFACMR		
<b>Report Last Signed By</b>	Jennifer Lash		
<b>User:</b>	jennifer.lash@cityoffortwayne.org		
<b>Name:</b>	2023-11-17 09:40 (Time Zone: -05:00)		
<b>E-Mail:</b>			
<b>Date/Time:</b>			

DMR Copy of Record

Permit #	16033191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility	FORT WAYNE WWTP P.L. BRUNSER WPC 3601 DUNBAR AVE FORT WAYNE, IN 46803									
Major	Yes	Permittee Address		Facility Location										
Permitted Problems	029 External Outfall	Discharge	029-C CSD: M15-365 - 230 FT E OF DUCK ST & BARR ST	Facility Location										
Report Dates & Status		DMR Due Date	11/28/23	Status	Not DMR Validated									
Monitoring Period	From 10/9/23 to 10/31/23													
Considerations for Form Completion														
CDC: M15-365/MUNICIPAL MAJORALLEN COUNTY														
Principal Executive Officer														
First Name:		Title:		Telephone:										
Last Name:														
No Data Indicator (NDD)	--													
Form NDD:														
Event	Premitter Name	Monitoring Location	Session #	Param. NDD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Disch	0	--	Sample	Res Mon MD TOTH, 82 - Inflow					Units		WQ05 - Inflow Discharging RT - RC0707	
					Permit Trx	C - No Discharge								
					Value NDD									
7023	Overflow volume (\$38 volume, CSD volume)	EG - Effluent Disch	0	--	Sample	Res Mon MD TOTH, 28 - Inflow					Units		AL07 - All Events	ES - ESTIMA
					Permit Trx	C - No Discharge								
					Value NDD									
7027	Precipitation, monthly accumulation	EG - Effluent Disch	0	--	Sample	3.4					Units		AL07 - All Events	RT - RC0707
					Permit Trx	Res Mon MD TOTH, 28 - Inflow								
					Value NDD									
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	--	Sample	Res Mon MD TOTH, 46 - Inflow					Units		AL07 - All Events	RT - RC0707
					Permit Trx	C - No Discharge								
					Value NDD									
<b>Submission Note</b>														
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be populated for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.														
<b>Edit Check Errors</b>														
No errors.														
<b>Comments</b>														
Attachments														
No attachments.														
<b>Report Last Saved By</b>														
FORT WAYNE WWTP														
<b>User:</b> JTEFAADM														
<b>Name:</b> Jennifer Lash														
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org														
<b>Date/Time:</b> 2023-11-17 09:30 (Time Zone: -05:00)														
<b>Report Last Signed By</b>														
<b>User:</b> JTEFAADM														
<b>Name:</b> Jennifer Lash														
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org														
<b>Date/Time:</b> 2023-11-17 09:40 (Time Zone: -05:00)														

DMR Copy of Record

<b>Permit #:</b> R06032191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP								
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	<b>Facility Location:</b> P.L. BRUNGER WPC 2603 DWENGER AVE FORT WAYNE, IN 46803								
<b>Permitted Features:</b> 032 External Outfall	<b>Discharge:</b> 032-C									
<b>Report Dates &amp; Status</b>	<b>DMR Due Date:</b> 11/28/23	<b>Status:</b> NetDMR Validated								
<b>Monitoring Period:</b> From 10/9/23 to 10/31/23										
<b>Constitutions for Form Completion:</b>										
<b>CD: M10-308 MUNICIPAL MAJOR ALLEN COUNTY</b>										
<b>Principal Executive Officer:</b>										
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>								
<b>Last Name:</b>										
<b>No Data Indicator (NDD):</b> -										
<b>Form NDD:</b>										
<b>Code</b>	<b>Permittee Name</b>	<b>Monitoring Location</b>	<b>Stream #</b>	<b>Permit NDD</b>	<b>Quantity or Loading</b>	<b>Quantity or Concentration</b>	<b>Units</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Fee Value NDD	7.91 Reg Max MD TOTAL	MG	0	WY05 - When Discharging RT - ROOTOT WY05 - When Discharging RT - ROOTOT	RT - ROOTOT
7093	Overflow volume (\$56 volume, MSD volume)	EG - Effluent Gross	0	-	Sample Permit Fee Value NDD	0.101 Reg Max MD TOTAL	MG	0	AUEV - AE Events AUEV - AE Events	ES - ESTMA ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Fee Value NDD	3.4 Reg Max MD TOTAL	MG	0	AUEV - AE Events AUEV - AE Events	RT - ROOTOT RT - ROOTOT
8r165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Fee Value NDD	7.9 Reg Max MD TOTAL	MG	0	AUEV - AE Events AUEV - AE Events	RT - ROOTOT RT - ROOTOT
<b>Submission Note</b>										
If a permittee row does not contain any values for the Sample row Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.										
<b>Exit Check Errors</b>										
No errors.										
<b>Comments</b>										
Attachments										
No attachments.										
<b>Report Last Saved By</b>										
FORT WAYNE WWTP										
<b>User:</b> JTEFADMR										
<b>Name:</b> Jennifer Lash										
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org										
<b>Date/Time:</b> 2023-11-17 09:33 (Time Zone: -05:00)										
<b>Report Last Signed By</b>										
JTEFADMR										
<b>Name:</b> Jennifer Lash										
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org										
<b>Date/Time:</b> 2023-11-17 09:40 (Time Zone: -05:00)										

DMR Copy of Record

Parent	Permit #	Permittee	Facility	Facility Location					
	IN0232191	FORT WAYNE WWTP	FORT WAYNE WWTP	P.L. BRUNNER WPC 2601 DIEBINGER AVE FORT WAYNE, IN 46803					
Major	Permittee Address								
	200 E 8500V ST FT WAYNE, IN 46802								
Permitted Features	Discharge								
033 Effluent Outfall									
Report Dates & Status	DMR Due Date		Status	Not Data Validated					
From 10/1/23 to 10/31/23	11/28/23								
Monitoring Period									
Considerations for Form Completion									
CSD: M33-31363/RC9PAL MAJORALLEN COUNTY									
Principal Executive Officer	Title		Telephone						
Last Name									
No Data Indicator (NOD)									
Form NOD:									
Event	Monitoring Location	Reason #	Form NOD	Quantity of Loading	Quality or Concentration	Units	# of EA	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4		
5007 Duration	EG - Effluent Cross	0	-	Permit Fee Value NOD				Req Min MO TOTAL, EG - Inflow C - No Discharge	WV06 - When Discharging RT - RCOTDT
7003 Overflow volume (999 volume, OAD volume)	EG - Effluent Cross	0	-	Permit Fee Value NOD				Req Min MO TOTAL, 3M - Inflow C - No Discharge	ALRY - All Events ES - ESTW
7007 Precipitation, monthly accumulation	EG - Effluent Cross	0	-	Permit Fee Value NOD				3.07 Req Min MO TOTAL, 3M - Inflow C - No Discharge	ALRY - All Events RT - RCOTDT ALRY - All Events RT - RCOTDT
8155 Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	-	Permit Fee Value NOD				Req Min MO TOTAL, ac - Inflow C - No Discharge	ALRY - All Events RT - RCOTDT
Submission Note									
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
BAR Check Errors									
No errors									
Comments									
Attachments									
No attachments									
Report Last Saved By									
FORT WAYNE WWTP									
User:	JETEFACUR								
Name:	Jennifer Lash								
E-Mail:	jennifer.lash@cityofwayne.org								
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)								
Report Last Signed By									
User:	JETEFACUR								
Name:	Jennifer Lash								
E-Mail:	jennifer.lash@cityofwayne.org								
Date/Time:	2023-11-17 09:40 (Time Zone: -05:00)								

DMR Copy of Record

Permit #:	840302191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 3001 DWENGER AVE FORT WAYNE, IN 46803
Major:	Yes	Permit Address:		Facility Location:	
Permitted Feature:	006 External Outfall	Discharge:	036-C CSO: M19-032 - 800 FT N OF STATE BLVD & WESTBROOK DR	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	11/28/23		
Monitoring Period:	From 10/15/23 to 10/31/23				
Conditions for Form Completion					
CSO: M19-032 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NODE:					

Code	Description	Monitoring Location	Percent of Permit (NDD)	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analyte	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units		
8007	Derivation	EG - Effluent Gross	0	-		Reg Mon MO TOTM, M2 - mms C - No Discharge	WWS - When Discharging RT - RCDFOT	
7003	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	-		Reg Mon MO TOTM, M2 - Mpl C - No Discharge	AUEN - All Events ES - ESTMA	
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		3.07 Reg Mon MO TOTM, M2 - mms G	AUEN - All Events RT - RCDFOT AUEN - All Events RT - RCDFOT	
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-		Reg Mon MO TOTM, M2 - mms C - No Discharge	AUEN - All Events RT - RCDFOT	

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

EST Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-11-17 09:33 (Time Zone: -05:00)

Report Last Signed By  
User: JTEFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2023-11-17 09:45 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	W0032191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNSER WPC 2601 DIVISIDER AVE FORT WAYNE, IN 46803
Major:	Yes	Permit Address:		Facility Location:	
Permitted Features:	039 External Outfall	Discharge:	639-C CSO: N05-022 - 120 FT N OF HANNA ST & BERRY ST		
Report Dates & Status		DMR Due Date:	11/28/23	Status:	NetDMR Validated
Monitoring Period:	From 10/1/23 to 10/31/23				
Considerations for Permit Completion					
CSO: N05-022 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Event	Parameter Name	Monitoring Location	Section #	Form NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 1	Qualifier 2 Value 2 Qualifier 3 Value 2 Qualifier 3 Value 3	Units		
5037	Duration	EG - Effluent Cross	0	-			Req Min MO TOTAL, 82 - mins C - No Discharge	WY06 - When Discharging RT - RCOTDT	RT - RCOTDT
7403	Overflow volume (555 volume, CSO volume)	EG - Effluent Cross	0	-			Req Min MO TOTAL, 38 - gal C - No Discharge	ALEY - All Events	ES - EST506
7687	Precipitation, monthly accumulation	EG - Effluent Cross	0	-			3.4 Req Min MO TOTAL, 58 - mm \$	ALEY - All Events ALEY - All Events	RT - RCOTDT RT - RCOTDT
8455	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	-			Req Min MO TOTAL, 46 - hrs C - No Discharge	ALEY - All Events	RT - RCOTDT

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

DMR Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFACMR  
Name: Jennifer Leah  
E-Mail: jennifer.leah@cityoffortwayne.org  
Date/Time: 2023-11-17 09:33 (Time Zone: -05:00)

Report Last Signed By  
User: JETEFACMR  
Name: Jennifer Leah  
E-Mail: jennifer.leah@cityoffortwayne.org  
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)

DMIR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN032194		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permit Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BRUNNER WPC 2501 DWENDER AVE FORT WAYNE, IN 46803	
<b>Permitted Feature:</b> G44 External Outfall		<b>Discharge:</b> 844-C CSO: N02-093 - 150 FT E OF DALGENSEN AVE & SPY RUN AVE		<b>Quantity of Loading:</b>		<b>Frequency of Analysis:</b>	
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 11/28/23		<b>Quality of Concentration:</b>		<b>Sample Type</b>	
<b>Monitoring Period:</b> From 03/01/23 to 10/31/23		<b>Consolidations For Form Completion:</b>		<b>Qualifier 1 Value 1</b> <b>Qualifier 2 Value 2</b> <b>Qualifier 3 Value 3</b> <b>Qualifier 4 Value 4</b>		<b>Units</b>	
<b>CSO: N02-093 MUNICIPAL MAJOR ALLEN COUNTY</b>		<b>Principal Executive Officer:</b>		<b>Reg Min MO TOTAL, EG - Etna</b>		<b>W003 - When Discharging RT - SCOTDT</b>	
<b>First Name:</b>		<b>Title:</b>		<b>C - No Discharge</b>		<b>AEV - All Events</b>	
<b>Last Name:</b>		<b>Monitoring Location:</b>		<b>Reg Min MO TOTAL, SF - legal</b>		<b>ES - ESTMA</b>	
<b>No Data Indicator (NDD):</b>		<b>Return # Permit, NDD:</b>		<b>Sample Permit Freq. Value W003</b>		<b>AEV - All Events</b>	
<b>Form NDD:</b>		<b>EG - Effluent Gross 0</b>		<b>Sample Permit Freq. Value W004</b>		<b>RT - SCOTDT</b>	
<b>Code</b>		<b>Monitoring Location:</b>		<b>Sample Permit Freq. Value W005</b>		<b>RT - SCOTDT</b>	
5027 Duration		EG - Effluent Gross 0		Sample Permit Freq. Value W006		AEV - All Events	
7-003 Overflow volume [588 volume, CSO volume]		EG - Effluent Gross 0		Sample Permit Freq. Value W007		ES - ESTMA	
7007 Precipitation, monthly accumulation		EG - Effluent Gross 0		Sample Permit Freq. Value W008		AEV - All Events	
9-155 Discharge event observation [Visual Monitoring]		EG - Effluent Gross 0		Sample Permit Freq. Value W009		RT - SCOTDT	
<b>Submission Note</b>		<b>Comments</b>		<b>Attachments</b>		<b>Report Last Saved By</b>	
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		No errors.		No attachments		FORT WAYNE WWTP	
EDR Check Errors		Comments		User:		Name:	
No errors.		Attachments		No attachments		JEFACMR	
Comments		Report Last Saved By		Name:		Jennifer Lash	
Attachments		FORT WAYNE WWTP		E-Mail:		jennifer.lash@cityoffortwayne.org	
No attachments		User:		Date/Time:		2023-11-17 09:30 (Time Zone: -05:00)	
Report Last Saved By		Name:		Report Last Signed By		Name:	
FORT WAYNE WWTP		JEFACMR		Name:		Jennifer Lash	
User:		Name:		E-Mail:		jennifer.lash@cityoffortwayne.org	
Name:		Date/Time:		Date/Time:		2023-11-17 09:45 (Time Zone: -05:00)	
E-Mail:		User:		Name:		Jennifer Lash	
Date/Time:		Name:		E-Mail:		jennifer.lash@cityoffortwayne.org	
User:		Date/Time:		Date/Time:		2023-11-17 09:45 (Time Zone: -05:00)	

DMIR Copy of Record

**Permit**  
 Permit #: IM0032184  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2821 DAVENPORT AVE  
 FORT WAYNE, IN 46823

**Permitted Features:** O&S  
 External Outfall  
**Discharge:** 845-C  
 CSO: N23-103 - 100 FT E OF PENN ST & SPY RUN AVE

**Report Dates & Status**  
 Monitoring Period: From 10/05/23 to 10/05/23  
 DMR Due Date: 11/28/23  
 Status: Not Under Violation

Considerations for Form Completion  
 CSO: N23-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NDD) -  
 Form NDD: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Recent # Perm. NDD	Quantity of Loading	Quality of Concentration	# of EA	Frequency of Analysis	Sample Type
				Quadrant 1 Value 1	Quadrant 2 Value 2	Quadrant 3 Value 3	Units	
3037	Duration	EG - Effluent Disch	0	Sample Permit Sys Value NDD	Reg Min MO TOTL, 42 - 1/min	WWSW - Inflow Discharging RT - RCDDT	C - No Discharge	RT - RCDDT
7-003	Overflow volume (\$\$\$ volume, CSO volume)	EG - Effluent Disch	0	Sample Permit Sys Value NDD	Reg Min MO TOTL, 26 - 1/gal	AUEV - All Events	ES - ESTMA	ES - ESTMA
7087	Precipitation, monthly accumulation	EG - Effluent Disch	0	Sample Permit Sys Value NDD	3.07	AUEV - All Events	RT - RCDDT	RT - RCDDT
9-185	Discharge event observation (Visual Monitoring)	EG - Effluent Disch	0	Sample Permit Sys Value NDD	Reg Min MO TOTL, 44 - 1/min	AUEV - All Events	RT - RCDDT	RT - RCDDT

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

**DMR Check Errors**  
 No errors

**Comments**  
 No comments

**Attachments**  
 No attachments

**Report Last Saved By**  
 JETEFADM  
 User: Jennifer Lash  
 E-Mail: jennifer.lash@cityofkenosha.org  
 Date/Time: 2023-11-17 09:33 (Time Zone: -05:00)

**Report Last Signed By**  
 JETEFADM  
 User: Jennifer Lash  
 E-Mail: jennifer.lash@cityofkenosha.org  
 Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)



DMIR Copy of Record

Permit #	IN0032191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP									
Major	Yes	Permit Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWANSEN AVE FORT WAYNE, IN 46803									
Permitted Feature:	048 Excess Discharge	Discharge:	048-C CSO: 0-10-383 - 350 FT W OF EDGEWATER & GARFIELD	Status:	NotDMIR Utilized									
Report Dates & Status	From 10/1/23 to 10/31/23	DMIR Due Date:	11/28/23											
Monitoring Period:	From 10/1/23 to 10/31/23													
Conditions for Form Completion														
CSO: 010-382 MUNICIPAL MAJOR ALLEN COUNTY														
Principal Executive Officer		Title:		Telephone:										
First Name:														
Last Name:														
No Data Indicator (NDD)														
Form NDD:														
Code	Parameter	Monitoring Location	Session #	Perip.	NDD	Quality of Leading	Quality of Concentration	Value 1	Value 2	Value 3	Units	# of EA	Frequency of Analysis	Sample Type
5037	Surfact	EG - Effluent Cross	0	-		Sample	Reg Min MO TDS, 82 - Inflow				WWS - Inflow Discharging RT - RC000F			
		EG - Effluent Cross	0	-		Permit Sys	C - No Discharge							
		EG - Effluent Cross	0	-		Value WQS								
7403	Overflow volume (\$85 volume, CSO volume)	EG - Effluent Cross	0	-		Sample	Reg Min MO TDS, 38 - Inflow				WWS - Inflow Discharging RT - RC000F			
		EG - Effluent Cross	0	-		Permit Sys	C - No Discharge							
		EG - Effluent Cross	0	-		Value WQS								
7887	Precipitation, monthly accumulation	EG - Effluent Cross	0	-		Sample	Reg Min MO TDS, 39 - Inflow				WWS - Inflow Discharging RT - RC000F			
		EG - Effluent Cross	0	-		Permit Sys	C - No Discharge							
		EG - Effluent Cross	0	-		Value WQS								
8-155	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	-		Sample	Reg Min MO TDS, 44 - Inflow				WWS - Inflow Discharging RT - RC000F			
		EG - Effluent Cross	0	-		Permit Sys	C - No Discharge							
		EG - Effluent Cross	0	-		Value WQS								
<b>Submission Note</b>														
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.														
<b>DBS Check Errors</b>														
No errors.														
<b>Comments</b>														
<b>Attachments</b>														
No attachments.														
<b>Report Last Saved By</b>														
FORT WAYNE WWTP														
User: JETEFACMR														
Name: Jennifer Lash														
E-Mail: jennifer.lash@cityoffortwayne.org														
Color/Time: 2023-11-17 09:30 (Time Zone: -05:00)														
<b>Report Last Signed By</b>														
User: JETEFACMR														
Name: Jennifer Lash														
E-Mail: jennifer.lash@cityoffortwayne.org														
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)														

DMR Copy of Record

Permit:	IM0032894	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BECHNER WPC 5601 CHAMBER AVE FORT WAYNE, IN 46803
Permitted Features:	EG External Outfall	Discharge:	899-C CSO: 010-377 - 100 FT N OF COOMBS ST & HERBERT ST	Status:	Not DMR Validated
Report Dates & Status	From: 10/7/23 To: 10/7/23	DMR Due Date:	11/28/23		
Monitoring Period:	From 10/7/23 to 10/7/23				
Considerations for Form Completion					
CSO: 010-377 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					
Code	Permittee	Monitoring Location	Reserve#	Permit No.	Quality of Concentration
	899-C	EG - Effluent Gross	0	0	Res Mon MD TDTN, ES - Nitro C - No Discharge
5007	Duration	EG - Effluent Gross	0	0	Res Mon MD TDTN, ES - Nitro C - No Discharge
7003	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0	0	Res Mon MD TDTN, ES - Nitro C - No Discharge
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Res Mon MD TDTN, ES - Nitro C - No Discharge
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Res Mon MD TDTN, ES - Nitro C - No Discharge
Submittal Note	If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.				
Est Check Error	No errors.				
Comments					
Attachments					
Report Last Saved By	JTEFACMR				
FORT WAYNE WWTP	Jennifer Lash jennifer.lash@cityofwayne.org 2023-11-17 09:30 (Time Zone: -05:00)				
User:	JTEFACMR				
Name:	Jennifer Lash				
E-Mail:	jennifer.lash@cityofwayne.org				
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)				
Report Last Signed By	JTEFACMR				
User:	Jennifer Lash				
Name:	Jennifer Lash				
E-Mail:	jennifer.lash@cityofwayne.org				
Date/Time:	2023-11-17 09:43 (Time Zone: -05:00)				

DMR Copy of Record

Permit #	IN00021911	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major	Yes	Permitter Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2671 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features:	001 External Outfall	Discharge:	881-C CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE	Status:	NotClear Validated
Report Dates & Status	From 10/8/23 to 10/15/23	DMR Due Date:	11/28/23		
Monitoring Period:	Considerations for Fyne Compliance				
CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NOOI:					

Code	Parameter Name	Monitoring Location	Session #	Permit NOOI	Quantity of Loading		Quality or Concentration		# of GC	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
30237	Overalls	80 - Effluent Crisis	0	--	Sample Permit Res Value WQ00		Reg Min-MQ TOTAL	82 - 100%		WQ00 - When Discharging	87 - R00707
					Sample Permit Res Value WQ00		C - No Discharge				
74033	Overflow volume (350 volumes, CSO volume)	80 - Effluent Crisis	0	--	Sample Permit Res Value WQ00		Reg Min-MQ TOTAL	34 - 10%		ALEN - All Events	88 - 1277AA
					Sample Permit Res Value WQ00		C - No Discharge				
74077	Precipitation, monthly accumulation	80 - Effluent Crisis	0	--	Sample Permit Res Value WQ00		3.00	300 - 100%		ALEN - All Events	87 - R00707
					Sample Permit Res Value WQ00		Reg Min-MQ TOTAL	89 - 100%	0	ALEN - All Events	87 - R00707
84155	Discharge event observations (Visual Monitoring)	80 - Effluent Crisis	0	--	Sample Permit Res Value WQ00		Reg Min-MQ TOTAL	41 - 80%		ALEN - All Events	87 - R00707
					Sample Permit Res Value WQ00		C - No Discharge				

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

Edit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofcswayne.org  
Date/Time: 2023-11-17 09:30 (Time Zone: -05:00)

Report Last Signed By  
User: JETEFACMR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofcswayne.org  
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> 04302191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46602		<b>Facility Location:</b>		P.L. BOLANER WPC 2601 CHANDLER AVE FORT WAYNE, IN 46603	
<b>Permitted Features:</b> 052 External Outfall		<b>Discharge:</b> 052-C		<b>DMR Due Date:</b> 11/28/23		<b>Status:</b> NotDMR Validated	
<b>Report Dates &amp; Status</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>Monitoring Period:</b> From 10/1/23 to 10/31/23		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>Considerations for Permit Compliance:</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>Principal Executive Officer</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>First Name:</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>Last Name:</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>No Data Indicator (NDDI)</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>Form NDDI:</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>Code</b>		<b>Monitoring Location:</b> Station # Paris, MO		<b>Quantity or Loading:</b> Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4		<b># of Ex. Frequency of Analysis Sample Type</b>	
3037	Durables	EG - Effluent Gross	0	-	Reg Min MG TOTAL, 4E - Inflow C - No Discharge	WQ09 - When Discharging RT - RCOTOT	RT - RCOTOT
7-003	Overflow volume (SES volume, CSO volume)	EG - Effluent Gross	0	-	Reg Min MG TOTAL, 0E - Inflow C - No Discharge	AL09 - All Events	EG - EST09A
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.02 Reg Min MG TOTAL, 0E - Inflow C - No Discharge	AL09 - All Events AL09 - All Events	RT - RCOTOT RT - RCOTOT
9-105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Reg Min MG TOTAL, 4E - Inflow C - No Discharge	AL09 - All Events	RT - RCOTOT
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>EDR Check Errors</b>							
No errors.							
<b>Comments</b>							
Attachments No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
<b>User:</b> JETEFACUR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> Jennifer.Lash@cityoffortwayne.org							
<b>Date/Time:</b> 2023-11-17 09:33 (Time Zone: -05:00)							
<b>Report Last Signed By</b>							
<b>User:</b> JETEFACUR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> Jennifer.Lash@cityoffortwayne.org							
<b>Date/Time:</b> 2023-11-17 09:40 (Time Zone: -05:00)							

DMR Copy of Record

Permit #:	IN0002191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46603	Facility:	FORT WAYNE WWTP P.L. BULLNER WPC 2001 DWANER AVE FORT WAYNE, IN 46603
Major:	Yes	Permittee Address:		Facility Location:	
Permitted Features:	004 External Outfall	Discharge:	004-C CSO: 003-080 - 343 FT E OF MERCER AVE & HOLLIS LN	Status:	Not DMR Validated
Report Dates & Status:	From 10/9/23 to 10/31/23	DMR Due Date:	11/28/23		
Monitoring Period:	Considerations for Form Completion				
CSO:	003-080 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer:		Title:		Telephonic:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Session #	Permit NDD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5 Qualifier 6 Value 6		Units		
5027	Disinfect	03 - Effluent Gross	0	-					
					Op Min MO TOTAL	RT - Min	Units		WH08 - When Discharging RT - R00TOT
					C - No Discharge				
1403	Overflow volume (300 volumes, CSO volume)	03 - Effluent Gross	0	-					
					Op Min MO TOTAL	3H - Total	Units		AUEV - All Events ES - ESTMA
					C - No Discharge				
1087	Precipitation, monthly accumulation	03 - Effluent Gross	0	-					
					3.38	3H - Total	Units		AUEV - All Events RT - R00TOT
					Op Min MO TOTAL	3H - Total	Units		AUEV - All Events RT - R00TOT
					C - No Discharge				
84165	Discharge event observation (Visual Monitoring)	03 - Effluent Gross	0	-					
					Op Min MO TOTAL	4H - Total	Units		AUEV - All Events RT - R00TOT
					C - No Discharge				

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

DMR Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFADM  
Name: Jennifer Leah  
E-Mail: jennifer.leah@cityoffortwayne.org  
Date/Time: 2023-11-17 09:33 (Time Zone: -05:00)

Report Last Signed By  
User: JTEFADM  
Name: Jennifer Leah  
E-Mail: jennifer.leah@cityoffortwayne.org  
Date/Time: 2023-11-17 09:45 (Time Zone: -05:00)

DMR Copy of Record

**Permit #:** IN0002181  
**Major:** Yes  
**Permitted Features:** 055  
 External Outfall  
**Report Dates & Status:** From 10/1/23 to 10/31/23  
**Monitoring Period:** From 10/1/23 to 10/31/23  
 Considerations for Form Completion  
**CSD:** 906-192 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
 No Data Indicator (NODI)  
**Form NODI:** --

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BEDFORD ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2024 DIMENSION AVE  
 FORT WAYNE, IN 46803  
**Discharge:** 055-C  
 CSO: 706-102 - 439 FT N OF N ANTHONY BLVD & WAYNE ST  
**Monitoring Location:** Station 8 Permit NODI  
**Quantity of Loading:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Quality of Compliance:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Frequency of Analysis:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4  
**Sample Type:** Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4

Date	Parameter	Monitoring Location	Station 8 Permit NODI	Quantity of Loading	Quality of Compliance	Frequency of Analysis	Sample Type
5/20/17	Disinfectant	ES - Effluent Gross	0	--	Req Min MD TOTAL, 82 - 1000 C - No Discharge	WH008 - When Discharging 8T - RC070T	8T - RC070T
7/4/03	Overflow volume (500 volumes, CSD volume)	ES - Effluent Gross	0	--	Req Min MD TOTAL, 38 - 1000 C - No Discharge	AUEV - All Events	ES - ESTMA
7/15/07	Precipitation, monthly accumulation	ES - Effluent Gross	0	--	3.4 Req Min MD TOTAL, 38 - 1000 C - No Discharge	38 - 1000 AUEV - All Events	8T - RC070T
8/1/05	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	--	Req Min MD TOTAL, 82 - 1000 C - No Discharge	AUEV - All Events	8T - RC070T

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

**DMR Check Errors:** No errors.  
**Comments:** No errors.  
**Attachments:** No attachments.  
**Report Last Saved By:** JETEFADM  
**FORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-11-17 09:33 (Time Zone: -05:00)  
**Report Last Signed By:** JETEFADM  
**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>	IN0002191	<b>Permitter:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP					
<b>Major:</b>	Yes	<b>Permitter Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2651 DIVISOR AVE FORT WAYNE, IN 46803					
<b>Permitted Features:</b>	505 Edemat Outfall	<b>Discharge:</b>	694-C CSD-203-313 - BROWN ST PUMP STATION							
<b>Report Dates &amp; Status</b>	From 10/9/23 to 10/10/23	<b>DMR Due Date:</b>	11/08/23	<b>Status:</b>	NotDMR Validated					
<b>Monitoring Period:</b>	From 10/9/23 to 10/10/23									
<b>Considerations for Form Completion:</b>										
<b>CSD: 203-313 MUNICIPAL MAJOR ALLEN COUNTY</b>										
<b>Principal Executive Officer</b>										
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>						
<b>Last Name:</b>										
<b>No Date Indicator (NDDI)</b>										
<b>Form NDDI</b>										
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Param. NDDI</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b>Units</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
50237	Surrogate	ES - Effluent Gross	0	-	Sample Percent Res. Value NDDI	Quarther 1 Value 1 Quarther 2 Value 2 Quarther 3 Value 3 Quarther 4 Value 4	42 - 42 hrs Req Min-MD TOTAL, 42 - 42 hrs 0	0	WQ02 - When Discharging RT - R0200P WQ02 - When Discharging RT - R0200P	
74033	Overflow volume (500 volume, CSD volume)	ES - Effluent Gross	0	-	Sample Percent Res. Value NDDI		36 - 36 hrs Req Min-MD TOTAL, 36 - 36 hrs 0	0	AL01 - All Events AL01 - All Events	
74034	Overflow volume (500 volume, CSD volume)	ES - Effluent Gross	0	-	Sample Percent Res. Value NDDI		36 - 36 hrs Req Min-MD TOTAL, 36 - 36 hrs 0	0	ES - ESTMA ES - ESTMA	
74037	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Sample Percent Res. Value NDDI		60 - 60 hrs Req Min-MD TOTAL, 60 - 60 hrs 0	0	AL01 - All Events AL01 - All Events	
84195	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	Sample Percent Res. Value NDDI		48 - 48 hrs Req Min-MD TOTAL, 48 - 48 hrs 0	0	AL01 - All Events AL01 - All Events	
<b>Submission Note</b>										
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.										
<b>DMR Check Errors</b>										
No errors.										
<b>Comments</b>										
Attachments										
No attachments.										
<b>Report Last Saved By</b>										
FORT WAYNE WWTP										
<b>User:</b>										
JITFADMR										
<b>Name:</b>										
Jennifer Lash										
<b>E-Mail:</b>										
jennifer.lash@cityoffortwayne.org										
<b>Date/Time:</b>										
2023-11-17 09:30 (Time Zone: -05:00)										
<b>Report Last Signed By</b>										
JITFADMR										
<b>Name:</b>										
Jennifer Lash										
<b>E-Mail:</b>										
jennifer.lash@cityoffortwayne.org										
<b>Date/Time:</b>										
2023-11-17 09:40 (Time Zone: -05:00)										

DMR Copy of Record

<b>Permit #:</b> IN0032191	<b>Permittee:</b> FORT WAYNE WWTP	<b>Facility:</b> FORT WAYNE WWTP
<b>Major:</b> Yes	<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b> P.L. BRUNNER WPC 2801 DAVENGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b> 007 External Outfall	<b>Discharge:</b> 007-C	
<b>Report Dates &amp; Status:</b>	<b>DMR Due Date:</b> 11/28/23	<b>Status:</b> NonDMR Validated
<b>Monitoring Period:</b> From 10/9/23 to 10/31/23		
<b>Considerations for Form Completion:</b>		
<b>CSO: P15-121 MUNICIPAL MAJOR ALLEN COUNTY</b>		
<b>Principal Executive Officer:</b>		
<b>First Name:</b>	<b>Title:</b>	<b>Telephone:</b>
<b>Last Name:</b>		
<b>No Data Indicator (NDDI)</b>		
<b>Form MODE:</b>		

Date	Parameter Name	Monitoring Location	Session #	Perov. NDDI	Quantity of Loading			Quality of Concentration			# of EA	Frequency of Analysis	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 1 Value	Quarter 2 Value	Quarter 3 Value			
5/23/27	Burdles	05 - Effluent Gross	0	-	Sample Present Yes	Value NDDI		Req Min MD TOTAL	05 - 100%	WH05 - When Discharging	05 - RC007OT		
					Sample Present No	Value NDDI		C - No Discharge					
7/4/23	Overflow volume (500 volume)	05 - Effluent Gross	0	-	Sample Present Yes	Value NDDI		Req Min MD TOTAL	05 - 100%	AURV - All Events	05 - 027MA		
					Sample Present No	Value NDDI		C - No Discharge					
7/6/27	Precipitation, monthly accumulation	05 - Effluent Gross	0	-	Sample Present Yes	Value NDDI		Req Min MD TOTAL	05 - 100%	AURV - All Events	05 - RC007OT		
					Sample Present No	Value NDDI		C - No Discharge					
8/1/25	Discharge event observation (Visual Monitoring)	05 - Effluent Gross	0	-	Sample Present Yes	Value NDDI		Req Min MD TOTAL	05 - 100%	AURV - All Events	05 - RC007OT		
					Sample Present No	Value NDDI		C - No Discharge					

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

**608 Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-11-17 09:30 (Time Zone: -05:00)

**Report Last Signed By**

**User:** JETEFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-11-17 09:40 (Time Zone: -05:00)



DMR Copy of Record

Permit #:	M6002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permitive Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWANSEN AVE FORT WAYNE, IN 46603
Permitted Features:	DES External Outfall	Discharge:	940-C CSO: 306-031 - 873 FT NE OF GREENWALT AVE & MALMES AVE		
Report Dates & Status		DMR Due Date:	11/23/23	Status:	MSDMR Validated
Monitoring Period:	From 10/9/23 to 10/7/23				
Considerations for Firm Completion					
CSO: 306-031 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Event	Parameter	Monitoring Location	Session # From, NDD	Quantity of Loading	Quality of Concentration	# of Events	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
8007	Disinfection	DS - Effluent Gross	0	Reg Min-MQ TOTAL G - No Discharge	Reg Min-MQ TOTAL Reg Min-MQ TOTAL G - No Discharge	Reg Min-MQ TOTAL Reg Min-MQ TOTAL G - No Discharge	WH06 - When Discharging BT - R0070T	
7400	Overflow volume (356 volumes, CSO volume)	DS - Effluent Gross	0	Reg Min-MQ TOTAL G - No Discharge	Reg Min-MQ TOTAL Reg Min-MQ TOTAL G - No Discharge	Reg Min-MQ TOTAL Reg Min-MQ TOTAL G - No Discharge	AUDV - All Events ES - ESTMA	
7887	Precipitation, monthly accumulation	DS - Effluent Gross	0	3.54	3.54	3.54	AUDV - All Events BT - R0070T	
8410	Discharge event observation (Flow Monitoring)	DS - Effluent Gross	0	Reg Min-MQ TOTAL G - No Discharge	Reg Min-MQ TOTAL Reg Min-MQ TOTAL G - No Discharge	Reg Min-MQ TOTAL Reg Min-MQ TOTAL G - No Discharge	AUDV - All Events BT - R0070T	

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

Exit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFACMR  
Name: Jennifer Lusk  
E-Mail: jennifer.lusk@cityofwayne.org  
Date/Time: 2023-11-17 09:30 (Time Zone: -05:00)

Report Last Signed By  
User: JTEFACMR  
Name: Jennifer Lusk  
E-Mail: jennifer.lusk@cityofwayne.org  
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

Permit #	90222191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP					
Major	Yes	Permittee Address	CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BURNER WPC 2001 DAMENGER AVE FORT WAYNE, IN 46803					
Permitted Facilities	001 Exernal Outfall	Discharge	865-C CSO: R14-137 - 200 FT W OF LAVEREN AVE & STATE BLVD	Status	NotDMR Validated					
Report Dates & Dates	From 10/01/23 to 10/31/23	DMR Due Date	11/28/23	Telephone						
Monitoring Period	From 10/01/23 to 10/31/23	Considerations for Form Completion								
Principal Executive Officer		First Name								
Last Name		Last Name								
No Data Indicator (NOD)		Title								
Form NOEL										
Event	Permitter	Notes	Monitoring Location	Seasons of Perm. NOEL	Quantity of Loading	Quality of Concentration	# of SL	Units	Frequency of Analysis	Sample Type
5037	Discharge		60 - Effluent Gross	0	-				Opt Min MO TOTAL, 4E - 8hrs C - No Discharge	WV02 - Wast Discharges RT - NOOTOT
7400	Overflow volume (SSS volume, CSO volume)		60 - Effluent Gross	0	-				Opt Min MO TOTAL, 2H - 1Mpt C - No Discharge	AUEV - All Events 6E - ESTINA
7487	Precipitation, monthly accumulation		60 - Effluent Gross	0	-				3.52 Opt Min MO TOTAL, 2H - 1Mpt C - No Discharge	AUEV - All Events 6E - ESTINA 6F - NOOTOT
84-05	Discharge event observation (Visual Monitoring)		60 - Effluent Gross	0	-				Opt Min MO TOTAL, 4E - 8hrs C - No Discharge	AUEV - All Events 6F - NOOTOT
<b>Submission Note</b>										
If a parameter row does not contain any values for the Sample row Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.										
<b>DMR Check Errors</b>										
No errors.										
<b>Comments</b>										
Attachments										
No attachments.										
<b>Report Last Saved By</b>										
FORT WAYNE WWTP										
<b>User</b>										
JTEFACMR										
<b>Name</b>										
Jennifer Lush										
<b>E-Mail</b>										
jennifer.lush@cityofwayne.org										
<b>Date/Time</b>										
2023-11-17 09:30 (Time Zone -05:00)										
<b>Report Last Signed By</b>										
JTEFACMR										
<b>User</b>										
Jennifer Lush										
<b>Name</b>										
jennifer.lush@cityofwayne.org										
<b>Date/Time</b>										
2023-11-17 09:40 (Time Zone -05:00)										

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> 80922181		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b>		P.L. BEUNER WPC 2601 CHAMBER AVE FORT WAYNE, IN 46803	
<b>Permitted Features:</b> 092 External Outfall		<b>Discharge:</b>		<b>Status:</b>		NotDMR Validated	
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b> 11/28/23		<b>Telephone:</b>			
<b>Monitoring Period:</b> From 15/51/23 to 15/31/23		<b>Considerations for Fees Competitor:</b>		<b>Quality or Concentration</b>		<b># of Ex. Frequency of Analysis Sample Type</b>	
<b>CEO:</b> R14-138 MUNICIPAL MAJOR ALLEN COUNTY		<b>Principal Executive Officer:</b>		<b>Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 2 Qualifier 4 Value 3</b>		<b>Units</b>	
<b>First Name:</b>		<b>Title:</b>		<b>Op Mon (6) TOTals, (4) - (None)</b>		<b>WAGCE - When Discharging RT - RC0700F</b>	
<b>Last Name:</b>				<b>C - No Discharge</b>			
<b>No Data Indicator (NDDI)</b>				<b>Op Mon (6) TOTals, (4) - (None)</b>		<b>ALERT - All Events ES - ESTMA</b>	
<b>Form NDDI</b>				<b>C - No Discharge</b>			
				<b>3.32</b>		<b>ALERT - All Events RT - RC0700F</b>	
				<b>Op Mon (6) TOTals, (4) - (None)</b>		<b>ALERT - All Events RT - RC0700F</b>	
				<b>C - No Discharge</b>			
				<b>Op Mon (6) TOTals, (4) - (None)</b>		<b>ALERT - All Events RT - RC0700F</b>	
				<b>C - No Discharge</b>			
<b>Submittal Note</b>							
<b>EDI Check Errors</b>							
<b>Comments</b>							
<b>Attachments</b>							
<b>Report Last Saved By</b>							
<b>FORT WAYNE WWTP</b>							
<b>User:</b> JETEFACMR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> Jennifer.Lash@cityofwayne.org							
<b>Date/Time:</b> 2023-11-17 09:35 (Time Zone: -05:00)							
<b>Report Last Signed By</b>							
<b>User:</b> JETEFACMR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> Jennifer.Lash@cityofwayne.org							
<b>Date/Time:</b> 2023-11-17 09:40 (Time Zone: -05:00)							

DMR Copy of Record

Permit	IN0002191	Fort Wayne WWTP	Fort Wayne WWTP
Permit #:	IN0002191	City of Fort Wayne	City of Fort Wayne
Major:	Yes	200 E. Berry St.	200 E. Berry St.
Permitted Features:	05A External Outfall	664-C	664-C
Report Date & Status	From 10/1/23 to 10/31/23	CSO: 003-035 - 810 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE	CSO: 003-035 - 810 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE
Monitoring Period:	From 10/1/23 to 10/31/23	DMR Due Date:	11/28/23
Considerations for Form Completion	CSO: 003-035 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer			
First Name:		Title:	
Last Name:			
Form MOSE			
Permittee		Monitoring Location	Session # Param. MOSE
Permit Name		Quantity or Loading	Quality or Concentration
		Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex. Frequency of Analysis Sample Type
0007 Detention	EG - Effluent Gross 0 -	Sample Permit Req. Value MOSE	Reg. Min MO 1073AL, 82 - 1/mo C - No Discharge
7003 Overflow volume (350 volumes, CSO volume)	EG - Effluent Gross 0 -	Sample Permit Req. Value MOSE	Reg. Min MO 1073AL, 26 - 1/mo C - No Discharge
7007 Precipitation, weekly accumulation	EG - Effluent Gross 0 -	Sample Permit Req. Value MOSE	3.28 Reg. Min MO 1073AL, 26 - 1/mo 3 AURV - All Events AURV - All Events RT - R0000P RT - R0000P
8105 Discharge event observation (Visual Monitoring)	EG - Effluent Gross 0 -	Sample Permit Req. Value MOSE	Reg. Min MO 1073AL, 46 - 1/mo C - No Discharge
Submission Note	If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
Exit Check Errors	No errors		
Comments			
Attachments	No attachments		
Report Last Saved By	FORT WAYNE WWTP		
User:	JETEFADMJ		
Name:	Jennifer Lash		
E-Mail:	jennifer.lash@cityoffortwayne.org		
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)		
Report Last Signed By			
User:	JETEFADMJ		
Name:	Jennifer Lash		
E-Mail:	jennifer.lash@cityoffortwayne.org		
Date/Time:	2023-11-17 09:40 (Time Zone: -05:00)		

DMR Copy of Record

**Permit #:** I40022191 **Permitter:** FORT WAYNE WWTP  
**Major:** Yes **Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** Facility Location: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2601 DRISSENER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 008 External Outfall **Discharge:** 048-C  
 CSO: N18-254 - 54 FT. N. OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK  
**Report Dates & Status:** 11/26/23 **Status:** NotDMR Validated

**Monitoring Period:** From 10/1/23 to 10/31/23  
**Considerations for Form Completion:**  
 CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Code	Form NOC	Formator Name	Monitoring Location	Session # From, WQSP	Quantity of Loading	Quality or Concentration	# of GL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
0007	Duration		EG - Effluent Gross	0	0	0	0	0	Req Min NO TOTL, 00 - 0000 C - No Discharge
7400	Overflow volume [558 volume, CSO volume]		EG - Effluent Gross	0	0	0	0	0	Req Min NO TOTL, 00 - 0000 C - No Discharge
7487	Precipitation, monthly accumulation		EG - Effluent Gross	0	0	0	0	0	3.52 Req Min NO TOTL, 00 - 0000 C - No Discharge
8155	Discharge event observation (Visual Monitoring)		EG - Effluent Gross	0	0	0	0	0	Req Min NO TOTL, 00 - 0000 C - No Discharge

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

**Edit Check Errors:**  
 No errors

**Comments:**

**Attachments:**  
 No attachments

**Report Last Event By:**  
 FORT WAYNE WWTP  
**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-11-17 09:30 (Time Zone: -05:00)

**Report Last Signed By:**  
**User:** JETEFADMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

Permit #	N0002191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP
Major	Yes	Permittee Address	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility Location	P.L. BOLANER WPC 2601 DAVENPORT AVE FORT WAYNE, IN 46603
Permitted Features	080 External Outfall	Discharge		Status	NotDMR Validated
Report Dates & Status	From 10/01/23 to 10/01/23	DMR Due Date	11/08/23	Telephone	
Monitoring Period	From 10/01/23 to 10/01/23	Monitoring Location	Session 1 Permit, MDD	Quality of Compliance	# of Ex. / Frequency of Analysis
Considerations for Permit Compliance		Session 2 Permit, MDD	Session 3 Permit, MDD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Units
CSD - P1-001 250 EAST, NE OF PEMBERTON DR & NAAGRA DR		EG - Effluent Gross	EG - Effluent Gross	Req Min MD TOTAL, EG - Nitra	WHA20 - Max Discharge, RT - ROOTOT
Principal Executive Officer		EG - Effluent Gross	EG - Effluent Gross	G - No Discharge	
First Name:		EG - Effluent Gross	EG - Effluent Gross	Req Min MD TOTAL, RT - Nitra	AURY - All Events
Last Name:		EG - Effluent Gross	EG - Effluent Gross	G - No Discharge	ES - ESTMA
No Data Indicator (NDDG)		EG - Effluent Gross	EG - Effluent Gross	3.00	AURY - All Events
Form NDDG		EG - Effluent Gross	EG - Effluent Gross	Req Min MD TOTAL, RW - Nitra	RT - ROOTOT
Code	Permittee Name	Monitoring Location	Session 1 Permit, MDD	Session 2 Permit, MDD	Session 3 Permit, MDD
5027	Station	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross
7102	Overflow volume (500 volumes, C50 volume)	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross
7987	Precipitation, monthly accumulation	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross
8155	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross
8155	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross	EG - Effluent Gross

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

**Field Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADMR  
Name: Jennifer Lash  
E-Mail: Jennifer.Lash@cityofwayne.org  
Date/Time: 2023-11-17 09:30 (Time Zone: -05:00)

**Report Last Signed By**  
JETEFADMR  
Name: Jennifer Lash  
E-Mail: Jennifer.Lash@cityofwayne.org  
Date/Time: 2023-11-17 09:40 (Time Zone: -05:00)

DMR Copy of Record

Permit	IN0302181	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BOLINER WPC 200 E BERRY AVE FORT WAYNE, IN 46803			
Permitted Feature:	001 External Outfall	Discharge:	981-C CSO: R14-002, 200 NORTH AND 71/2 WEST OF NEVADA & LAVERNE DR.	Status:	NonDMR Validated			
Report Dates & Status	From 10/31/23 to 10/31/23	DMR Due Date:	11/28/23	Telephone:				
Monitoring Period:	Consolidations for Flow Completion	CSO - R14-002, 200 NORTH AND 71/2 WEST OF NEVADA & LAVERNE DR.	Principal Executive Officer:					
First Name:		Title:						
Last Name:								
No Data Indicator (NDDI)								
Form NDDI:								
State	Permittee Name	Monitoring Location	Section # Param. NDDI	Quantity of Loading	Quality or Compliance	# of Ex.	Frequency of Analysis	Sample Type
SC037	Duration	EG - Effluent Gross	0	Sample Period Freq. Value MDD	Res Min MD TOTAL, EG - Inflow C - No Discharge	Res Min MD TOTAL, EG - Inflow C - No Discharge	WPCD - When Discharging RT - RC010T	RT - RC010T
7005	Overflow volume [583 volume, CSO volume]	EG - Effluent Gross	0	Sample Period Freq. Value MDD	Res Min MD TOTAL, 3H - Mgal C - No Discharge	Res Min MD TOTAL, 3H - Mgal C - No Discharge	AUEV - All Events	EG - ESTMA
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Period Freq. Value MDD	LEE Res Min MD TOTAL, 3H - Inflow C - No Discharge	Res Min MD TOTAL, 3H - Inflow C - No Discharge	AUEV - All Events	RT - RC010T RT - RC010T
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Period Freq. Value MDD	Res Min MD TOTAL, ac. dms C - No Discharge	Res Min MD TOTAL, ac. dms C - No Discharge	AUEV - All Events	RT - RC010T
Submission Note	If a parameter row does not contain any values for the Sample row Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
Self Check Errors	No errors							
Comments								
Attachments								
Report Last Saved By	JTEFACMR							
Fort Wayne WWTP	Jennifer Leah jennifer.leah@cityofwayne.org 2023-11-17 09:30 (Time Zone: -05:00)							
User:	JTEFACMR							
Name:	Jennifer Leah							
E-Mail:	jennifer.leah@cityofwayne.org							
Date/Time:	2023-11-17 09:30 (Time Zone: -05:00)							
Report Last Signed By	JTEFACMR							
User:	Jennifer Leah							
Name:	Jennifer Leah							
E-Mail:	jennifer.leah@cityofwayne.org							
Date/Time:	2023-11-17 09:40 (Time Zone: -05:00)							



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

December 15, 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 November 2023

We are pleased to enclose a completed CSO MRO form for the month of November 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The flow meter had to be removed at CSO 023 on July 26 due to a construction project. The City is temporarily using modeling to estimate overflows for CSO 023, CSO 024 and CSO 025 for the entire month of November on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of November. The City will be using the Packard Ave\_W\_L07 rain gauge for CSOs 18, 20 and 21 for November.

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,

Jennifer E. Lash  
Program Manager -Water Pollution Control Maintenance

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200 E. Berry St. • Fort Wayne, Indiana • 46802 • [www.cityoffortwayne.org](http://www.cityoffortwayne.org)

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### **V** – Visual Inspection

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

### **C** – Model Charts

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

### **S** – Storm Runoff

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

### **P** – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 3546 (8-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  N  
 Monitoring Period: [MONTH] 11-2023 Check box if no CSO discharge occurred for the month:  Y  N  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified.

Date (Month)	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time (AM/PM)	Precipitation Date - Onset S.O.I. Gauge	Total Daily Precip. (Inches)	Freshwater Flow (MGD)	Design Average Flow (MGD)	CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 74			CSO Outfall No. 85			
								Time Discharge or Release	Event Duration or Release	M or E	Time Discharge or Release	Event Duration or Release	M or E	Time Discharge or Release	Event Duration or Release	M or E	Time Discharge or Release	Event Duration or Release	M or E	
01	43.26	56.34	12:00 AM	5 m																
02	38.30	56.42	12:00 AM	5 m																
03	31.99	36.51	12:00 AM	5 m																
04	30.77	37.49	12:00 AM	5 m																
05	32.17	38.09	12:00 AM	5 m																
06	30.61	37.47	12:00 AM	5 m																
07	29.78	34.24	12:00 AM	5 m																
08	29.50	34.29	11:35 AM	0.25	0.04	5 m														
09	30.46	36.77	12:00 AM	5 m																
10	29.09	34.11	12:00 AM	5 m																
11	28.71	36.49	12:00 AM	5 m																
12	29.14	37.44	12:00 AM	5 m																
13	28.86	36.15	12:00 AM	5 m																
14	28.57	32.85	12:00 AM	5 m																
15	28.65	32.62	12:00 AM	5 m																
16	28.45	33.29	12:00 AM	5 m																
17	28.24	32.22	11:35 AM	0.08	0.01	5 m														
18	28.90	34.63	12:00 AM	5 m																
19	28.53	36.98	12:00 AM	5 m																
20	30.11	35.54	9:35 PM	0.33	0.04	5 m														
21	43.81	64.07	12:25 AM	2.75	0.33	0.08	5 m													
22	31.72	37.56	12:00 AM	5 m																
23	29.53	37.70	12:00 AM	5 m																
24	29.06	42.95	12:00 AM	5 m																
25	33.91	45.98	12:00 AM	5 m																
26	33.35	48.68	10:55 AM	1.67	0.20	0.05	5 m													
27	33.30	47.54	12:00 AM	5 m																
28	30.58	36.17	12:00 AM	5 m																
29	29.71	41.77	12:00 AM	5 m																
30	30.08	35.66	12:00 AM	5 m																
Totals:	999.15			5.08	0.62															

National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 3546 (8-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  N  
 Monitoring Period: [MONTH] 11-2023 Check box if no CSO discharge occurred for the month:  Y  N  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified.

Date (Month)	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time (AM/PM)	Precipitation Date - Onset S.O.I. Gauge	Total Daily Precip. (Inches)	Freshwater Flow (MGD)	Design Average Flow (MGD)	CSO Outfall No. 74			CSO Outfall No. 85			CSO Outfall No. 74			CSO Outfall No. 85			
								Time Discharge or Release	Event Duration or Release	M or E	Time Discharge or Release	Event Duration or Release	M or E	Time Discharge or Release	Event Duration or Release	M or E	Time Discharge or Release	Event Duration or Release	M or E	
01	43.26	56.34	12:00 AM	5 m																
02	38.30	56.42	12:00 AM	5 m																
03	31.99	36.51	12:00 AM	5 m																
04	30.77	37.49	12:00 AM	5 m																
05	32.17	38.09	12:00 AM	5 m																
06	30.61	37.47	12:00 AM	5 m																
07	29.78	34.24	12:00 AM	5 m																
08	29.50	34.29	11:35 AM	0.25	0.04	5 m														
09	30.46	36.77	12:00 AM	5 m																
10	29.09	34.11	12:00 AM	5 m																
11	28.71	36.49	12:00 AM	5 m																
12	29.14	37.44	12:00 AM	5 m																
13	28.86	36.15	12:00 AM	5 m																
14	28.57	32.85	12:00 AM	5 m																
15	28.65	32.62	12:00 AM	5 m																
16	28.45	33.29	12:00 AM	5 m																
17	28.24	32.22	11:35 AM	0.08	0.01	5 m														
18	28.90	34.63	12:00 AM	5 m																
19	28.53	36.98	12:00 AM	5 m																
20	30.11	35.54	9:35 PM	0.33	0.04	5 m														
21	43.81	64.07	12:25 AM	2.75	0.33	0.08	5 m													
22	31.72	37.56	12:00 AM	5 m																
23	29.53	37.70	12:00 AM	5 m																
24	29.06	42.95	12:00 AM	5 m																
25	33.91	45.98	12:00 AM	5 m																
26	33.35	48.68	10:55 AM	1.67	0.20	0.05	5 m													
27	33.30	47.54	12:00 AM	5 m																
28	30.58	36.17	12:00 AM	5 m																
29	29.71	41.77	12:00 AM	5 m																
30	30.08	35.66	12:00 AM	5 m																
Totals:	999.15			5.08	0.62															

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-477-4213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEMS REQUIRED TO ASSURE THAT QUALIFIED PERSONS HAVE REVIEWED AND CORRECTED ALL ERRORS AND CALIBRATED THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (month/day/yr): 12/19/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 30546 (03-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 30546 (03-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0632191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  N  
 Monitoring Period: [MONTH] 11-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified.

Day of Month	Time	WWT Inflow Data			Precipitation Data - Volume & Wet Gauge			Peak Daily Flow (MGD)			Design Average Flow (MGD)			CSO Outfall No. 74			CSO Outfall No. 57			CSO Outfall No. 64		
		Average (MGD)	Peak (MGD)	Flow Interval (min)	Time (h:m)	Peak (MGD)	Flow Interval (min)	Time (h:m)	Peak (MGD)	Flow Interval (min)	Time (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	
01	01	43.26	56.34	12:00 AM	5 m																	
02	02	38.30	56.42	12:00 AM	5 m																	
03	03	31.99	36.51	12:00 AM	5 m																	
04	04	30.77	37.49	12:00 AM	5 m																	
05	05	32.17	38.09	12:00 AM	5 m																	
06	06	30.61	37.47	12:00 AM	5 m																	
07	07	29.78	34.24	12:00 AM	5 m																	
08	08	29.50	34.29	11:20 PM	0.55	0.06	5 m															
09	09	30.46	36.77	12:00 AM	5 m																	
10	10	29.09	34.11	12:00 AM	5 m																	
11	11	28.71	36.49	12:00 AM	5 m																	
12	12	29.14	37.44	12:00 AM	5 m																	
13	13	28.86	36.15	12:00 AM	5 m																	
14	14	28.57	32.85	12:00 AM	5 m																	
15	15	28.65	32.62	12:00 AM	5 m																	
16	16	28.45	33.29	12:00 AM	5 m																	
17	17	28.24	32.22	12:00 AM	5 m																	
18	18	28.00	34.65	12:00 AM	5 m																	
19	19	28.53	36.98	12:00 AM	5 m																	
20	20	30.11	35.54	5:55 PM	0.33	0.04	0.02	5 m														
21	21	45.81	64.07	12:15 AM	2.50	0.33	0.09	5 m														
22	22	31.72	37.56	1:35 AM	0.08	0.01	0.01	5 m														
23	23	29.53	37.70	12:00 AM	5 m																	
24	24	29.96	42.95	12:00 AM	5 m																	
25	25	33.91	45.98	12:00 AM	5 m																	
26	26	33.35	48.68	2:15 PM	1.17	0.14	0.05	5 m														
27	27	33.30	47.54	12:00 AM	5 m																	
28	28	30.58	36.17	12:00 AM	5 m																	
29	29	29.71	41.77	3:53 PM	0.08	0.01	0.01	5 m														
30	30	30.08	35.66	12:00 AM	5 m																	
Totals:		539.15			4.50	0.59																

Dated and Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 266-47-6313  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 12/15/23

City: Fort Wayne Permit Number: IN0632191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  N  
 Monitoring Period: [MONTH] 11-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 74 Measured/Metered (M) or Estimated (E) must be specified.

Day of Month	Time	WWT Inflow Data			Precipitation Data - Volume & Wet Gauge			Peak Daily Flow (MGD)			Design Average Flow (MGD)			CSO Outfall No. 74			CSO Outfall No. 57			CSO Outfall No. 64		
		Average (MGD)	Peak (MGD)	Flow Interval (min)	Time (h:m)	Peak (MGD)	Flow Interval (min)	Time (h:m)	Peak (MGD)	Flow Interval (min)	Time (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	Time Discharge or Retention (h:m)	Event Discharge or Retention (h:m)	
01	01	43.26	56.34	12:00 AM	5 m																	
02	02	38.30	56.42	12:00 AM	5 m																	
03	03	31.99	36.51	12:00 AM	5 m																	
04	04	30.77	37.49	12:00 AM	5 m																	
05	05	32.17	38.09	12:00 AM	5 m																	
06	06	30.61	37.47	12:00 AM	5 m																	
07	07	29.78	34.24	12:00 AM	5 m																	
08	08	29.50	34.29	11:20 PM	0.55	0.06	5 m															
09	09	30.46	36.77	12:00 AM	5 m																	
10	10	29.09	34.11	12:00 AM	5 m																	
11	11	28.71	36.49	12:00 AM	5 m																	
12	12	29.14	37.44	12:00 AM	5 m																	
13	13	28.86	36.15	12:00 AM	5 m																	
14	14	28.57	32.85	12:00 AM	5 m																	
15	15	28.65	32.62	12:00 AM	5 m																	
16	16	28.45	33.29	12:00 AM	5 m																	
17	17	28.24	32.22	12:00 AM	5 m																	
18	18	28.00	34.65	12:00 AM	5 m																	
19	19	28.53	36.98	12:00 AM	5 m																	
20	20	30.11	35.54	5:55 PM	0.33	0.04	0.02	5 m														
21	21	45.81	64.07	12:15 AM	2.50	0.33	0.09	5 m														
22	22	31.72	37.56	1:35 AM	0.08	0.01	0.01	5 m														
23	23	29.53	37.70	12:00 AM	5 m																	
24	24	29.96	42.95	12:00 AM	5 m																	
25	25	33.91	45.98	12:00 AM	5 m																	
26	26	33.35	48.68	2:15 PM	1.17	0.14	0.05	5 m														
27	27	33.30	47.54	12:00 AM	5 m																	
28	28	30.58	36.17	12:00 AM	5 m																	
29	29	29.71	41.77	3:53 PM	0.08	0.01	0.01	5 m														
30	30	30.08	35.66	12:00 AM	5 m																	
Totals:		539.15			4.50	0.59																

Dated and Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 266-47-6313  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 12/15/23

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

National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5046 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 5046 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN002191		
Monitoring Period: 1-2023		MONTH: 1-2023		Public Notification Requirements Met: Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:		
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (M:DD:SS)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
Totals:	0	0	0	0.000	0.000	0.000

City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN002191		
Monitoring Period: 1-2023		MONTH: 1-2023		Public Notification Requirements Met: Y		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Check box if no CSO discharge occurred for the month:		
Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (M:DD:SS)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
Totals:	999.15	5.25	0.66	0	0.000	0.000

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
Telephone: 260-474-5213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED TO ME BY MY STAFF AND TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
Date: 01/06/2023



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

State Form 3556 (8-9-91)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 4 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Bruner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2023		Check box if no CSO discharge occurred for the month:			
Day of Month	CSO Outfall No.	Design Peak Hourly Flow (MGD)	Design Average Flow (MGD)	Measured/Metered (M) or Estimated (E) must be specified	
				Time Discharge Begun	Time Discharge Ended
01	59			M	E
02				M	E
03				M	E
04				M	E
05				M	E
06				M	E
07				M	E
08				M	E
09				M	E
10				M	E
11				M	E
12				M	E
13				M	E
14				M	E
15				M	E
16				M	E
17				M	E
18				M	E
19				M	E
20				M	E
21				M	E
22				M	E
23				M	E
24				M	E
25				M	E
26				M	E
27				M	E
28				M	E
29				M	E
30				M	E
Totals:	0	0	0.000	0	0.000



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 3554 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 3554 (04-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0022191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  N

Monitoring Period: MONTH 11-2023 Check box if no CSO discharges occurred for this month:  Y  N

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74

Date of Month	Average Hourly Flow (MGD)		Precip. (Inches)	Total Daily Flow (MGD)	Peak Flow (MGD)	Mass Load (Lbs/day)	Design Average Flow (MGD)		Design Peak Flow (MGD)		Event Discharge (MGD)		Event Discharge (MGD)		Event Discharge (MGD)	
	M	E					M	E	M	E	M	E	M	E	M	E
01	43.26	56.34	5 m													
02	38.30	56.42	12:00 AM													
03	31.99	36.51	12:00 AM													
04	30.77	37.49	12:00 AM													
05	32.17	38.09	12:00 AM													
06	30.61	37.47	12:00 AM													
07	29.78	34.24	12:00 AM													
08	29.50	34.29	11:35 PM	0.25	0.05	5 m										
09	30.46	36.77	12:00 AM													
10	29.09	34.11	12:00 AM													
11	28.71	36.49	12:00 AM													
12	29.14	37.44	12:00 AM													
13	28.86	36.15	12:00 AM													
14	28.57	32.85	12:00 AM													
15	28.65	32.62	12:00 AM													
16	28.45	35.29	12:00 AM													
17	28.24	32.22	12:00 AM													
18	28.00	34.65	12:00 AM													
19	28.53	36.98	12:00 AM													
20	30.11	35.54	5:55 PM	0.25	0.03	5 m										
21	43.81	64.07	12:15 AM	2.67	0.53	0.09	6:50 AM	2.00	M	0.045	M					
22	31.72	37.56	12:00 AM													
23	29.53	37.70	12:00 AM													
24	29.96	42.95	12:00 AM													
25	35.91	45.98	12:00 AM													
26	33.35	48.68	11:00 AM	1.42	0.17	0.06	5 m									
27	33.30	47.54	12:00 AM													
28	30.58	36.17	12:00 AM													
29	29.71	41.77	12:00 AM													
30	30.08	35.66	12:00 AM													
Totals:	939.15			4.58	0.60		1	2.00	0.045	0	0.00	0.000				

City: Fort Wayne Permit Number: IN0022191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met?  Y  N

Monitoring Period: MONTH 11-2023 Check box if no CSO discharges occurred for this month:  Y  N

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74

Date of Month	Average Hourly Flow (MGD)		Precip. (Inches)	Total Daily Flow (MGD)	Peak Flow (MGD)	Mass Load (Lbs/day)	Design Average Flow (MGD)		Design Peak Flow (MGD)		Event Discharge (MGD)		Event Discharge (MGD)		Event Discharge (MGD)	
	M	E					M	E	M	E	M	E	M	E	M	E
01	43.26	56.34	5 m													
02	38.30	56.42	12:00 AM													
03	31.99	36.51	12:00 AM													
04	30.77	37.49	12:00 AM													
05	32.17	38.09	12:00 AM													
06	30.61	37.47	12:00 AM													
07	29.78	34.24	12:00 AM													
08	29.50	34.29	11:35 PM	0.25	0.05	5 m										
09	30.46	36.77	12:00 AM													
10	29.09	34.11	12:00 AM													
11	28.71	36.49	12:00 AM													
12	29.14	37.44	12:00 AM													
13	28.86	36.15	12:00 AM													
14	28.57	32.85	12:00 AM													
15	28.65	32.62	12:00 AM													
16	28.45	35.29	12:00 AM													
17	28.24	32.22	12:00 AM													
18	28.00	34.65	12:00 AM													
19	28.53	36.98	12:00 AM													
20	30.11	35.54	5:55 PM	0.25	0.03	5 m										
21	43.81	64.07	12:15 AM	2.67	0.53	0.09	6:50 AM	2.00	M	0.045	M					
22	31.72	37.56	12:00 AM													
23	29.53	37.70	12:00 AM													
24	29.96	42.95	12:00 AM													
25	35.91	45.98	12:00 AM													
26	33.35	48.68	11:00 AM	1.42	0.17	0.06	5 m									
27	33.30	47.54	12:00 AM													
28	30.58	36.17	12:00 AM													
29	29.71	41.77	12:00 AM													
30	30.08	35.66	12:00 AM													
Totals:	939.15			4.58	0.60		1	2.00	0.045	0	0.00	0.000				

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 260-427-6213

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 12/15/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 38546 (05-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 38546 (05-01-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: 11-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74  
 WWTW Inflow Date: 11-01-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-02-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-03-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-04-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-05-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-06-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-07-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-08-2023  
 WWTW Inflow Time: 11:25 PM  
 WWTW Inflow Gauge: 0.25  
 WWTW Inflow Date: 11-09-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-10-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-11-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-12-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-13-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-14-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-15-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-16-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-17-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-18-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-19-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-20-2023  
 WWTW Inflow Time: 5:55 PM  
 WWTW Inflow Gauge: 0.25  
 WWTW Inflow Date: 11-21-2023  
 WWTW Inflow Time: 6:07 AM  
 WWTW Inflow Gauge: 0.35  
 WWTW Inflow Date: 11-22-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-23-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-24-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-25-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-26-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-27-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-28-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-29-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-30-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 Totals: 930.15 4.58 0.60 1 1 0.377 1 0.58 0.013

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: 11-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74  
 WWTW Inflow Date: 11-01-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-02-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-03-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-04-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-05-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-06-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-07-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-08-2023  
 WWTW Inflow Time: 11:25 PM  
 WWTW Inflow Gauge: 0.25  
 WWTW Inflow Date: 11-09-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-10-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-11-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-12-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-13-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-14-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-15-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-16-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-17-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-18-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-19-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-20-2023  
 WWTW Inflow Time: 5:55 PM  
 WWTW Inflow Gauge: 0.25  
 WWTW Inflow Date: 11-21-2023  
 WWTW Inflow Time: 6:07 AM  
 WWTW Inflow Gauge: 0.35  
 WWTW Inflow Date: 11-22-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-23-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-24-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-25-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-26-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-27-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-28-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-29-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 WWTW Inflow Date: 11-30-2023  
 WWTW Inflow Time: 12:00 AM  
 WWTW Inflow Gauge: 5 m  
 Totals: 930.15 4.58 0.60 1 1 0.377 1 0.58 0.013

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash  
 Date (mm/dd/yyyy): 12/15/23  
 Telephone: 260-474-6213  
 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: Jennifer E. Lash  
 Date (mm/dd/yyyy): 12/15/23  
 Telephone: 260-474-6213  
 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.



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
Site Name: 0001-34-4-01  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
Site Name: 0001-34-4-01  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 2 of 12		Facility: Fort Wayne - P.L. Bremer WWTP		Public Notification Requirements Met?		Permit Number: 000022101	
Monitoring Period: 08/00/2023		08/00/2023		08/00/2023		08/00/2023		08/00/2023	
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Measured/Modelled (M) or Estimated (E) must be specified		Measured/Modelled (M) or Estimated (E) must be specified		Measured/Modelled (M) or Estimated (E) must be specified	
Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)
01	43.26	56.34	12:00 AM						
02	38.30	56.42	12:00 AM						
03	31.99	34.51	12:00 AM						
04	30.77	37.49	12:00 AM						
05	32.17	38.09	12:00 AM						
06	30.61	37.47	12:00 AM						
07	28.78	34.24	12:00 AM						
08	29.60	34.29	11:20 PM	0.23	0.06	0.06	0.00		
09	32.46	34.77	12:00 AM						
10	29.09	34.11	12:00 AM						
11	28.71	34.49	12:00 AM						
12	29.14	37.44	12:00 AM						
13	28.80	36.13	12:00 AM						
14	28.37	32.83	12:00 AM						
15	29.65	32.82	12:00 AM						
16	28.43	33.29	12:00 AM						
17	28.24	32.22	11:05 AM	0.08	0.01	0.01	0.00		
18	29.20	34.55	12:00 AM						
19	28.53	34.88	12:00 AM						
20	30.11	33.54	5:50 PM	0.23	0.03	0.02	0.00		
21	43.81	64.27	12:15 AM	2.92	0.38	0.09	0.00		
22	31.72	37.56	1:15 AM	0.08	0.01	0.01	0.00		
23	29.03	37.30	12:00 AM						
24	29.96	43.93	12:00 AM						
25	33.51	45.98	12:00 AM						
26	33.35	48.68	1:15 PM	1.58	0.19	0.09	0.00		
27	33.30	47.54	12:00 AM						
28	30.08	36.17	12:00 AM						
29	29.71	41.77	12:00 AM						
30	30.08	37.65	12:00 AM						
Totals	806.83			8.37	0.44			0.00	0.00

City: Fort Wayne		Page 1 of 12		Facility: Fort Wayne - P.L. Bremer WWTP		Public Notification Requirements Met?		Permit Number: 000022101	
Monitoring Period: 08/00/2023		08/00/2023		08/00/2023		08/00/2023		08/00/2023	
Design Peak Hourly Flow (MGD):		Design Average Flow (MGD):		Measured/Modelled (M) or Estimated (E) must be specified		Measured/Modelled (M) or Estimated (E) must be specified		Measured/Modelled (M) or Estimated (E) must be specified	
Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)	Time	Flow (MGD)
01	43.26	56.34	12:00 AM						
02	38.30	56.42	12:00 AM						
03	31.99	34.51	12:00 AM						
04	30.77	37.49	12:00 AM						
05	32.17	38.09	12:00 AM						
06	30.61	37.47	12:00 AM						
07	28.78	34.24	12:00 AM						
08	29.60	34.29	11:20 PM	0.23	0.06	0.06	0.00		
09	32.46	34.77	12:00 AM						
10	29.09	34.11	12:00 AM						
11	28.71	34.49	12:00 AM						
12	29.14	37.44	12:00 AM						
13	28.80	36.13	12:00 AM						
14	28.37	32.83	12:00 AM						
15	29.65	32.82	12:00 AM						
16	28.43	33.29	12:00 AM						
17	28.24	32.22	11:05 AM	0.08	0.01	0.01	0.00		
18	29.20	34.55	12:00 AM						
19	28.53	34.88	12:00 AM						
20	30.11	33.54	5:50 PM	0.23	0.03	0.02	0.00		
21	43.81	64.27	12:15 AM	2.92	0.38	0.09	0.00		
22	31.72	37.56	1:15 AM	0.08	0.01	0.01	0.00		
23	29.03	37.30	12:00 AM						
24	29.96	43.93	12:00 AM						
25	33.51	45.98	12:00 AM						
26	33.35	48.68	1:15 PM	1.58	0.19	0.09	0.00		
27	33.30	47.54	12:00 AM						
28	30.08	36.17	12:00 AM						
29	29.71	41.77	12:00 AM						
30	30.08	37.65	12:00 AM						
Totals	806.83			8.37	0.44			0.00	0.00

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leck  
Title: Telecommunicator  
Date: 08/02/2023

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leck  
Title: Telecommunicator  
Date: 08/02/2023





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

State Form 30546 (04-07-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 30546 (04-07-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: 11-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Precipitation Date - Anthony Blvd S P27 Gauge 74  
 WWT Peak Flow (MGD) 43.25 56.34 12:00 AM  
 Peak Flow (MGD) 38.30 56.42 12:00 AM  
 Daily Flow (MGD) 31.99 36.51 12:00 AM  
 30.77 37.49 12:00 AM  
 32.17 38.09 12:00 AM  
 30.61 37.47 12:00 AM  
 29.78 34.24 12:00 AM  
 29.50 34.29 11:45 PM  
 30.46 36.77 12:10 AM  
 29.09 34.11 12:00 AM  
 28.71 36.49 12:00 AM  
 29.14 37.44 12:00 AM  
 28.86 36.15 12:00 AM  
 28.57 32.85 12:00 AM  
 28.65 32.62 12:00 AM  
 28.45 33.29 12:00 AM  
 28.24 32.22 12:00 AM  
 28.53 36.98 12:00 AM  
 30.11 35.54 9:30 PM  
 43.81 64.07 12:15 AM  
 31.72 37.56 2:25 AM  
 29.53 37.70 12:00 AM  
 29.96 42.95 12:00 AM  
 33.91 45.98 12:00 AM  
 33.35 48.68 11:05 AM  
 33.30 47.54 12:00 AM  
 30.58 36.17 12:00 AM  
 29.71 41.77 12:00 AM  
 30.08 35.06 12:00 AM  
 Totals: 939.15 5.08 0.63 0.000 Du Ys 0.000 Du Ys

City: Fort Wayne Permit Number: IN002211  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: 11-2023 Check box if no CSO discharge occurred for the month: Y  
 Design Peak Hourly Flow (MGD): 85 Precipitation Date - Anthony Blvd S P27 Gauge 74  
 WWT Peak Flow (MGD) 43.25 56.34 12:00 AM  
 Peak Flow (MGD) 38.30 56.42 12:00 AM  
 Daily Flow (MGD) 31.99 36.51 12:00 AM  
 30.77 37.49 12:00 AM  
 32.17 38.09 12:00 AM  
 30.61 37.47 12:00 AM  
 29.78 34.24 12:00 AM  
 29.50 34.29 11:45 PM  
 30.46 36.77 12:10 AM  
 29.09 34.11 12:00 AM  
 28.71 36.49 12:00 AM  
 29.14 37.44 12:00 AM  
 28.86 36.15 12:00 AM  
 28.57 32.85 12:00 AM  
 28.65 32.62 12:00 AM  
 28.45 33.29 12:00 AM  
 28.24 32.22 12:00 AM  
 28.53 36.98 12:00 AM  
 30.11 35.54 9:30 PM  
 43.81 64.07 12:15 AM  
 31.72 37.56 2:25 AM  
 29.53 37.70 12:00 AM  
 29.96 42.95 12:00 AM  
 33.91 45.98 12:00 AM  
 33.35 48.68 11:05 AM  
 33.30 47.54 12:00 AM  
 30.58 36.17 12:00 AM  
 29.71 41.77 12:00 AM  
 30.08 35.06 12:00 AM  
 Totals: 939.15 5.08 0.63 0.000 Du Ys 0.000 Du Ys

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent  
 Jennifer E. Lash, Program Manager  
 Telephone: 360-427-6513  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON AN INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 12/15/23

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent  
 Jennifer E. Lash, Program Manager  
 Telephone: 360-427-6513  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON AN INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lash Date (mm/dd/yyyy): 12/15/23



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 6556 (6-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 6556 (6-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 11-2023 Check box if no CSO discharge occurred for this month: Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74

Day of Month	Time of Peak Flow (mm/dd/yyyy)	Peak Flow (MGD)	Precipitation Data - 24 Hr. Gauge	Design Average Flow (MGD)	Flow Daily Inexcess of Capacity (MGD)	CSO Outfall No. 74		CSO Outfall No. 24		CSO Outfall No. 48	
						Time of Discharge (M:PM)	Volume (MG)	Time of Discharge (M:PM)	Volume (MG)	Time of Discharge (M:PM)	Volume (MG)
01	4:25	56.34	12:00 AM	5 m							
02	38.30	56.42	12:00 AM	5 m							
03	31.99	36.51	12:00 AM	5 m							
04	30.77	37.49	12:00 AM	5 m							
05	32.17	38.09	12:00 AM	5 m							
06	30.61	37.47	12:00 AM	5 m							
07	39.78	34.24	12:00 AM	5 m							
08	29.50	34.29	11:30 PM	0.25	0.07	5 m					
09	30.46	36.77	12:00 AM	5 m							
10	29.09	34.11	12:00 AM	5 m							
11	28.71	36.49	12:00 AM	5 m							
12	29.14	37.44	12:00 AM	5 m							
13	28.86	36.15	12:00 AM	5 m							
14	28.57	32.85	12:00 AM	5 m							
15	28.65	32.62	12:00 AM	5 m							
16	28.45	33.29	12:00 AM	5 m							
17	28.24	32.22	11:00 AM	0.17	0.04	5 m					
18	28.00	34.65	12:00 AM	5 m							
19	28.53	36.98	12:00 AM	5 m							
20	30.11	35.54	11:30 PM	0.17	0.02	5 m					
21	43.81	64.07	12:30 AM	2.83	0.37	0.10	5 m				
22	31.72	37.56	12:00 AM	5 m							
23	29.55	37.70	12:00 AM	5 m							
24	29.96	42.95	12:00 AM	5 m							
25	33.91	45.98	12:00 AM	5 m							
26	33.55	48.68	11:30 AM	1.92	0.23	0.06	5 m				
27	33.30	47.54	12:00 AM	5 m							
28	30.58	36.17	12:00 AM	5 m							
29	29.71	41.77	12:00 AM	5 m							
30	30.08	35.66	12:00 AM	5 m							
Totals:	929.15			5.22	0.73		0	0	0	0	0.000

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager Telephone: 266-427-613

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): 12/19/23

City: Fort Wayne Permit Number: IN0032191  
Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: [MONTH] 11-2023 Check box if no CSO discharge occurred for this month: Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74

Day of Month	Time of Peak Flow (mm/dd/yyyy)	Peak Flow (MGD)	Precipitation Data - 24 Hr. Gauge	Design Average Flow (MGD)	Flow Daily Inexcess of Capacity (MGD)	CSO Outfall No. 51		CSO Outfall No. 52		CSO Outfall No. 61	
						Time of Discharge (M:PM)	Volume (MG)	Time of Discharge (M:PM)	Volume (MG)	Time of Discharge (M:PM)	Volume (MG)
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
Totals:	0	0	0	0	0	0	0	0	0	0	0.000

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 48546 (8-9-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)  
 State Form 48546 (8-9-15)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 10 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD):	CSO Outfall No.	Time of Discharge (M, T, W, T, F, S, S)	Event Description (MG, E, R, O, S, T, E, R, S)	Measured/Metered (M) or Estimated (E) must be specified	
				CSO Outfall No.	CSO Outfall No.
01	62				
02	62				
03	62				
04	62				
05	62				
06	62				
07	62				
08	62				
09	62				
10	62				
11	62				
12	62				
13	62				
14	62				
15	62				
16	62				
17	62				
18	62				
19	62				
20	62				
21	62				
22	62				
23	62				
24	62				
25	62				
26	62				
27	62				
28	62				
29	62				
30	62				
Totals:	0	0	0	0.000	0.000

City: Fort Wayne		Page 10 of 12		Permit Number: IN002191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y	
Monitoring Period: 11-2023		Check box if no CSO discharge occurred for the month:		Y	
Design Peak Hourly Flow (MGD):	CSO Outfall No.	Time of Discharge (M, T, W, T, F, S, S)	Event Description (MG, E, R, O, S, T, E, R, S)	Measured/Metered (M) or Estimated (E) must be specified	
				CSO Outfall No.	CSO Outfall No.
01	74				
02	74				
03	74				
04	74				
05	74				
06	74				
07	74				
08	74				
09	74				
10	74				
11	74				
12	74				
13	74				
14	74				
15	74				
16	74				
17	74				
18	74				
19	74				
20	74				
21	74				
22	74				
23	74				
24	74				
25	74				
26	74				
27	74				
28	74				
29	74				
30	74				
Totals:	0	0	0	0.000	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: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: [MONTH] 11-2023	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	
13	
14	
15	
16	
17	
18	
19	
20	
21	Wet Weather Day
22	
23	
24	
25	
26	
27	
28	
29	
30	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Jennifer E. Lash, Program Manager	Telephone 260-427-6213
---	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent Jennifer E. Lash	Date (mm/dd/yy) 12/15/23
--	-----------------------------

DMR Copy of Record

<b>Permit</b>	Permit #: IM003191 Major: Yes	Permitter: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803																
<b>Permitted Features:</b>	002 External Outfall	Discharge: 002-C CSO 006-104 - 002 POND - WHEN USED AS CSO ONLY - 3380 FT W OF COURSEUM BLVD																	
<b>Report Dates &amp; Status</b>	Monitoring Period: From 11/01/23 to 11/30/23	DMR Due Date: 12/28/23	Status: NRCMS Validated																
Considerations for Permit Compliance CSO - 002 POND WHEN USED AS CSO ONLY																			
<b>Principal Executive Officer</b>	First Name: Jennifer Last Name: Lash	Title: Program Manager	Telephone: 256-427-6213																
<b>Last Name:</b> Lash																			
<b>No Data Indicator (NOD)</b>																			
<b>Form NOC:</b>																			
<b>Code</b>	<b>Parameter</b>	<b>Monitoring Location</b>	<b>Session #</b>	<b>Permit No.</b>	<b>Sample Value</b>	<b>Quality or Loading</b>	<b>Quantity or Concentration</b>	<b># of CC</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>									
3007	Durability	EG - Effluent Gross	0	--		Reg Min MD TOTAL, RT - 8hrs C - No Discharge	Value 2	Units	W100 - When Discharging RT - 800707										
7-003	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	--		Reg Min MD TOTAL, 34 - 8gal C - No Discharge	Value 2	Units	AL00 - All Events ES - ESTMA										
7887	Precipitation, variable accumulation	EG - Effluent Gross	0	--		0.75 Reg Min MD TOTAL, 0W - 10hrs C - No Discharge	5	0W - 10hrs	AL00 - All Events RT - 800707 AL00 - All Events RT - 800707										
8-103	Setcharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--		Reg Min MD TOTAL, 4C - 8hrs C - No Discharge		4C - 8hrs	AL00 - All Events RT - 800707										
<b>Submission Note</b>																			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.																			
<b>DMR Check Errors</b>																			
No errors																			
<b>Comments</b>																			
<b>Attachments</b>																			
<table border="1"> <thead> <tr> <th>Name</th> <th>Type</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>IM003191_LETTER_2023_11.pdf</td> <td>pdf</td> <td>101903.0</td> </tr> <tr> <td>IM003191_002_CSO006_2023_11.pdf</td> <td>pdf</td> <td>820786.8</td> </tr> </tbody> </table>											Name	Type	Size	IM003191_LETTER_2023_11.pdf	pdf	101903.0	IM003191_002_CSO006_2023_11.pdf	pdf	820786.8
Name	Type	Size																	
IM003191_LETTER_2023_11.pdf	pdf	101903.0																	
IM003191_002_CSO006_2023_11.pdf	pdf	820786.8																	
<b>Report Last Saved By</b>																			
JENNIFER LASH																			
User: Jennifer Lash Name: Jennifer Lash E-Mail: jennifer.lash@cityofnorthwestindy.org Date/Time: 2023-12-15 09:18 (Time Zone: -05:00)																			
<b>Report Last Signed By</b>																			
JENNIFER LASH																			
User: Jennifer Lash Name: Jennifer Lash E-Mail: jennifer.lash@cityofnorthwestindy.org Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)																			

DMR Copy of Record

<b>Permit</b> Permit #: 040023191 Major: Yes Permitted Features: 003 External Outlet Report Dates & Status: From 1/19/23 to 1/19/23 Monitoring Period: Consistent for Permit Completion CSO - 01 POND WHEN USED AS CSO ONLY Principal Executive Officer First Name: Last Name: No Data Indicator (NDD) Form NDD:	Permit#: 040023191 Permittee Address: Discharge: DMR Due Date: 12/28/23 Monitoring Location: Section 9 Permit, NDD Permittee Name: Monitoring Location: Section 9 Permit, NDD Discharge:	Facility: Facility Location: Status: Telephone:	FORT WAYNE WWTP P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803 NCDMR Validated
Code:	Quantity of Loading Quotient 1 Value 1 Quotient 2 Value 2 Units Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Units	Quality of Concentration Req Min MD TOTL, EG - 10mg G - No Discharge	# of Ex. Frequency of Analysis WWSR - When Discharging RT - 800000 G - No Discharge
5037 Overflow	Sample Period Frequency Value NDD EG - Effluent Gross \$ -	Req Min MD TOTL, EG - 10mg G - No Discharge	WWSR - When Discharging RT - 800000 G - No Discharge
7453 Overflow volume (883 volume, CSO volume)	Sample Period Frequency Value NDD EG - Effluent Gross \$ -	Req Min MD TOTL, EG - 10mg G - No Discharge	ALJY - All Events ES - ESTMA
7587 Precipitation, monthly accumulation	Sample Period Frequency Value NDD EG - Effluent Gross \$ -	Req Min MD TOTL, EG - 10mg G - No Discharge	ALJY - All Events RT - 800000 ALJY - All Events RT - 800000
8165 Discharge event observation (Missed Monitoring)	Sample Period Frequency Value NDD EG - Effluent Gross \$ -	Req Min MD TOTL, EG - 10mg G - No Discharge	ALJY - All Events RT - 800000
Submitter Note If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type. 888 Check Errors No errors. Comments Attachments No attachments. Report Last Saved By JACHT WAYNE WWTP User: JETSFAMR Name: Jennifer Lam E-Mail: jennifer.lam@cityofwayne.org Date/Time: 2023-12-15 09:11 (Time Zone: -05:00) Report Last Signed By User: JETSFAMR Name: Jennifer Lam E-Mail: jennifer.lam@cityofwayne.org Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)			

DMR Copy of Record

**Permit:** IN0302191  
**Permit #: Major:** 004 External Outfall  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE, 200 E BERRY ST, FT WAYNE, IN 46802  
**Discharge:** 004-C  
**Facility Location:** FORT WAYNE WWTP, P.L. BRUNNER WPC, 2001 DWINGER AVE, FORT WAYNE, IN 46803

**Report Dates & Status:** From 11/11/23 to 11/30/23  
**Monitoring Period:** From 11/11/23 to 11/30/23  
**Considerations for Form Completion:** CSD: 000-000 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**MSD Indicator (NOO):** \_\_\_\_\_  
**Form NOO:** \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Stream #	Permit NOO	Quantity or Labeling			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3				
50237	Overflow	80 - Effluent Gross	8	-	Sample Permit No. Value NOO		Req Min MD 10%N, 82 - 10%N C - No Discharge	8	8/23	87 - 802702F	
74283	Overflow volume (200 volume, CSD volume)	80 - Effluent Gross	8	-	Sample Permit No. Value NOO		Req Min MD 10%N, 82 - 10%N C - No Discharge	8	8/23	87 - 802702F	
75887	Precipitation, monthly accumulation	80 - Effluent Gross	8	-	Sample Permit No. Value NOO		Req Min MD 10%N, 82 - 10%N C - No Discharge	8	8/23	87 - 802702F	
81155	Discharge event observation (Visual Monitoring)	80 - Effluent Gross	8	-	Sample Permit No. Value NOO		Req Min MD 10%N, 82 - 10%N C - No Discharge	8	8/23	87 - 802702F	

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

**Editor Check Errors:** No errors.  
**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** FORT WAYNE WWTP

**User:** JETSFADM  
**Name:** Jennifer Lach  
**E-Mail:** jennifer.lach@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:29 (Time Zone: -05:00)

**Report Last Signed By:** JETSFADM  
**User:** Jennifer Lach  
**Name:** Jennifer Lach  
**E-Mail:** jennifer.lach@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)



DMIR Copy of Record

Permit	Permit #	M0002181	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility	FORT WAYNE WWTP P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803			
Major	Yes	Discharge	Permit Address	300 E BERRY ST FT WAYNE, IN 46802	Facility Location				
Permitted Feature	005 External Outfall	Discharge	Discharge		005-C				
Report Date & Status	From 11/19/23 to 11/20/23	DMR Due Date	13/28/23	Status	McDMR Validated				
Monitoring Period	From 11/19/23 to 11/20/23	Considerations for Form Completion		Telephone					
CSD	J11-164 MUNICIPAL MAJOR ALLEN COUNTY	Principal Executive Officer							
First Name		Title							
Last Name									
No Data Indicator (NOD)									
Form NOD									
Code	Parameter	Monitoring Location	Session #	Permit NOD	Quantity of Loading	Quality of Concentration	# of EL	Frequency of Analysis	Sample Type
					Quotient 1 Value 1	Quotient 2 Value 2	Quotient 3 Value 3	Units	
5027	Durables	EG - Effluent Gross	0	-	Req Non MD TOTAL, EG - efflu G - No Discharge			MG/Day	RT - RC02TOT
					Req Non MD TOTAL, SR - Regd G - No Discharge				
T053	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Req Non MD TOTAL, SR - Regd G - No Discharge			MG/Day	ES - ES7MA
					Req Non MD TOTAL, SR - Regd G - No Discharge				
T887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Non MD TOTAL, SR - Regd G - No Discharge			MG/Day	RT - RC02TOT
					Req Non MD TOTAL, SR - Regd G - No Discharge				
S185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Non MD TOTAL, EG - efflu G - No Discharge			MG/Day	RT - RC02TOT
					Req Non MD TOTAL, EG - efflu G - No Discharge				
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.									
<b>DMR Check Errors</b>									
No errors.									
<b>Comments</b>									
<b>Attachments</b>									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
User: JETSFACMR									
Name: Jennifer Lash									
E-Mail: jennifer.lash@cityofwayne.org									
Date/Time: 2023-12-15 09:28 (Time Zone: -05:00)									
<b>Report Last Signed By</b>									
User: JETSFACMR									
Name: Jennifer Lash									
E-Mail: jennifer.lash@cityofwayne.org									
Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)									

DMR Copy of Record

Permit: IN0002191  
 Permit #: IN0002191  
 Major: Via  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DAVENPORT AVE  
 FORT WAYNE, IN 46802

Permitted Features: 007  
 External Outfall  
 Discharge: 007-C  
 350 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status: From 11/01/23 to 11/02/23  
 Monitoring Period: 12/28/23  
 Status: NotDMR Validated

Considerations for Permit Compliance: CSO: K03-002 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

No Data Indicator (NDD): [Blank]  
 Firm NDD: [Blank]

Code	Parameter Name	Monitoring Location	Stream #	System	Sample Permit This Value	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
						Quarter 1 Value	Quarter 2 Value	Quarter 3 Value		
2027	Dissolve	EG - Effluent Diss	0	-	Sample Permit This Value NDD	Req Mon MD TOTAL, EG - Inflow			WQDS - When Discharging RT - 80000CF	
									G - No Discharge	
T453	Overflow volume (300 volume, CSO volume)	EG - Effluent Diss	0	-	Sample Permit This Value NDD	Req Mon MD TOTAL, 3R - Mgd			ALBY - All Events	ES - ESTMA
									G - No Discharge	
T847	Precipitation, monthly accumulation	EG - Effluent Diss	0	-	Sample Permit This Value NDD	Req Mon MD TOTAL, 3R - Inflow			ALBY - All Events	RT - 80000CF
									G - No Discharge	
8415	Discharge event observation (Peak Monitoring)	EG - Effluent Diss	0	-	Sample Permit This Value NDD	Req Mon MD TOTAL, 44 - Inflow			ALBY - All Events	RT - 80000CF
									G - No Discharge	

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

DMR Check Errors: No errors.

Comments: [Blank]

Attachments: [Blank]

Report Last Saved By: JETFAOUR

PORT WAYNE WWTP: Jennifer Lash

User: jennifer.lash@cityofwayne.org

E-Mail: 2023-12-15 09:28 (Time Zone: -05:00)

Date/Time: [Blank]

Report Last Signed By: JETFAOUR

User: Jennifer Lash

Name: jennifer.lash@cityofwayne.org

E-Mail: 2023-12-15 09:28 (Time Zone: -05:00)

Date/Time: [Blank]

DMR Copy of Record

**Permit**  
 Permit #: IN0022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DAVENPORT AVE  
 FORT WAYNE, IN 46803  
 Permitted Feature: D11 External Outfall  
 Discharge: 911-C  
 CSD: K06-333 - SE OF MAIN ST. & CAMP ALLEN DR.  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 11/6/2023 to 11/30/23  
 DMR Due Date: 12/31/23  
 Considerations for Firm Completion  
 CSD: K06-333 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title: Telephonic

No Data Indicator (NOD)  
 Form NOD: -

Code	Parameter Name	Monitoring Location	Screen #	Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50027	Durables	EG - Effluent Gross	0	-	Example Permit Req. Value NOD	Req Min MG TOTAL EG - 0ms G - No Discharge	WEDS	When Discharge	EG - R02TOT	
74203	Overflow volume (308 volume, CSD volume)	EG - Effluent Gross	0	-	Example Permit Req. Value NOD	Req Min MG TOTAL 24 - 1440 G - No Discharge	ALRY	- 48 Events	EG - BPTMA	
78887	Prediction, monthly accumulation	EG - Effluent Gross	0	-	Example Permit Req. Value NOD	DMR Req Min MG TOTAL EG - 0ms D	ALRY	- 48 Events	EG - R02TOT	
81165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Example Permit Req. Value NOD	Req Min MG TOTAL 48 - 48ms G - No Discharge	ALRY	- 48 Events	EG - R02TOT	

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

**DMR Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 JETSFADMJ  
 User: JETSFADMJ  
 Name: Jennifer Lamb  
 E-Mail: jennifer.lamb@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:09 (Time Zone: -05:00)

**Report Last Signed By**  
 JETSFADMJ  
 User: JETSFADMJ  
 Name: Jennifer Lamb  
 E-Mail: jennifer.lamb@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)

DMIR Copy of Record

**Permit:** B0002191  
**Permit #:** B0002191  
**Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46603  
**Permitted Facility:** 012 External Outfall  
**Discharge:** 013-C  
 CSC: K05-024 - 250 FT SE OF MAIN ST. & CAMP ALLEN DR.  
**Report Dates & Status:** From 11/9/23 to 11/9/23  
**Monitoring Period:** 12/28/23  
**Status:** NotDMIR Validated  
**Considerations for Form Completion:**  
 CSC: K05-024 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**Form NCOI:** --  
**Code:**

Code	Parameter Name	Monitoring Location	Season 1 Permit NCOI	Season 2 Permit NCOI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 (Value 1 Qualifier 2 Value 2 (Only Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3))	Units			
82007	Overflows	EG - Effluent Gross	0	0	Reg Non MD T07N, 02 - None C - No Discharge		0	0	0
74263	Overflow volume (250 volume, CSO volume)	EG - Effluent Gross	0	0	Reg Non MD T07N, 01 - Regal C - No Discharge		0	0	0
71887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Reg Non MD T07N, 01 - None C - No Discharge		0	0	0
94165	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	0	Reg Non MD T07N, 01 - None C - No Discharge		0	0	0

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 JETSFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:09 (Time Zone: -05:00)  
**Report Last Signed By:**  
 JETSFADMR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: IN0032191 Major: Yes	Permitted Address: FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602	Facility: Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2621 DIVISOR AVE FORT WAYNE, IN 46603							
Permitted Features: S13 External Outfall	Discharge: S13-C CSD: X06-238 - 80 FT N OF THEME DR & BERRY ST								
Report Dates & Status Monitoring Period: From 11/01/23 to 11/06/23 Considerations for PUM Completion CSD: X06-238 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	DMR Due Date: 12/28/23	Status: NoDMR Validated							
First Name: Last Name: No Data Indicator (NDD) Form NDD:	Title: Telephone:								
Parameter Name	Monitoring Location	Session #	From	NDD	Quantity or Labeling Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Units	# of Ex.	Frequency of Analysis	Sample Type
80237	Duration	EG - Effluent Gross	0	--	Sample Permit Pkgs Value NDD	2.0 Reg Min MD TOTAL, EG - Inlets	0	WWSR - When Discharging RT - RC07107 WWSR - When Discharging RT - RC07107	RT - RC07107
74583	Overflow volume [889 volume, CSD volume]	EG - Effluent Gross	0	--	Sample Permit Pkgs Value NDD	2.048 Reg Min MD TOTAL, 24 - Mgal	0	AL07 - All Events AL07 - All Events	ES - ESTMA ES - ESTMA
75887	Prohibition, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Pkgs Value NDD	2.8 Reg Min MD TOTAL, 500 - Inlets	0	AL07 - All Events AL07 - All Events	RT - RC07107 RT - RC07107
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Pkgs Value NDD	1.0 Reg Min MD TOTAL, 48 - Inlets	0	AL07 - All Events AL07 - All Events	RT - RC07107 RT - RC07107
<b>Submitter Note</b> If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
<b>Self Check Errors</b> No errors.									
<b>Comments</b>									
<b>Attachments</b> No attachments.									
<b>Report Last Saved By</b> FORT WAYNE WWTP									
<b>User:</b> JETSFADM Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 09:08 (Time Zone: -05:00)									
<b>Report Last Signed By</b> User: JETSFADM Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)									

DMR Copy of Record

<b>Permits</b>		<b>Permit #:</b> IN0002191		<b>Facility:</b> FORT WAYNE WWTP		
<b>Major:</b> Yes		<b>Permittee:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802		<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DWANSEN AVE FORT WAYNE, IN 46803		
<b>Permitted Features:</b> 017 External Outfall		<b>Discharge:</b> 917-C CSO: 001-17N - 138 FT SW OF ST. MARY'S PKWY & WALDRON CIRCLE				
<b>Report Date &amp; Status</b>		<b>DMR Due Date:</b> 12/28/23		<b>Status:</b> NetDMR Validated		
<b>Monitoring Period:</b> From 11/15/23 to 11/29/23						
<b>Considerations for Future Compliance</b>						
<b>CSO: 001-17N/MUNICIPAL MAJOMALLON COUNTY</b>						
<b>Principal Executive Officer</b>						
<b>First Name:</b>		<b>Title:</b>		<b>Telephone:</b>		
<b>Last Name:</b>						
<b>File Date Indicator (NCO)</b>						
<b>Firm NCO:</b>						
<b>Facility Name:</b>		<b>Monitoring Location:</b> Session # From: NCO#		<b>Quantity of Labeling:</b>		
				Qualifier 1 Value 1 (Qualifier 2) Value 2 (Unit) Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3		
				Quality or Concentration		
				# of Ex. Frequency of Analysis Sample Type		
80237 Overflow		EG - Effluent Gross 0 -		Req Mon MD TOTL, EG - time G - No Discharge		36458 - When Discharging RT - 8020207
74263 Overflow volume (553 volume, CSO volume)		EG - Effluent Gross 0 -		Req Mon MD TOTL, 3R - Mgd G - No Discharge		ALBY - All Events ES - ESTMA
73887 Precipitation, monthly accumulation		EG - Effluent Gross 0 -		SIS Req Mon MD TOTL, 3R - time, g		ALBY - All Events RT - 8020207 ALBY - All Events RT - 8020207
84165 Discharge event observation (Visual Monitoring)		EG - Effluent Gross 0 -		Req Mon MD TOTL, 4E - time G - No Discharge		ALBY - All Events RT - 8020207
<b>Submission Note</b>						
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.						
<b>Edit Check Errors</b>						
No errors.						
<b>Comments</b>						
<b>Attachments</b>						
No attachments.						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
<b>User:</b>		JETSFACHAR				
<b>Name:</b>		Jennifer Lach				
<b>E-Mail:</b>		jennifer.lach@cityofwayne.org				
<b>Date/Time:</b>		2023-12-15 09:08 (Time Zone: -05:00)				
<b>Report Last Signed By</b>						
<b>User:</b>		JETSFACHAR				
<b>Name:</b>		Jennifer Lach				
<b>E-Mail:</b>		jennifer.lach@cityofwayne.org				
<b>Date/Time:</b>		2023-12-15 09:20 (Time Zone: -05:00)				

DMR Copy of Record

<b>Permit</b>		<b>Permit #:</b> IN0022191		<b>Permittee:</b> FORT WAYNE WWTP		<b>Facility:</b> FORT WAYNE WWTP	
		<b>Major:</b> Yes		<b>Permittee Address:</b> CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602		<b>Facility Location:</b> P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46603	
<b>Permitted Features:</b>		<b>Discharge:</b> 010 External Outfall		<b>CSO:</b> K11-165 - 150 FT W OF BROADWAY & RUDSELL BLVD			
<b>Report Date &amp; Status</b>		<b>DMR Due Date:</b> 12/26/23		<b>Status:</b> NotDMR Validated			
<b>Monitoring Period:</b>		From 11/9/23 to 1/9/24					
<b>Considerations for Permit Completion</b>		CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY					
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>			
<b>First Name:</b>							
<b>Last Name:</b>							
<b>No Data Indicator (NOD)</b>							
<b>Form NOD:</b>							
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Excess # Param. NOD</b>	<b>Quantity of Loading</b>	<b>Quality or Concentration</b>	<b># of GC</b>	<b>Frequency of Analysis</b>
				Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3 Quarter 4 Value 4	Units		Sample Type
5037	Durbin	EG - Effluent Gross	0	Permit Req. Value NOD	2.17 Req Mon MD TOTAL, EG - Inms	0	WWS - When Discharging RT - RCOTDT WWS - When Discharging RT - RCOTDT
7023	Overflow volume (500 volume, CSO volume)	EG - Effluent Gross	0	Permit Req. Value NOD	0.07 Req Mon MD TOTAL, 3P - Mgd	0	ALRY - All Events ALRY - All Events ES - ESTMA ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Permit Req. Value NOD	0.0 Req Mon MD TOTAL, 3P - Inms	0	ALRY - All Events ALRY - All Events RT - RCOTDT RT - RCOTDT
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Permit Req. Value NOD	0.0 Req Mon MD TOTAL, 4K - Inms	0	ALRY - All Events ALRY - All Events RT - RCOTDT RT - RCOTDT
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
<b>ERT Check Error</b>							
No errors.							
<b>Comments</b>							
Attachments							
No attachments.							
<b>Report Last Saved By</b>							
PORT WAYNE WWTP							
<b>User:</b> JETEFANAR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b> 2023-12-15 09:28 (Time Zone: -05:00)							
<b>Report Last Signed By</b>							
<b>User:</b> JETEFANAR							
<b>Name:</b> Jennifer Lash							
<b>E-Mail:</b> jennifer.lash@cityoffortwayne.org							
<b>Date/Time:</b> 2023-12-15 09:28 (Time Zone: -05:00)							

DMR Copy of Record

**Permit:** IN002191  
**Permit#:** IN002191  
**Major:** Yes  
**Permitted Features:** 000 External Outfall  
**Report Dates & Status:** From 1/19/03 to 1/19/23  
**Monitoring Period:** 13/28/23  
**Considerations for Form Completion:**  
**CSC:** K15-115 MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Date Indicator (NOO):**  
**Form NOO:**

**Facility:** FORT WAYNE WWTP  
**Facility Location:** CITY OF FORT WAYNE  
 200 E 30TH ST  
 FT WAYNE, IN 46802  
**Discharge:** 929-C  
 CSC: K15-115 - 1302 FT W OF HARTMAN RD & WESTOVER RD  
**DMR Due Date:** 13/28/23  
**Status:** NetDMR Validated  
**Title:**  
**Telephone:**

Code	Parameter Name	Monitoring Location	Season & From NOO	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality of Concentration Unit	# of Ex.	Frequency of Analysis	Sample Type
SC37	Synthetic	ES - Effluent Gross	0	0	0	0	0	0
7403	Overflow volume (500 volume, CSO volume)	ES - Effluent Gross	0	0	0	0	0	0
7347	Precipitation, monthly accumulation	ES - Effluent Gross	0	0	0	0	0	0
5415	Discharge event observable (Visual Monitoring)	ES - Effluent Gross	0	0	0	0	0	0

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**DMR Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETSFADM  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**User:** JETSFADM  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:09 (Time Zone: -05:00)  
**Report Last Signed By:** JETSFADM  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)



DMR Copy of Record

**Permit**  
 Permit #: 040502191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 3501 DWINDLER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permittee: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 350 E BERRY ST  
 FT WAYNE, IN 46802  
 Discharge: 821-C  
 CEC: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE  
 Status: NotDMR Validated

**Report Dates & Status**  
 Monitoring Period: From 11/01/23 to 11/05/23  
 Considerations for Form Completion: 12/08/23  
 CSD: K19-044 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

No Data Indicator (NDD) [Blank]  
 Form NDD: [Blank]

Code	Parameter Name	Monitoring Category	System # Param. NDD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
5027	Surfactant	SD - Effluent Gross	0	Sample	Permit Req. Value NDD			Reg Non MD TON, 82 - 1000			94028 - 1000 Discharge	RT - 800202F	
7403	Overflow volume (555 volume, CSD volume)	SD - Effluent Gross	0	Sample	Permit Req. Value NDD			Reg Non MD TON, 5R - 1000			AL07 - All Events	ES - 037MA	
7087	Precipitation, monthly accumulation	SD - Effluent Gross	0	Sample	Permit Req. Value NDD			Reg Non MD TON, 5R - 1000			AL07 - All Events	RT - 800202F	
8145	Discharge event observation (Visual Monitoring)	SD - Effluent Gross	0	Sample	Permit Req. Value NDD			Reg Non MD TON, 4R - 1000			AL07 - All Events	RT - 800202F	

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

**ERT Check Errors**  
 No errors.

**Comments**  
 [Blank]

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JTEPADMIN  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-12-15 09:09 (Time Zone: -05:00)

**Report Last Signed By**  
 User: JTEPADMIN  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>	Permit #: 06002291	Permittee: FORT WAYNE WWTP	Facility Location: FORT WAYNE WWTP					
	Major: Yes	Permittee Address: CITY OF FORT WAYNE 209 E BERRY ST FT WAYNE, IN 46822	Facility Location: P.L. BRUNNER WPC 2601 DWANESER AVE FORT WAYNE, IN 46603					
<b>Permitted Features:</b>	023 External Outfall	Discharge:						
<b>Report Dates &amp; Status</b>	Monitoring Period: From 11/9/23 to 11/30/23	DMR Due Date: 12/26/23	Status: NotDMR Validated					
Considerations for Form Completion								
CSC: 156-103/MUNICIPAL MAJORALLEN COUNTY								
Principal Executive Officer								
First Name:	Title:							
Last Name:	Telephone:							
No Data Indicator (NDD):								
Form NDD:								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Section # Permit NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ex.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
5007	Duration	EG - Effluent Gross	0	-	Reg flow MD TOTAL, SR - Inflow C - No Discharge		WQSC - When Discharging RT - RC0710T	
7103	Overflow volume (508 volume, CSO volume)	EG - Effluent Gross	0	-	Reg flow MD TOTAL, SR - Inflow C - No Discharge		ALCJ - All Events SS - B370A	
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Reg flow MD TOTAL, SR - Inflow C - No Discharge		ALCJ - All Events RT - RC0710T	
8485	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Reg flow MD TOTAL, SR - Inflow C - No Discharge		ALCJ - All Events RT - RC0710T	
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample nor Effluent Trading, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>DMR Check Errors</b>								
No errors.								
<b>Comments</b>								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User:	JETSFADMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-12-15 09:07 (Time Zone: -05:00)							
<b>Report Last Signed By</b>								
User:	JETSFADMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-12-15 09:20 (Time Zone: -05:00)							

DMR Copy of Record

Permit #:	IN002191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNSER WPC 2601 DIVIDEN AVE FORT WAYNE, IN 46803				
Major:	Yes	Permittee Address:		Facility Location:					
Permitted Feature:	024 External Outfall	Discharge:	024-C CSD: L06-425 + 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE	Status:	NotDMR Valuated				
Report Dates & Status		DMR Due Date:	12/28/23						
Monitoring Period:	From 11/9/23 to 11/9/23								
Consolidations for Form Completion									
CSD:	L06-425/MUNICIPAL MAJORALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:					
First Name:									
Last Name:									
No Data Indicator (NDD)									
Form NDD:									
Code	Parameter Name	Monitoring Location	Screen #	Permit NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	# of Ex.	Frequency of Analysis	Sample Type
8037	Overflow	EG - Effluent Gross	0	--	Req Min MD TDIN, EG - Inflow C - No Discharge			W/058 - when Discharging RT - 800702F	
74262	Overflow volume (365 volume, CSD volume)	EG - Effluent Gross	0	--	Req Min MD TDIN, 36 - Mgal C - No Discharge			ALV0 - All Events ES - ESTMA	
78887	Precipitation, monthly accumulations	EG - Effluent Gross	0	--	Req Min MD TDIN, 36 - Inflow C - No Discharge			ALV0 - All Events RT - 800702F	
81155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Min MD TDIN, 46 - Inflow C - No Discharge			ALV0 - All Events RT - 800702F	
<p>Submission Note If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Emulsions, Frequency of Analysis, and Sample Type.</p> <p>ERT Check Errors No errors.</p> <p>Comments</p> <p>Attachments No attachments.</p> <p>Report Last Saved By FORT WAYNE WWTP</p> <p>User: Name: JETEFADMAR Email: Jennifer.Lash Date/Time: 2023-12-15 09:57 (Time Zone: -05:00)</p> <p>Report Last Signed By User: JETEFADMAR Name: Jennifer Lash Email: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 09:55 (Time Zone: -05:00)</p>									

DMR Copy of Record

**Permit:** IN0032181  
**Permit #:** IN0032181  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNER WPC  
 3601 DWIGGERS AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** ODS External Outfall  
**Discharge:** CSO: US-421 - 220 FT N OF SUPERIOR ST. & FARRFIELD AVE

**Report Dates & Status:** From 11/9/23 to 11/30/23  
**DMR Due Date:** 12/28/23  
**Status:** NetDMR Validated

**Monitoring Location:** Station # Permit, NOD  
**Monitoring Location:** Station # Permit, NOD

**Considerations for Form Completion:**  
 CSO: US-421 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NOD):** -  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Station # Permit, NOD	Sample Permit Req. Value NOD	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50307	Duration	EG - Effluent Gross	0	-	Req Min MD TOTN, EG - 1000	gals	0	WAGS - When Discharging RT - 800707	C - No Discharge
74053	Overflow volume (588 volume, CSO volume)	EG - Effluent Gross	0	-	Req Min MD TOTN, 58 - 1000	Mgal	0	ALUV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Min MD TOTN, 58 - 1000	g	0	ALUV - All Events	RT - 800707
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Min MD TOTN, 48 - 1000	g	0	ALUV - All Events	RT - 800707

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

**DMR Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:** JETSFACMR  
**FORT WAYNE WWTP:** Jennifer Lash

**User:** JETSFACMR  
**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-12-15 09:07 (Time Zone: -05:00)

**Report Last Signed By:** JETSFACMR  
**User:** Jennifer Lash

**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org

**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** 86532191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2501 DRENGER AVE  
 FORT WAYNE, IN 46803  
**Permitted Features:** 027  
 External Outfall  
**Discharge:** 847-C  
 CSD: M10-002 - 200 FT SE OF THIRD ST & CALHOUN ST  
**Quantity or Loading:** 1228/03  
**Status:** NotDMR Validated

**Report Dates & Status:** From 11/9/23 to 11/9/23  
**Monitoring Period:** 12/28/23  
**Calculations for Form Completion:**

**CSD:** M10-002 MUNICIPAL MAJORALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**

**Form NO2E:** No Data Indicator (NO2I)

Code	Parameter Name	Monitoring Location	Season 8 Param. NO2I	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	# of Ex.	Frequency of Analysis	Sample Type
5037	Burdock	ES - Effluent Gross	0	Sample Period Req Value NO2I	Req Mon MD TOTAL, 60 - mms C - No Discharge	0	MSDS - Other Discharge	RT - NO202F
7403	Overflow volume (555 volume, CSD volume)	ES - Effluent Gross	0	Sample Period Req Value NO2I	Req Mon MD TOTAL, 55 - Mgal C - No Discharge	0	ALRY - All Events	ES - ESTMA
7567	Precipitation, monthly accumulation	ES - Effluent Gross	0	Sample Period Req Value NO2I	Req Mon MD TOTAL, 50 - mms C - No Discharge	0	ALRY - All Events	ES - ESTMA
8115	Discharge event observable (Visual Monitoring)	ES - Effluent Gross	0	Sample Period Req Value NO2I	Req Mon MD TOTAL, 40 - mms C - No Discharge	0	ALRY - All Events	ES - ESTMA

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

**ERT Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Saved By:** JETEFACMR  
 Jettifer Lash  
 jettifer.lash@cityofwayne.org  
 2023-12-15 09:12 (Time Zone: -05:00)

**Report Last Signed By:** JETEFACMR  
 Jettifer Lash  
 jettifer.lash@cityofwayne.org  
 2023-12-15 09:22 (Time Zone: -05:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNNER WPC  
 3601 DIVIDEN AVE  
 FORT WAYNE, IN 46803  
 Discharge: 628-C  
 CSD: M1A-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE

**Report Dates & Status**  
 Monitoring Period: From 11/9/23 to 11/30/23  
 DMR Due Date: 12/30/23  
 Status: NotDMR Validated  
 Considerations for Form Completion:

CSD: M1A-238 MUNICIPAL MAJONKLEIN COUNTY  
 Principal Executive Officer:

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NDD): \_\_\_\_\_  
 Form NDD: \_\_\_\_\_

Code	Parameter Name	Monitoring Location	Station # Param. NDD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	Units	# of EA	Frequency of Analysis	Sample Type
50207	Duration	ES - Effluent Gross	0	Sample Permit Req. Value NDD						Req Mon MD TOTAL, ES - Inflow C - No Discharge			WVGS - When Discharging RT - NDDTOT
74923	Overflow volume (850 volume, CSD volume)	ES - Effluent Gross	0	Sample Permit Req. Value NDD						Req Mon MD TOTAL, 85 - Inflow C - No Discharge			ALRY - All Events ES - ESTMA
7897	Precipitation, monthly accumulation	ES - Effluent Gross	0	Sample Permit Req. Value NDD						0.75 85 - Inflow Req Mon MD TOTAL, 85 - Inflow g			ALRY - All Events RT - NDDTOT
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	Sample Permit Req. Value NDD						Req Mon MD TOTAL, 84 - Inflow C - No Discharge			ALRY - All Events RT - NDDTOT

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

**EA Check Error**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)

**Report Last Signed By**  
 User: JETEFADM  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

**Permit:**  
 Permit #: IM602191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 261 DIVENGER AVE  
 FORT WAYNE, IN 46823

**Permitted Feature:**  
 C09 External Outfall  
 Discharge: W2-C  
 CSC: M12-265 - 230 FT E OF DUCK ST & BARR ST

**Report Dates & Status:**  
 Monitoring Period: From 11/01/23 To 11/30/23  
 DMR Due Date: 12/28/23  
 Status: NetDMS Validated

**Considerations for Pump Completion:**  
 CSC: M10-255/MUNICIPAL MAJOR/MALLEN COUNTY  
 Principal Executive Officer:

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NOD):** -  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Session #	Permit NOD	Quantity or Concentration	Quality or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Units	# of Ex.	Frequency of Analyte	Sample Type
8007	Deviation	ES - Effluent Gross	0	-	Sample	Req Min MD TOTN, 82 - Inline				MG/L	10000	When Discharging	RT - 800707
7063	Overflow volume (500 volume, CSO volume)	ES - Effluent Gross	0	-	Sample	Req Min MD TOTN, 34 - Mgd				MG/L	10000		ES - ESTMA
7187	Precipitation, weekly accumulation	ES - Effluent Gross	0	-	Sample	Req Min MD TOTN, 50 - Inline				MG/L	10000		RT - 800707
8415	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	Sample	Req Min MD TOTN, 46 - Inline				MG/L	10000		RT - 800707

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

**ERT Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: JETFAQMR  
 Name: Jennifer Leah  
 E-Mail: jennifer.leah@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:07 (Time Zone: -05:00)

**Report Last Signed By:**  
 User: JETFAQMR  
 Name: Jennifer Leah  
 E-Mail: jennifer.leah@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

**Permit**  
 Permit #: IN6032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2621 DIVIDER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 002  
 External Outfall  
**Discharge:** 933-C  
 CSO M10-306 - 120 FT N OF CLARK ST & HARRISON ST

**Report Dates & Status**  
 Monitoring Period: From 11/9/03 to 11/30/23  
 DMR Due Date: 12/29/23  
 Status: NYSIDMR Validated

Considerations for Permit Completion  
 CSO M10-306 MUNICIPAL MAJOR ALLEN COUNTY

**Principal Executive Officer**  
 First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

No Data Indicator (NDDI) -  
 Form NODE: -

Code	Parameter Name	Monitoring Location	Reason #	Permit MOBI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Quadrant 1 Value	Quadrant 2 Value	Quadrant 3 Value			
50007	Duration	EG - Effluent Gross	0	-	Req Mon MD TOTAL, EG - Inflow C - No Discharge			WMOE - When Discharging RT - R007DT		
74063	Overflow volume [588 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MD TOTAL, 588 - Mgal C - No Discharge			ALREV - All Events EG - ESTNA		
18087	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MD TOTAL, 588 - Inflow C - No Discharge			ALREV - All Events RT - R007DT RT - R007DT		
64185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MD TOTAL, 64 - Inflow C - No Discharge			ALREV - All Events RT - R007DT		

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

**Self Check Errors**  
 No errors.

**Comments**  
 No comments.

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETEFADMIR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:07 (Time Zone: -05:00)

**Report Last Signed By**  
 User: JETEFADMIR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)



DMIR Copy of Record

Permit	Permit #:	80002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
	Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BEDFORD ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2501 DWIGGERS AVE FORT WAYNE, IN 46833			
	Permitted Feature:	033 External Outfall	Discharge:	835-C C80 W19-913 - 200 FT SE OF THIRD ST & CALHOUN ST	Status:	NotDMR Validated			
	Report Dates & Status	Monitoring Period: From 11/01/23 to 11/06/23		DMR Due Date:	12/28/23				
	Considerations for Form Completion	C80 W19-913 MUNICIPAL MAJORALLEN COUNTY							
	Principal Executive Officer	Title:							
	First Name:	Last Name:							
	No Data Indicator (NOD)	Form NOD:							
	Permittee Name	Monitoring Location	Reason #	Permit NOD	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
	Code	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD	Sample Permit Fee Value NOD
	50337	Quotable	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross
	74003	Overflow volume (355 volume, C80 volume)	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross
	78887	Precipitation, monthly accumulations	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross
	84103	Discharge event abatement (Pneum Monitoring)	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross	\$ -	80 - Effluent Gross
	Submission Note	If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
	ERI Check Errors	No errors.							
	Comments								
	Attachments								
	Report Last Saved By	FORT WAYNE WWTP							
	User:	JETEFACOR							
	Name:	Jennifer Lash							
	E-Mail:	jennifer.lash@cityofwayne.org							
	Date/Time:	2023-12-15 09:12 (Time Zone: -05:00)							
	Report Last Signed By	JETEFACOR							
	User:	Jennifer Lash							
	Name:	Jennifer Lash							
	E-Mail:	jennifer.lash@cityofwayne.org							
	Date/Time:	2023-12-15 09:30 (Time Zone: -05:00)							

DMR Copy of Record

**Permit:**  
 Permit #: IN052191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNGER WPC  
 3501 BRUNGER AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** 036 External Outfall  
 Discharge: 626-C  
 CSD: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

**Report Dates & Status:**  
 Monitoring Period: From 11/01/23 to 11/30/23  
 DMS Due Date: 12/28/23  
 Status: WebDMR Validated

**Considerations for Permit Conditions:**  
 CSD: M18-032 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer:

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Ms Date Indicator (MDDI):** --  
**Form MDDI:** --

Code	Parameter Name	Monitoring Location	Season #	Fresh MDDI	Quantity or Loading		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2			
5037	Surfactant	ES - Effluent Gross	0	--	Req Min MD TOTAL, 46 - mg/L	C - No Discharge	90408	When Discharging	RT - 800707
74003	Overflow volume (500 volume, CSO volume)	ES - Effluent Gross	0	--	Req Min MD TOTAL, 36 - Mgal	C - No Discharge	ALAV - M Events	ES - ESTMA	RT - 800707
7887	Precipitation, monthly accumulations	ES - Effluent Gross	0	--	Req Min MD TOTAL, 30 - inches	SUF	ALAV - M Events	RT - 800707	RT - 800707
84165	Discharge event observable (Visual Monitoring)	ES - Effluent Gross	0	--	Req Min MD TOTAL, 46 - mg/L	C - No Discharge	ALAV - M Events	RT - 800707	RT - 800707

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

**Alert Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP  
 User: JETFAQMR  
 Name: Jennifer Lam  
 E-Mail: jennifer.lam@cityofwayne.org  
 Date/Time: 2023-12-15 08:12 (Time Zone: -05:00)

**Report Last Signed By:**  
 User: JETFAQMR  
 Name: Jennifer Lam  
 E-Mail: jennifer.lam@cityofwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)



DMR Copy of Record

Permit #:	IN002191	Permitter:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46202	Facility Location:	P.L. BELANGER WPC 2601 DWENGER AVE FORT WAYNE, IN 46603			
Permitted Features:	544 External Outfall	Discharge:	944-C CSO: N02-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE	Status:	MEMOR Validated			
Report Dates & Status		DMR Due Date:	12/28/23					
Monitoring Period:	From 11/9/23 to 11/30/23							
Considerations for Form Completion								
CSO: N02-093 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD:								
Code	Parameter Name	Monitoring Location	Sample # Param. NDD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex.	Frequency of Analysis	Sample Type
5037	Discharge	EG - Effluent Gross	0	Sample Permit Req. Value NDD	Req Non MD TOTAL, EG - Inflow C - No Discharge		WWSR - When Discharging	BT - NDDTOT
7450	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Req. Value NDD	Req Non MD TOTAL, SS - Inflow C - No Discharge		ALUV - All Events	ES - ESTMA
7657	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NDD	0.07 Req Non MD TOTAL, SW - Inflow, g		ALUV - All Events	BT - NDDTOT BT - NDDTOT
8410	Discharge event observation (Pneum Monitoring)	EG - Effluent Gross	0	Sample Permit Req. Value NDD	Req Non MD TOTAL, AE - Inflow C - No Discharge		ALUV - All Events	BT - NDDTOT
<p>Submission Note If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.</p>								
<p>EGR Check Errors No errors.</p>								
<p>Comments</p>								
<p>Attachments No attachments.</p>								
<p>Report Last Saved By FORT WAYNE WWTP</p>								
User:	JETEFQMR							
Name:	Jennifer Lash							
Email:	jennifer.lash@cityofwayne.org							
Date/Time:	2023-12-15 09:12 (Time Zone: -05:00)							
<p>Report Last Signed By</p>								
User:	JETEFQMR							
Name:	Jennifer Lash							
Email:	jennifer.lash@cityofwayne.org							
Date/Time:	2023-12-15 09:23 (Time Zone: -05:00)							

DMIR Copy of Record

**Permit**  
 Permit #: 86032191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 3501 DIVISOR AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** O&S  
 External Outfall  
 Discharge: 645-C  
 CSO: N23-103 - 100 FT. E. OF PENN ST. & SPY RUN AVE

**Report Dates & Status**  
 Monitoring Period: From 11/01/23 To 11/30/23  
 DMIR Due Date: 12/28/23  
 Status: NotDMIR Validated

**Considerations for Form Completion**  
 CSO: N23-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

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

**No Data Indicator (NOD)**  
 Form NOD: -

Code	Parameter Name	Monitoring Location	Reason #	Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Surfside	ES - Effluent Gross	0	-	Permit Req. Value NOD	Reg Mon MD TOTL, 62 - m/m	0	1	1M/02 - when Discharging	RT - NOD/02P
7403	Overflow volume (555 volume, CSO volume)	ES - Effluent Gross	0	-	Permit Req. Value NOD	Reg Mon MD TOTL, 36 - Mgal	0	1	1M/02 - when Discharging	ES - ESTMA
7887	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Permit Req. Value NOD	Reg Mon MD TOTL, 5W - in/mo	0	1	1M/02 - when Discharging	RT - NOD/02P
8415	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-	Permit Req. Value NOD	Reg Mon MD TOTL, 4E - flow	0	1	1M/02 - when Discharging	RT - NOD/02P

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

**ERT Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETFDADR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 08:13 (Time Zone: -05:00)

**Report Last Signed By**

**User:** JETFDADR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 08:20 (Time Zone: -05:00)

DMR Copy of Record

Permit #	IN6532491	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 S. BERRY ST FT. WAYNE, IN 46823	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 3501 DRENGER AVE FORT WAYNE, IN 46823		
Major	Yes	Permittee Address:		Facility Location:			
Permitted Features:	548 External Outfall	Discharge:	548-C CSC: 01-5-552 - 350 FT W OF EDGEWATER & GARFIELD	Status:	NotDMR Validated		
Report Dates & Status		DMR Due Date:	12/28/23				
Monitoring Period:	From 11/6/23 to 11/30/23						
Considerations for Flow Compliance							
CSD: 010-222 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer		Title:		Telephone:			
First Name:							
Last Name:							
No Data Indicator (NDD)							
Form NDD:							
Code	Parameter Name	Monitoring Location	Season & Period, NDD	Quantity of Liability Quadrant 1 Value 1 Quadrant 2 Value 2 Value 3 Value 4	# of CL	Frequency of Analytes	Sample Type
5027	Duration	EG - Effluent Gross	0 -	Permit Rec Value NDD	Per Mon MO TOTAL, EG - Inflow C - No Discharge	WQSC - Value Discharging RT - NDDTOT	
7020	Overflow volume (SSS volume, CSO volume)	EG - Effluent Gross	0 -	Permit Rec Value NDD	Per Mon MO TOTAL, SR - Mgal C - No Discharge	ALRY - All Events ES - ESTMA	
7687	Residuals, monthly accumulation	EG - Effluent Gross	0 -	Permit Rec Value NDD	Per Mon MO TOTAL, SR - Inflow C - No Discharge	ALRY - All Events RT - NDDTOT	
8155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0 -	Permit Rec Value NDD	Per Mon MO TOTAL, EG - Inflow C - No Discharge	ALRY - All Events RT - NDDTOT	
Submission Note							
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.							
ERR Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
FORT WAYNE WWTP							
User:	JETEFADM						
Name:	Jennifer Lash						
E-Mail:	jennifer.lash@cityofwayne.org						
Date/Time:	2023-12-15 09:13 (Time Zone: -05:00)						
Report Last Signed By							
User:	JETEFADM						
Name:	Jennifer Lash						
E-Mail:	jennifer.lash@cityofwayne.org						
Date/Time:	2023-12-15 09:20 (Time Zone: -05:00)						

DMR Copy of Record

Permit	IN6032191	Permittee	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803			
Major:	Yes	Permittee Address:	690-C CSC-010-277 - 100 FT N OF COOMBS ST & HERBERT ST	Facility Location:				
Permitted Feature:	503 Exermal Outfall	Discharge:		Status:	NotDMR Validated			
Report Dates & Status	From 11/9/23 to 11/06/23	Start Due Date:	12/28/23					
Monitoring Period:	From 11/9/23 to 11/06/23							
Considerations for Form Completion								
CBO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NOCI:								
Scale								
Parameter	Monitoring Location	Reason #	Permit NOCI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
80317	Derivation	EQ - Effluent Gross	0	Sample Permit Exp. Value NOCI	Req Mon MD TOTAL, EQ - Inflow	Req Mon MD TOTAL, EQ - Inflow	Units	When Discharging RT - ECOTOT
					C - No Discharge			
1003	Overflow volume [588 values, CBO values]	EQ - Effluent Gross	0	Sample Permit Exp. Value NOCI	Req Mon MD TOTAL, 3P - Mgal	Req Mon MD TOTAL, 3P - Mgal		ALCO - All Events ES - ERTWA
10037	Precipitation, monthly accumulation	EQ - Effluent Gross	0	Sample Permit Exp. Value NOCI	EQ	EQ		ALCO - All Events RT - ECOTOT
					Req Mon MD TOTAL, 3P - Inflow	Req Mon MD TOTAL, 3P - Inflow		ALCO - All Events RT - ECOTOT
84185	Discharge event observation [Visual Monitoring]	EQ - Effluent Gross	0	Sample Permit Exp. Value NOCI	Req Mon MD TOTAL, eq - Inflow	Req Mon MD TOTAL, eq - Inflow		ALCO - All Events RT - ECOTOT
					C - No Discharge			
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>ERC Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User:	JETSFADMAR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-12-15 09:08 (Time Zone: -05:00)							
<b>Report Last Signed By</b>								
JETSFADMAR								
User:	Jennifer Lash							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2023-12-15 09:20 (Time Zone: -05:00)							

DMR Copy of Record

Permit #:	N0002191	Permittee:	PORT WAYNE WWTP	Facility:	PORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46803	Facility Location:	P.L. BRUNNER (P)C 3001 CHALLENGER AVE PORT WAYNE, IN 46803		
Permitted Features:	051 External Outfall	Discharge:	051-C CSO: 002-002 - 120 FT NW OF ST. JOSEPH DR & WOODROW AVE				
Report Date & Status		DMR Due Date:	12/08/23	Status:	NetCOMB Validated		
Monitoring Period:	From 11/8/23 to 11/08/23						
Considerations for Form Completion							
CSO: 002-002 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer		Title:		Telephone:			
First Name:							
Last Name:							
No Data Indicator (NDDI)							
Form NDDI:							
Code	Permittee Name	Monitoring Location	Screens & Firms, NDDI	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Value 3 Qualifier 1 Value 1 Qualifier 2 Value 3	# of Ex. Frequency of Analysis	Sample Type	
5037	Duration	EG - Effluent Cross	0	Permit Freq. Value NDDI	Permit Freq. Value NDDI	Permit Freq. Value NDDI	WWSW - When Discharging RT - RC010T C - No Discharge
7420	Overflow volume (SSS volume, CSO volume)	EG - Effluent Cross	0	Permit Freq. Value NDDI	Permit Freq. Value NDDI	Permit Freq. Value NDDI	ALRY - All Events ES - ESTBA C - No Discharge
7187	Precipitation, monthly accumulation	EG - Effluent Cross	0	Permit Freq. Value NDDI	Permit Freq. Value NDDI	Permit Freq. Value NDDI	ALRY - All Events ES - ESTBA C - No Discharge
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Cross	0	Permit Freq. Value NDDI	Permit Freq. Value NDDI	Permit Freq. Value NDDI	ALRY - All Events ES - ESTBA C - No Discharge
<p><b>Submission Note</b> If a permittee now does not contain any values for the Sample for Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>ESR Check Errors</b> No errors</p> <p><b>Comments</b> No comments</p> <p><b>Attachments</b> No attachments</p> <p><b>Report Last Saved By</b> PORT WAYNE WWTP</p> <p>User: JETEFADM Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 08:10 (Time Zone: -05:00)</p> <p><b>Report Last Signed By</b> User: JETEFADM Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)</p>							





DMR Copy of Record

Permit #	96052151	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 2611 DWINGER AVE FORT WAYNE, IN 46803
Permitted Features:	254 Excess Outfall	Discharge:	854-C CSO, 023-050 - 240 FT E OF MERCER AVE & HOLLIS LN		
Report Dates & Status		DMR Due Date:	12/28/23	Status:	NetDDB Validated
Monitoring Period:	From 11/01/23 to 11/30/23				
Considerations for Permit Completion					
CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form MOD:	Prosemer	Monitoring Location	Session Param. MOD	Quantity of Loading	Quality or Compliance
Code	Name	Monitoring Location	Session Param. MOD	Qualifier 1 Value 1 (Qualifier 2 Value 2 Only Qualifier 3 Value 3 Qualifier 4 Value 4)	Value 3
5037	Station	EG - Effluent Gross	0	Sample	Op Mon NO TOTAL, 48 - 8hrs
				Permit Fee	C - No Discharge
				Value MOD	9605 - When Discharging RT - R0000F
7403	Overflow volume (500 volumes, CSO volume)	EG - Effluent Gross	0	Sample	Op Mon NO TOTAL, 24 - 8gal
				Permit Fee	AUPV - All Events
				Value MOD	ES - ESTMA
7407	Precipitation, weekly accumulation	EG - Effluent Gross	0	Sample	Op Mon NO TOTAL, 88 - 1mins
				Permit Fee	AUVN - All Events
				Value MOD	AUPV - All Events
				Sample	RT - R0000F
8185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample	Op Mon NO TOTAL, 44 - 8hrs
				Permit Fee	C - No Discharge
				Value MOD	AUVN - All Events
				Sample	RT - R0000F

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

**Alert Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JTEFADMW  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:10 (Time Zone: -05:00)

**Report Last Signed By**

**User:** JTEFADMW  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

Permit #	IN002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNER WPC 2601 DWISSENGER AVE FORT WAYNE, IN 46803			
Permitted Feature:	005 External Outfall	Discharge:	955-C CSD: P96-192 - 430 FT N. OF N ANTHONY BLVD & WAYNE ST	States:	NotDMS Validation			
Report Date & Status		DMR Due Date:	12/28/23					
Monitoring Period:	From 1/19/23 to 11/26/23							
Considerations for Permit Competition								
CSD: P96-192 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title:		Telephone:				
First Name:								
Last Name:								
No Data Indicator (NDD)								
Form NDD:								
Code	Parameter	Monitoring Location	Issues # Perm. NDD	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
9007	Deviation	EQ - Effluent Gross	0	Sample Permit Trg Value NDD	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Qualifier 3	Units		
		EQ - Effluent Gross	0	Sample Permit Trg Value NDD	Req Min MD TOTAL, 48 - 8hrs C - No Discharge	Units	WWS - When Discharging	BT - RC0707
7003	Overflow volume (SS volume, CSD volume)	EQ - Effluent Gross	0	Sample Permit Trg Value NDD	Req Min MD TOTAL, 36 - 4gal C - No Discharge	Units	ALEW - All Events	ES - ESTMA
7007	Precipitation, monthly accumulation	EQ - Effluent Gross	0	Sample Permit Trg Value NDD	Req Min MD TOTAL, 36 - 4gal C - No Discharge	Units	ALEW - All Events	ES - ESTMA
8405	Discharge event observation (Visual Monitoring)	EQ - Effluent Gross	0	Sample Permit Trg Value NDD	Req Min MD TOTAL, 48 - 8hrs C - No Discharge	Units	ALEW - All Events	ES - ESTMA
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample row Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
<b>ESR Check Errors</b>								
No errors.								
<b>Comments</b>								
Attachments								
In attachments								
Report Last Saved By								
FORT WAYNE WWTP								
User:	JETEFACMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityofwayne.org							
Date/Time:	2023-12-15 09:08 (Time Zone: -05:00)							
Report Last Signed By								
User:	JETEFACMR							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityofwayne.org							
Date/Time:	2023-12-15 09:20 (Time Zone: -05:00)							

DMR Copy of Record

<b>Permit #:</b>	IM0002191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP				
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2621 DIVINGER AVE FORT WAYNE, IN 46833				
<b>Permitted Features:</b>	056 External Outfall	<b>Discharge:</b>	056-C CSD: J03-313 - BROWN ST PUMP STATION	<b>Status:</b>	Not DMR Validated				
<b>Report Dates &amp; Status</b>		<b>DMR Due Date:</b>	12/28/23						
<b>Monitoring Period:</b>	From 11/9/23 to 11/30/23								
<b>Considerations for Form Completion</b>									
<b>CEO:</b>	J03-313 MUNICIPAL MAJOR ALLEN COUNTY								
<b>Principal Executive Officer:</b>		<b>Title:</b>		<b>Telephone:</b>					
<b>First Name:</b>									
<b>Last Name:</b>									
<b>No Data Indicator (NDDI)</b>									
<b>Form NDDI:</b>									
<b>Code</b>	<b>Permitter</b>	<b>Numbering Location</b>	<b>Issues #</b>	<b>Permit NDDI</b>	<b>Quantity of Loading</b>	<b>Quality or Contamination</b>	<b># of EA</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	
80017	Division	EG - Effluent Gross	0	-	Permit NDDI	Permit NDDI	Permit NDDI	Permit NDDI	
					Sample	Sample	Sample	Sample	
Y003	Overflow volumes (SSC volumes, CSD volume)	EG - Effluent Gross	0	-	Permit NDDI	Permit NDDI	Permit NDDI	Permit NDDI	
					Sample	Sample	Sample	Sample	
T007	Precipitation, equity accumulation	EG - Effluent Gross	0	-	Permit NDDI	Permit NDDI	Permit NDDI	Permit NDDI	
					Sample	Sample	Sample	Sample	
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit NDDI	Permit NDDI	Permit NDDI	Permit NDDI	
					Sample	Sample	Sample	Sample	
<b>Submission Note</b>									
If a parameter row does not contain any values for the Sample row Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceptions, Frequency of Analysis, and Sample Type.									
<b>DMR Check Errors</b>									
No errors.									
<b>Comments</b>									
Attachments									
No attachments.									
<b>Report Last Saved By</b>									
FORT WAYNE WWTP									
<b>User:</b>	JTEFADM								
<b>Name:</b>	Jennifer Lash								
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b>	2023-12-15 09:10 (Time Zone: -05:00)								
<b>Report Last Signed By</b>									
<b>User:</b>	JTEFADM								
<b>Name:</b>	Jennifer Lash								
<b>E-Mail:</b>	jennifer.lash@cityoffortwayne.org								
<b>Date/Time:</b>	2023-12-15 09:20 (Time Zone: -05:00)								

DMR Copy of Record

Permit #	IN0002191	Permittees:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP	
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BIRLNER WPC 3501 DIVINGER AVE FORT WAYNE, IN 46833	
Permitted Features:	007 External Outfall	Discharge:	ES7-C CSO, P10-121 - STORMWATER LIFTSTATION WET WELL	Status:	NotDMR Validated	
Report Dates & Dates		DMR Due Date:	12/28/23			
Monitoring Period:	From 1/9/23 to 1/9/23					
Considerations for Permit Completion						
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer:		Title:		Telephones:		
First Name:						
Last Name:						
No Data Indicator (NOD)						
Form NOD:						
Code	Parameter Name	Monitoring Location	Session # Param. NOD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4	# of Ex. / Frequency of Analysis	Sample Type
5037	Discharge	ES - Effluent Gross	0	Reg Min MO TOTAL, 42 - l/min C - No Discharge	1/1/23 - When Discharging	RT - NOODT
7400	Overflow volume (350 volume, CSO volume)	ES - Effluent Gross	0	Reg Min MO TOTAL, 38 - l/gal C - No Discharge	AURV - 42 Events	ES - ESTMA
7407	Precipitation, monthly accumulation	ES - Effluent Gross	0	0.00 Reg Min MO TOTAL, 38 - l/min C - No Discharge	AURV - 42 Events AURV - 42 Events	RT - NOODT RT - NOODT
8415	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	Reg Min MO TOTAL, 42 - l/min C - No Discharge	AURV - 42 Events	RT - NOODT
<p>Submission Note If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>ESR Check Errors No errors</p> <p>Comments</p> <p>Attachments No attachments</p> <p>Report Last Saved By FORT WAYNE WWP</p> <p>User: JETEFADM Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 09:07 (Time Zone: -05:00)</p> <p>Report Last Signed By User: JETEFADM Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)</p>						

DMR Copy of Record

Permit #:	86032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP	
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DIVIDEND AVE FORT WAYNE, IN 46803	
Permitted Features:	060 External Outfall	Discharge:	060-C CSO: 806-031 - 873 FT NE OF GREENWALT AVE & MALMEE AVE			
Report Dates & Status		DMR Due Date:	12/28/23	Status:	NetDMR Validated	
Monitoring Period:	From 11/9/23 to 11/30/23					
Considerations for Form Completion						
CSO: 806-031 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer		Title:		Telephone:		
First Name:						
Last Name:						
No Date Indicator (NOOI)						
Form NOOI:						
Cells	Parameter Name	Monitoring Location	Section # Param. NOOI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Qualifier 4 Value 4 Units	# of Ex. Frequency of Analysis	Sample Type
50237	Surfside	EQ - Effluent Gross	0	Sample Permit Freq Value NOOI	Res Mon MO TOTAL, 42 - mms C - No Discharge	MSDS - When Discharging RT - NOO02F
74583	Overflow volume (558 volume, CSO volume)	EQ - Effluent Gross	0	Sample Permit Freq Value NOOI	Res Mon MO TOTAL, 36 - Mgal C - No Discharge	AURV - All Events ES - ESTMA
76887	Precipitation, monthly accumulation	EQ - Effluent Gross	0	Sample Permit Freq Value NOOI	3.82 Res Mon MO TOTAL, 59 - mm g	AURV - All Events RT - NOO02F AURV - All Events RT - NOO02F
84185	Discharge event observation (Visual Monitoring)	EQ - Effluent Gross	0	Sample Permit Freq Value NOOI	Res Mon MO TOTAL, 44 - l/mo C - No Discharge	AURV - All Events RT - NOO02F
<b>Submission Note</b>						
If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.						
<b>ESR Check Errors</b>						
No errors						
<b>Comments</b>						
Attachments						
No attachments.						
<b>Report Last Saved By</b>						
FORT WAYNE WWTP						
User: JETIFADMR						
Name: Jennifer Lash						
E-Mail: jennifer.lash@cityoffortwayne.org						
Date/Time: 2023-12-15 09:06 (Time Zone: -05:00)						
<b>Report Last Signed By</b>						
User: JETIFADMR						
Name: Jennifer Lash						
E-Mail: jennifer.lash@cityoffortwayne.org						
Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)						

DMR Copy of Record

Permit	90532191	FORT WAYNE WWTP	FORT WAYNE WWTP			
Permit #	Yes	CITY OF FORT WAYNE	P.L. BRUNNER WPC			
Major		200 E BERRY ST	2601 DWENGER AVE			
		FT WAYNE, IN 48302	FORT WAYNE, IN 46503			
Permitted Features:	01 External Outfall	981-C CSO: R14-137 - 205 FT W OF LAVERN AVE & STATE BLVD				
Report Dates & Status	From 11/01/02 to 11/30/02	DMR Due Date:	12/28/02			
Monitoring Period:	From 11/01/02 to 11/30/02	Status:	NotDMR Validated			
Considerations for Form Completion						
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer						
First Name:		Title:	Telephone:			
Last Name:						
No Data Indicator (NDD)						
Form NDD:						
Code	Parameter Name	Monitoring Location - Section # Permit NDD	Quantity or Labeling Qualifier 1 Value 1 Qualifier 2 Value 1 Qualifier 3 Value 2 Qualifier 4 Value 3	# of Ex.	Frequency of Analysis	Sample Type
5037	Sanitizable	EG - Effluent Gross 0 -	Sample Permit Req Value NDD	0	WQSP - When Discharging RT - 800707	
7403	Overflow volume [389 volume, CSO volume]	EG - Effluent Gross 0 -	Sample Permit Req Value NDD	0	Get Mon IED TOTL, SR - Mpl C - No Discharge	ES - ESTMA
7587	Precipitation, monthly accumulation	EG - Effluent Gross 0 -	Sample Permit Req Value NDD	0	SL7 Get Mon IED TOTL, SR - Jmsa, g	ALDY - All Events RT - 800707
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross 0 -	Sample Permit Req Value NDD	0	Get Mon IED TOTL, AK - Jmsa C - No Discharge	ALDY - All Events RT - 800707
<b>Submitter Note</b>						
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Exclusions, Frequency of Analysis, and Sample Type.						
<b>EDI Check Errors</b>						
No errors.						
<b>Comments</b>						
Attachments						
No attachments.						
Report Last Saved By						
FORT WAYNE WWTP						
User:	JETSFAHAR					
Name:	Jennifer Lach					
E-Mail:	jennifer.lach@cityofwayne.org					
Date/Time:	2003-12-15 09:11 (Time Zone: -05:00)					
Report Last Signed By						
User:	JETSFAHAR					
Name:	Jennifer Lach					
E-Mail:	jennifer.lach@cityofwayne.org					
Date/Time:	2003-12-15 09:20 (Time Zone: -05:00)					

DMR Copy of Record

Permit #:	IN032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2621 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	Discharge:	90-C	Status:	NotDMR Validated
Report Dates & Status	From 11/01/23 to 11/30/23	DMR Due Date:	12/28/23		
Monitoring Period:	From 11/01/23 to 11/30/23				
Contributions for Form Completion					
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Tel:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NDD)					
Form NDD:					

Code	Parameter Name	Monitoring Location	Success #	Permit NDD	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3 Quarter 4 Value 4	Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3 Quarter 4 Value 4			
30037	Darftline	EG - Effluent Gross	0	-	Sample Period Type Value NDD	Get Max MD TOTAL, EG - Inflow C - No Discharge		WQSP - When Discharging RT - RC02107	
74265	Overflow volume (SS4 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Period Type Value NDD	Get Max MD TOTAL, SS - Mgd C - No Discharge		ALBY - All Events ES - ESTNLS	
75887	Preipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period Type Value NDD	Get Max MD TOTAL, SS - Inflow C - No Discharge		ALBY - All Events RT - RC02107	
81115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Type Value NDD	Get Max MD TOTAL, EG - Inflow C - No Discharge		ALBY - All Events RT - RC02107	

Submitter Note

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

Edit Check Errors

No errors.

Comments

Attachments

Report Last Saved By

FORT WAYNE WWTP

User: JETEFACOR

Name: Jennifer Lamb

E-Mail: jennifer.lamb@cityoffortwayne.org

Date/Time: 2023-12-15 09:11 (Time Zone: -05:00)

Report Last Signed By

User: JETEFACOR

Name: Jennifer Lamb

E-Mail: jennifer.lamb@cityoffortwayne.org

Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)



DMR Copy of Record

**Permit**  
 Permit #: IN0002194  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2621 DWENGER AVE  
 FORT WAYNE, IN 46803

Permitted Features: 064 External Outfall  
 Discharge: 264-C  
 CSO: S02-035 - 810 FT SE OF COLEBURN BLVD S & NEW HAVEN AVE  
 Permittee Address: FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 202 E BERRY ST  
 FT WAYNE, IN 46802

Report Dates & Status: From 10/01/23 to 11/28/23  
 Monitoring Period: 13/26/23  
 Status: NotDMR Validated  
 Considerations for Pours Completion: CSO: S02-035 MUNICIPAL MALOFF ALLEN COUNTY  
 Principal Executive Officer: Telephone:

No Data Indicator (NDD): --  
 Form NDD: --  
 Form Name:

Code	Permittee Name	Monitoring Location	Stream #	Permit NDD	Quantity or Loading		Quality or Consumption		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4			
5007	Duration	EG - Effluent Gross	0	-	Sample Period Beg Value NDD	Req Met MD TOTAL EG - Inflow	Req Met MD TOTAL EG - No Discharge	WQSS - Water Discharging RT - RC02107			
7493	Overflow volume (BSA volume, CSO volume)	EG - Effluent Gross	0	-	Sample Period Beg Value NDD	Req Met MD TOTAL 3R - Mgr	Req Met MD TOTAL 3R - No Discharge	ALBY - All Events ES - ESTHA			
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period Beg Value NDD	Req Met MD TOTAL 3R - Inflow	Req Met MD TOTAL 3R - Inflow #	ALBY - All Events RT - RC02107			
8116	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Beg Value NDD	Req Met MD TOTAL 4R - Inflow	Req Met MD TOTAL 4R - No Discharge	ALBY - All Events RT - RC02107			

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

**Get Check Errors**  
 No errors.  
 Comments:

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-12-15 09:07 (Time Zone: -05:00)

**Report Last Signed By**  
**User:** JETEFADUR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** R0032191  
**Permit #:** R0032191  
**Major:** Yes  
**Permitted Features:** 068  
 External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 11/10/23 to 11/26/23  
**Consolidations for Form Completion:**  
 CSC: N19-354 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**No Data Indicator (NOD):**  
**Form NOD:** -

**Permittee:** FORT WAYNE WWTP  
**City:** CITY OF FORT WAYNE  
**Address:** 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Permittee Address:**  
**Discharge:** 068-C  
 CSC: N19-354 - 34 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK  
**Monitoring Location:** 122523  
**Quantity of Loading:**  
 Quotient 1 Value 1 Quotient 2 Value 2 Units Quotient 1 Value 1 Quotient 2 Value 2 Units  
**Quality of Concentration:**  
 Value 1 Value 2 Units  
**Frequency of Analysis:**  
 Sample Type

Code	Parameter Name	Monitoring Location	Session #	Permit NOD	Sample Permit File Value NOD	Quotient 1 Value 1 Quotient 2 Value 2 Units	Quality of Concentration Value 1 Value 2 Units	Frequency of Analysis	Sample Type
50207	Boron	EG - Effluent Gross	0	-	Permit File Value NOD	Req Min MD TOTAL, EG - Inflow G - No Discharge	16108 - Inflow Discharge	RT - R02707	RT - R02707
74303	Overflow volume (355 volume, CSC volume)	EG - Effluent Gross	0	-	Permit File Value NOD	Req Min MD TOTAL, EG - Inflow G - No Discharge	ALBY - All Events	ES - ESTMA	ES - ESTMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit File Value NOD	0.75 Req Min MD TOTAL, RT - Inflow, g	ALBY - All Events ALBY - All Events	RT - R02707 RT - R02707	RT - R02707 RT - R02707
91165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit File Value NOD	Req Min MD TOTAL, EG - Inflow G - No Discharge	ALBY - All Events	RT - R02707	RT - R02707

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that event: Units, Number of Extensions, Frequency of Analysis, and Sample Type.  
**Run Check Errors:**  
 No errors.  
**Comments:**  
 No attachments.  
**Report Last Saved By:** JETZFADMR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**User:** jennifer.lash@cityoffortwayne.org  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:11 (Time Zone: -05:00)  
**Report Last Signed By:** JETZFADMR  
**User:** Jennifer Lash  
**Name:** jennifer.lash@cityoffortwayne.org  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IM6032191  
**Permit #: Major:** Yes  
**Permitted Features:** 000  
 Excess Discharge  
**Facility:** FORT WAYNE WWTP  
 P.L. BILNIZER WPC  
 2801 DWANZGER AVE  
 FORT WAYNE, IN 46803

**Permittee Address:** CITY OF FORT WAYNE  
 200 S BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 08B-C  
 CSO - P19-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR  
**Monitoring Location:** Station # Param NOD  
**Monitoring Location:** Station # Param NOD  
**Monitoring Location:** Station # Param NOD

**Report Dates & Status:** From 11/01/23 to 11/30/23  
**Monitoring Period:** From 11/01/23 to 11/30/23  
**Considerations for Form Completion:** DMR Due Date: 12/29/23  
 Status: NotDMR Validated  
**CSO - P19-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR**  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**MSD Indicator (NOD):** No  
**Form NOD:** No

Code	Parameter Name	Monitoring Location	Station # Param NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3			
50207	Overflows	EG - Effluent Gross	0	Sample Percent Neg Value NOD	Req Min MD TOTAL, EG - Inflow C - No Discharge	0	MSDS - when Discharging RT - RODDPT	
74303	Overflow volume (250 volume, CSO volume)	EG - Effluent Gross	0	Sample Percent Neg Value NOD	Req Min MD TOTAL, RT - Inflow C - No Discharge	0	ALBY - All Events ES - ESTMA	
76807	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Percent Neg Value NOD	QTY Req Min MD TOTAL, SW - Inflow g	0	ALBY - All Events RT - RODDPT	
81105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Percent Neg Value NOD	Req Min MD TOTAL, 4E - Inflow C - No Discharge	0	ALBY - All Events RT - RODDPT	

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

**EDI Check Errors:** No errors.

**Comments:**

**Attachments:** No attachments.

**Report Last Stored By:** FORT WAYNE WWTP

**User:** JETSFADAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:12 (Time Zone: -05:00)

**Report Last Signed By:** JETSFADAR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2023-12-15 09:20 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IN032191  
**Permit E Major:** Yes  
**Permitted Features:** 081  
 Excess Outfall  
**Report Dates & Status:** From 11/9/23 to 11/9/23  
**Monitoring Period:** From 11/9/23 to 11/9/23  
**Considerations for Flow Compliance:** CSD - R14-030, 200' NORTH AND 710' WEST OF NEVADA & LAVENNE DR.  
**Principal Executive Officer:**  
 First Name:  
 Last Name:  
 Title:  
**Facility:** FORT WAYNE WWTP  
 Facility Location:  
 F.L. BRUNNER WPC  
 200 E BERRY ST  
 FT WAYNE, IN 46803  
**Facility:** FORT WAYNE WWTP  
 Facility Location:  
 F.L. BRUNNER WPC  
 200 E BERRY AVE  
 FORT WAYNE, IN 46803  
**Permittee:** FORT WAYNE WWTP  
 Permittee Address:  
 200 E BERRY ST  
 FT WAYNE, IN 46803  
**Discharge:** 081-C  
 CSD: R14-030, 200' NORTH AND 710' WEST OF NEVADA & LAVENNE DR.  
**DMR Due Date:** 12/28/23  
**Status:** NewDMR Validated

Code	Parameter Name	Monitoring Location	Session #	Param. NO	Quantity of Loading			# of Ex.	Frequency of Analysis	Sample Type
					Sample Period Frequency Value WQ08	Quotient 1 Value 1	Quotient 2 Value 2			
50237	DwellTime	EG - Effluent Gross	0	-	Sample Period Frequency Value WQ08				WQ08 - When Discharging 8F - 800T0F C - No Discharge	8F - 800T0F
74203	Overflow volume (555 volume, CSD volume)	EG - Effluent Gross	0	-	Sample Period Frequency Value WQ08				Req Max MD TOTAL 39 - 1994 C - No Discharge	8F - 800T0F
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period Frequency Value WQ08				0.75 Req Max MD TOTAL 89 - 1096 B	8F - 800T0F 8F - 800T0F
81165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Frequency Value WQ08				Req Max MD TOTAL 85 - 894 C - No Discharge	8F - 800T0F

**Submission Note:**  
 If a parameter row does not contain any values for the Sample per Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETEFACHAR  
**FORT WAYNE WWTP**  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofftwayne.org  
 Date/Time: 2023-12-15 09:12 (Time Zone: -05:00)

**Report Last Signed By:** JETEFACHAR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityofftwayne.org  
 Date/Time: 2023-12-15 09:20 (Time Zone: -05:00)



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

January 19, 2024

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 2023

We are pleased to enclose a completed CSO MRO form for the month of December 2023. 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, 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, 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 Ewing St. and W. Superior St. The flow meters for CSO 024 and CSO 025 are located at this respective location. The flow meters at CSO 024 and CSO 025 had to be removed on January 11, 2023 due to this construction project. The flow meter had to be removed at CSO 023 on July 26, 2023 due to a construction project. The City is temporarily using modeling to estimate overflows for CSO 023, CSO 024 and CSO 025 for the entire month of December on this CSO MRO report.

The City's rain gauge Old Mill Rd\_K11 malfunctioned the entire month of December. The City will be using the Packard Ave W\_L07 rain gauge for CSOs 18, 20 and 21 for December.

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,

Jennifer E. Lash  
Program Manager -Water Pollution Control Maintenance

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## ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

### **V** – Visual Inspection

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

### **C** – Model Charts

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

### **S** – Storm Runoff

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

### **P** – Pumps

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

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

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

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

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

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

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

**FL** – Flood

**NM** – No Meter

**UD** – Unable to determine





National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 58546 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)  
State Form 58546 (R-09-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met: Y  
 Monitoring Period: [MONTH] 12-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified  
 WWTW Inflow Data: 74 CSO Outfall No. 84

Day of Month	Time	Precip. Inflow (MGD)	Precip. Duration (Hours)	Precip. Intensity (Inches)	Total Daily Precip. Intensity (Inches)	Peak Hourly Flow (MGD)	Peak Hourly Flow Intensity (MGD/Inch)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MGD)	Event Discharge Intensity (MGD/Inch)	Event Discharge (MGD)	Event Discharge Intensity (MGD/Inch)
01	4:58	64.37	2.42	0.29	0.08	5 m								
02	39:99	45.13	1:40 AM	0.33	0.04	0.03	5 m							
03	44:66	70.01	7:15 AM	1.33	0.17	0.09	5 m							
04	36:61	46.80				5 m								
05	41:25	74.57	8:25 AM	1.50	0.18	0.04	5 m							
06	37:20	46.41				5 m								
07	34:11	39.16				5 m								
08	30:81	37.70				5 m								
09	30:10	37.38				5 m								
10	30:56	36.45				5 m								
11	34:62	44.34				5 m								
12	34:85	42.15				5 m								
13	31:36	38.89				5 m								
14	31:05	36.82				5 m								
15	29:13	35.53	10:45 PM	0.33	0.04	0.03	5 m							
16	41:96	54.27	12:05 AM	1.58	0.20	0.05	5 m							
17	34:97	44.69	5:20 AM	0.17	0.02	0.01	5 m							
18	31:44	38.50	12:15 PM	0.08	0.01	0.01	5 m							
19	29:95	34.15				5 m								
20	29:92	34.23				5 m								
21	34:07	53.62	2:20 PM	1.92	0.24	0.06	5 m							
22	56:83	76.95	12:00 AM	1.58	0.20	0.07	5 m							
23	38:08	46.18				5 m								
24	45:01	58.58				5 m								
25	40:48	57.09				5 m								
26	49:85	59.28	3:10 AM	1.00	0.12	0.03	5 m							
27	47:23	55.54	6:50 PM	0.33	0.04	0.02	5 m							
28	35:19	42.51	12:05 AM	0.08	0.01	0.01	5 m							
29	34:82	46.94	11:55 AM	0.33	0.04	0.02	5 m							
30														
31														
Totals:	31:49:02		35:92	1.71				0	0.00	0.000		0.00	0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager  
 Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk  
 Date (mm/dd/yy): 01/19/24

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met: Y  
 Monitoring Period: [MONTH] 12-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74 Measured/Estimated (M) or Estimated (E) must be specified  
 WWTW Inflow Data: 74 CSO Outfall No. 84

Day of Month	Time	Precip. Inflow (MGD)	Precip. Duration (Hours)	Precip. Intensity (Inches)	Total Daily Precip. Intensity (Inches)	Peak Hourly Flow (MGD)	Peak Hourly Flow Intensity (MGD/Inch)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MGD)	Event Discharge Intensity (MGD/Inch)	Event Discharge (MGD)	Event Discharge Intensity (MGD/Inch)
01														
02														
03														
04														
05														
06														
07														
08														
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10														
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25														
26														
27														
28														
29														
30														
31														
Totals:														

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager  
 Telephone: 260-427-4213  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk  
 Date (mm/dd/yy): 01/19/24

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







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

State Form 56546 (8-89-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brenner WWTP		Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N							
Monitoring Period: [MONTH] 12-2023		Check box if no CSO discharge occurred for the month: <input type="checkbox"/> M <input type="checkbox"/> E							
Day of Month	CSO Disch. No.	Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Estimated (M) or Estimated (E) must be specified.		CSO Disch. No.	
		Time Discharge Began	Event Discharge or Duration (M, E, (M/D))	Time Discharge Began	Event Discharge or Duration (M, E, (M/D))	Time Discharge Began	Event Discharge or Duration (M, E, (M/D))	Time Discharge Began	Event Discharge or Duration (M, E, (M/D))
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
<b>Totals:</b>	0	0	0.00	0	0.00	0	0.00	0	0.00







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

State Form 50546 (6-05-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (6-05-15)  
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: 12-2023		Check box if no CSO discharge occurred for the month:		Y			
Design Peak Hourly Flow (MGD):	74	Design Average Flow (MGD):		74			
		CSO Discharge	CSO Discharge	CSO Discharge	CSO Discharge		
Day of Month	Time Discharge Begins	Time Discharge Ends	Peak Intensity (ft <sup>3</sup> /10 m. (15 min.))	Time Discharge Begins	Time Discharge Ends		
01	43:68	64:37	2.75	0.23	5 m		
02	39:99	45:13	1:45 AM	0.33	0.04	0.03	5 m
03	44:66	70:01	7:05 AM	1.42	0.19	0.10	5 m
04	36:61	46:60					5 m
05	41:25	74:57	7:55 AM	1.67	0.20	0.04	5 m
06	37:20	46:41					5 m
07	34:11	39:16					5 m
08	32:51	36:25					5 m
09	30:81	37:70					5 m
10	30:10	37:38					5 m
11	30:56	36:45					5 m
12	34:65	44:64					5 m
13	34:85	42:15					5 m
14	31:36	38:89					5 m
15	31:05	36:82					5 m
16	29:13	35:53	10:45 PM	0.33	0.04	0.03	5 m
17	41:96	54:27	12:10 AM	1.92	0.24	0.05	5 m
18	34:97	44:69	8:15 AM	0.08	0.01	0.01	5 m
19	31:44	38:50					5 m
20	29:05	34:15					5 m
21	29:92	34:23					5 m
22	34:07	53:62	2:15 PM	2.08	0.26	0.05	5 m
23	56:85	76:95	12:20 AM	1.92	0.23	0.06	5 m
24	38:08	46:18	7:20 AM	0.08	0.01	0.01	5 m
25	36:73	63:61	11:15 AM	1.08	0.13	0.03	5 m
26	45:01	58:58					5 m
27	40:48	57:09					5 m
28	49:85	59:28	3:35 AM	0.83	0.10	0.01	5 m
29	47:23	55:54	2:15 AM	0.25	0.03	0.01	5 m
30	35:19	42:31	12:15 AM	0.33	0.04	0.01	5 m
31	34:82	46:94	12:20 PM	0.33	0.04	0.01	5 m
<b>Totals:</b>	<b>1149:02</b>		<b>15.42</b>	<b>1.89</b>			<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 764-421-6213  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

City: Fort Wayne		Page 7 of 12		Permit Number: IN0032191			
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y			
Monitoring Period: 12-2023		Check box if no CSO discharge occurred for the month:		Y			
Design Peak Hourly Flow (MGD):	74	Design Average Flow (MGD):		74			
		CSO Discharge	CSO Discharge	CSO Discharge	CSO Discharge		
Day of Month	Time Discharge Begins	Time Discharge Ends	Peak Intensity (ft <sup>3</sup> /10 m. (15 min.))	Time Discharge Begins	Time Discharge Ends		
01	43:68	64:37	2.75	0.23	5 m		
02	39:99	45:13	1:45 AM	0.33	0.04	0.03	5 m
03	44:66	70:01	7:05 AM	1.42	0.19	0.10	5 m
04	36:61	46:60					5 m
05	41:25	74:57	7:55 AM	1.67	0.20	0.04	5 m
06	37:20	46:41					5 m
07	34:11	39:16					5 m
08	32:51	36:25					5 m
09	30:81	37:70					5 m
10	30:10	37:38					5 m
11	30:56	36:45					5 m
12	34:65	44:64					5 m
13	34:85	42:15					5 m
14	31:36	38:89					5 m
15	31:05	36:82					5 m
16	29:13	35:53	10:45 PM	0.33	0.04	0.03	5 m
17	41:96	54:27	12:10 AM	1.92	0.24	0.05	5 m
18	34:97	44:69	8:15 AM	0.08	0.01	0.01	5 m
19	31:44	38:50					5 m
20	29:05	34:15					5 m
21	29:92	34:23					5 m
22	34:07	53:62	2:15 PM	2.08	0.26	0.05	5 m
23	56:85	76:95	12:20 AM	1.92	0.23	0.06	5 m
24	38:08	46:18	7:20 AM	0.08	0.01	0.01	5 m
25	36:73	63:61	11:15 AM	1.08	0.13	0.03	5 m
26	45:01	58:58					5 m
27	40:48	57:09					5 m
28	49:85	59:28	3:35 AM	0.83	0.10	0.01	5 m
29	47:23	55:54	2:15 AM	0.25	0.03	0.01	5 m
30	35:19	42:31	12:15 AM	0.33	0.04	0.01	5 m
31	34:82	46:94	12:20 PM	0.33	0.04	0.01	5 m
<b>Totals:</b>	<b>1149:02</b>		<b>15.42</b>	<b>1.89</b>			<b>0.000</b>

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lash, Program Manager  
 Telephone: 764-421-6213  
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 5626 (8-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5626 (8-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 12-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74  
 Measures/Meters (M) or Estimated (E) must be specified

Day of Month	Peak Hourly Flow (MGD)	Time of Day	Precip. Depth (inches)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Flow (MGD)	Flow Duration (hours)	Flow Intensity (MGD/hour)	Measurement Interval (min)	CSO Outfall No. 74			CSO Outfall No. 54			
										Time of Discharge	Event Duration (hours)	Event Discharge (MGD)	Time of Discharge	Event Duration (hours)	Event Discharge (MGD)	
01	45.68	04:37	0.30 AM	2.58	0.31	0.09	5 m									
02	39.99	45:13	1:50 AM	0.33	0.04	0.03	5 m									
03	44.66	70:01	9:05 AM	1.67	0.20	0.09	5 m									
04	36.61	46:60					5 m									
05	41.25	74:57	8:35 AM	1.08	0.13	0.03	5 m									
06	37.20	46:41					5 m									
07	34.11	39:16					5 m									
08	32.51	36:75					5 m									
09	30.81	37:70					5 m									
10	30.10	37:38					5 m									
11	30.56	36:45					5 m									
12	34.62	44:64					5 m									
13	34.85	42:15					5 m									
14	31.36	38:89					5 m									
15	31.05	36:82					5 m									
16	29.13	35:53	10:45 PM	0.33	0.05	0.03	5 m									
17	41.96	54:37	12:00 AM	1.67	0.20	0.05	5 m									
18	34.97	44:69	8:00 AM	0.08	0.01	0.01	5 m									
19	31.44	38:50					5 m									
20	29.95	34:15					5 m									
21	29.92	34:23					5 m									
22	34.07	53:62	2:25 PM	2.67	0.34	0.07	5 m									
23	56.83	76:95	12:10 AM	1.92	0.25	0.09	5 m									
24	35.08	46:18					5 m									
25	36.73	63:61	2:05 AM	0.83	0.10	0.03	5 m									
26	45:01	58:58	1:45 AM	0.08	0.01	0.01	5 m									
27	40:48	57:09					5 m									
28	49:85	59:28	7:15 AM	1.00	0.12	0.05	5 m									
29	47:23	55:54	7:15 PM	0.33	0.04	0.02	5 m									
30	35:19	42:31	12:55 AM	0.08	0.01	0.01	5 m									
31	34.82	46:94	11:45 AM	0.33	0.04	0.01	5 m									
Totals:	3149.02			15.00	1.85					0	0.00	0.000				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk, Program Manager Telephone: 260-427-6215  
 Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Lusk Date (mm/dd/yy): 01/19/24

City: Fort Wayne Permit Number: IN002191  
 Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y  
 Monitoring Period: (MONTH) 12-2023 Check box if no CSO discharge occurred for the month:  
 Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 74  
 Measures/Meters (M) or Estimated (E) must be specified

Day of Month	Peak Hourly Flow (MGD)	Time of Day	Precip. Depth (inches)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Flow (MGD)	Flow Duration (hours)	Flow Intensity (MGD/hour)	Measurement Interval (min)	CSO Outfall No. 74			CSO Outfall No. 54			
										Time of Discharge	Event Duration (hours)	Event Discharge (MGD)	Time of Discharge	Event Duration (hours)	Event Discharge (MGD)	
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																
13																
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21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Totals:																

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









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

State Form 55546 (9-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55546 (9-9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 11 of 13		Permit Number: IN002191																												
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y																												
Monitoring Period: 12-2023		Check box if no CSO discharge occurred for the month:																														
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Municipal/Industrial (M) or Estimated (E) must be specified																												
WWTW Inflow Data		WWTW Outflow Data		CSO Outfall No. 33																												
Date of Month	Time of Day	Peak Hourly Flow (MGD)	Peak Flow (MGD)	Time of Day	Flow (MGD)	Event or Discharge (M, E, NCD, P, R)																										
							Time of Day	Flow (MGD)																								
01	02	03	04	05	06	07																										
08	09	10	11	12	13	14																										
15	16	17	18	19	20	21																										
22	23	24	25	26	27	28																										
29	30	31	Totals:			0	0.000																									
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	0	0.000

City: Fort Wayne		Page 11 of 12		Permit Number: IN002191																												
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met?		Y																												
Monitoring Period: 12-2023		Check box if no CSO discharge occurred for the month:																														
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Municipal/Industrial (M) or Estimated (E) must be specified																												
WWTW Inflow Data		WWTW Outflow Data		CSO Outfall No. 45																												
Date of Month	Time of Day	Peak Hourly Flow (MGD)	Peak Flow (MGD)	Time of Day	Flow (MGD)	Event or Discharge (M, E, NCD, P, R)																										
							Time of Day	Flow (MGD)																								
01	02	03	04	05	06	07																										
08	09	10	11	12	13	14																										
15	16	17	18	19	20	21																										
22	23	24	25	26	27	28																										
29	30	31	Totals:			0	0.000																									
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	0	0.000

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager  
Telephone: 260-427-6713

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah  
Date (mm/dd/yyyy): 01/19/24

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Jennifer E. Leah, Program Manager  
Telephone: 260-427-6713

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

Signature of Principal Executive Officer or Authorized Agent: Jennifer E. Leah  
Date (mm/dd/yyyy): 01/19/24



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]	12-2023	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			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17	Wet Weather Day		
18			
19			
20			
21			
22	Wet Weather Day		
23	Wet Weather Day		
24			
25			
26			
27			
28			
29			
30			
31			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Program Manager		260-427-6213	
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>			
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Jennifer E. Lash		01/19/24	

DMR Copy of Record

<b>Permit</b> Permit #: IN0002191 Major: Yes	<b>Permitter</b> FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	<b>Facility</b> Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2021 DWINGER AVE FORT WAYNE, IN 46803
<b>Permitted Features</b> C03 External Outfall	<b>Discharge</b> 002-C CSO C006-004 - 302 POND - WHEN USED AS CSO ONLY - 3089 FT W OF COLISEUM BLVD	<b>Status</b> NYSIDMR Validated
<b>Report Dates &amp; Status</b> Monitoring Period: From 12/14/23 to 12/31/23 Considerations for Flow Computations CSO - 003 POND WHEN USED AS CSO ONLY	<b>DMR Due Date:</b> 01/28/24	
<b>Principal Executive Officer</b> First Name: Jennifer Last Name: Lash Title: Program Manager Telephone: 202-407-6213		
<b>Form NO00</b> No Data Indicator (NO00)		
<b>Code</b> 80007 Description: 80 - Effluent Gross	Monitoring Location: Section 8 Permit, M008 80 - Effluent Gross	Quantity of Labeling Quatifier 1 Value 1 Quatifier 2 Value 2 Units Discharge 1 Value 1 Quatifier 2 Value 2 Units 0 0
74503 Overflow volume (508 volume, CSO volume)	80 - Effluent Gross	Sample Period Req Value M008 0 0
78887 Precipitation, monthly accumulation	80 - Effluent Gross	Sample Period Req Value M008 0 0
84105 Discharge event observable (Visual Monitoring)	80 - Effluent Gross	Sample Period Req Value M008 0 0
<b>Submission Note</b> If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
<b>Edit Check Errors</b> No errors.		
<b>Comments</b> None		
<b>Attachments</b> None		
IN0002191_003C_Later_2023_12.pdf IN0002191_003C_CSOWHO_2023_12.pdf		191817.2 485510.2
<b>Report Last Saved By</b> FORT WAYNE WWTP		
User: JETEFACMR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2024-01-19 13:20 (Time Zone: -05:00)		
<b>Report Last Signed By</b>		
User: JETEFACMR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)		

DMR Copy of Record

Permit #:	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2801 DIVANER AVE FORT WAYNE, IN 46803
Permitted Features:	003 External Outfall	Discharge:	883-C CSO P15-025, 001 POND - 900 FT E OF PEMBERTON DR	Status:	NotDMR Validated
Report Dates & Status		DMR Due Date:	9/28/24	Telephone:	
Monitoring Period:	From 12/01/23 to 12/31/23				
Considerations for Flow Completion					
CSO - 001 POND WHEN LIEED AS CSO ONLY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NODD)					
Param Name	Monitoring Location	Screen # Param. NODD	Quantity or Loading	Quality of Concentration	# of Ex. Frequency of Analysis
Code	Sample Point ID	Sample Point ID	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3
00207	Dissolve	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross
14003	Over-Flow volume (5M volume, CSO volume)	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross
13887	Precipitation, monthly accumulation	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross
04105	Discharge event observation (Must Monitoring)	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross	ES - Effluent Gross

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

Edit Check Errors  
No errors

Comments

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User: JTEFAOVR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2024-01-19 13:12 (Time Zone: -05:00)

Report Last Signed By  
User: JTEFAOVR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	M0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2501 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features:	004 External Outfall	Discharge:	004-C CSO - J03-000, 213 FT S OF BRIDGE AT W. JEFFERSON & ST. MARY'S RIVER	State:	IndDMR Validated
Report Dates & Status		DMR Due Date:	01/28/24	Telephone:	
Monitoring Period:	From 12/14/23 to 12/31/23				
Considerations for Form Completion					
CSO - J03-000 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NDDI)					
Form MOD:					

Code	Parameter Name	Monitoring Location	Severity of Problem (NDDI)	Quantity of Loading	Quantity or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4	
3007	Duration	EG - Effluent Gross	0	Sample Period No. Value NDDI	Req Mon MO TOTAL EG - hrs/mo C - No Discharge		WY09 - When Discharging RT - RC0107	
7400	Overflow volume (BSI volume, CSO volume)	EG - Effluent Gross	0	Sample Period No. Value NDDI	Req Mon MO TOTAL 3M - Mgal C - No Discharge		AL09 - All Events ES - ESTMA	
7507	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Period No. Value NDDI	1 LB Req Mon MO TOTAL 3M - lbs/mo C - No Discharge		AL09 - All Events AL09 - All Events RT - RC0107 RT - RC0107	
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Period No. Value NDDI	Req Mon MO TOTAL wt - lbs/mo C - No Discharge		AL09 - All Events RT - RC0107	

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

Edit Check Errors  
No errors  
Command

Attachments  
No attachments

Report Last Saved By  
FORT WAYNE WWTP

User:  
Name: JTEFA0MR  
Jenifer Lash  
E-Mail: jenifer.lash@cityofwayne.org  
Date/Time: 2024-01-18 13:15 (Time Zone: -05:00)

Report Last Signed By  
User:  
Name: JTEFA0MR  
Jenifer Lash  
E-Mail: jenifer.lash@cityofwayne.org  
Date/Time: 2024-01-18 13:21 (Time Zone: -05:00)

DMR Copy of Record

**Permit**  
 Permit #: IN0002101  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2021 DWINGER AVE  
 FORT WAYNE, IN 46803

**Permitted Feature:** 005 External Outfall  
 Discharge: CSO J11-104, 210 FT SE OF MANTO BLVD & INDIANA VILLAGE BLVD  
 895-C

**Report Data & Status**  
 Monitoring Period: From 12/1/23 to 12/31/23  
 Considerations for Form Completion: None/None Validated  
 CSO: J11-104 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer: [Blank]  
 First Name: [Blank]  
 Last Name: [Blank]  
 Title: [Blank]  
 Telephone: [Blank]

**Form NOD:** No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Session #	Form NOD	Quantity or Loading			Quality or Concentration	# of Ev.	Frequency of Analysis	Sample Type
					Qualifier 1 Value (Qualifier 1 Value 1 Qualifier 1 Value 2 Qualifier 1 Value 3 Qualifier 1 Value 4)	Qualifier 2 Value 1	Qualifier 2 Value 2				
5002	Dissolve	ES - Effluent Gross	0	-	Sample Permit File Value NOD				WHOS - when Discharging	EF - RCDDTF	
7003	Overflow volume (SSO volume, CSO volume)	ES - Effluent Gross	0	-	Sample Permit File Value NOD				ALUV - All Events	ES - ESTMA	
7007	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Sample Permit File Value NOD				ALUV - All Events	EF - RCDDTF	
8105	Discharge event observations (Visual Monitoring)	ES - Effluent Gross	0	-	Sample Permit File Value NOD				ALUV - All Events	EF - RCDDTF	

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

**Self Check Errors**  
 No errors.

**Comments**  
 [Blank]

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP  
 User: JETFAOUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2024-01-19 13:10 (Time Zone: -05:00)

**Report Last Signed By**  
 User: JETFAOUR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit#	IN6032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Permit# B:	Yes	Permittee Address:	CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENIGER AVE FORT WAYNE, IN 46803
Permitted Features:	007 Sewer Outfall	Discharge:	807-C CSD 103-092, 260 FEET SE OF ELECTRIC AVE. & BROWN ST.	Stakes:	Not DMR Validated
Report Dates & Status	From 12/15/23 to 12/31/23	DMR Due Date:	8/1/2024	Telephone:	
Monitoring Period:	Considerations for Form Completion				
CSD 103-092 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Data Indicator (NODS)					
Form MODE					

Code	Parameter Name	Monitoring Location	Section 4 Param. NODS	Quantity or Loading			# of D.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
80037	Dissolve	EG - Effluent Gross	0	-					Per Met MD TOTAL, 8L - 80ms C - No Discharge
76053	Overflow volume (SS) volume, CSD volume	EG - Effluent Gross	0	-					Per Met MD TOTAL, 30 - 1Mg C - No Discharge
73887	Precipitation, evenly accumulation	EG - Effluent Gross	0	-					U.B. Per Met MD TOTAL, 80 - 80ms C - No Discharge
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-					Per Met MD TOTAL, 60 - 60ms C - No Discharge

**Submission Note**  
If a parameter row does not contain any values for the Sample for Effluent Trading, then some of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETEFADM  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

**Report Last Signed By**

**User:** JETEFADM  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)





**DMR Copy of Record**

<b>Permit</b>	Permit #: 84032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP					
<b>Major:</b>	Yes	Address: CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2821 DWANESER AVE FORT WAYNE, IN 46803					
<b>Permitted Features:</b>	012 - External Outfall	Discharge: 012-C 805-224 - 250 FT SE OF MAIN ST. & CAMP ALLEN DRL.						
<b>Report Dates &amp; Status</b>	From 12/1/23 to 12/31/23	DMR Due Date: 01/26/24	Status: NotDMR Validated					
<b>Monitoring Period</b>	Contributions for Form Completion							
<b>CSO: 805-224 MUNICIPAL MAJOR ALLEN COUNTY</b>								
<b>Principal Executive Officer</b>								
<b>First Name:</b>	Title:							
<b>Last Name:</b>	Telephone:							
<b>No Data Indicator (NOD)</b>								
<b>Form MODE</b>								
<b>Event</b>	Parameter Name	Monitoring Location	Success of Param. MOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4	Units
8007	Duration	EG - Effluent Gross	0	Sample Period Req Value MOD	Req Mon MD TOTAL EG - hrs	C - No Discharge	WYDS - When Discharging RT - RCOTDT	
7003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	Sample Period Req Value MOD	Req Mon MD TOTAL SS - Mgd	C - No Discharge	ALBY - All Events SS - ESTNsk	
7007	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Period Req Value MOD	Req Mon MD TOTAL SS - mm	C - No Discharge	ALBY - All Events RT - RCOTDT	
8115	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Period Req Value MOD	Req Mon MD TOTAL EG - hrs	C - No Discharge	ALBY - All Events RT - RCOTDT	
<b>Submission Note</b>								
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.								
<b>Exit Check Errors</b>								
No errors								
Comments								
Attachments								
No attachments								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
User: JETEFADM								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityofwayne.org								
Date/Time: 2024-01-19 13:10 (Time Zone: -05:00)								
<b>Report Last Signed By</b>								
User: JETEFADM								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityofwayne.org								
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)								



DMR Copy of Record

Permit	NR002194	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP			
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2821 DIVISER AVE FORT WAYNE, IN 46803			
Permitted Features:	E17 External Outfall	Discharger:	817-C CSC-K07-176 - 130 FT SW OF ST. MARY'S POORY & WALDRON CIRCLE	State:	NetDMR Validated			
Report Dates & Status		DMR Due Date:	9/28/24					
Monitoring Period:	From 12/9/23 to 12/31/23							
Considerations for Fees Completion								
CSD: K07-176(MUNICIPAL, MAJORALLEN COUNTY)								
Principal Executive Officer		Title:		Telephone:				
Last Name:								
No Data Indicator (NOD)								
Form MODE:	-							
Code	Parameter Name	Monitoring Location	Status # Param. NOD	Quantity or Loading	Quality or Consumption	# of Ex.	Frequency of Analysis	Sample Type
8007	Durillon	EG - Effluent Gross	0	Sample Period hrs Value NOD	Req Mon MD TOTAL EG - hrs G - No Discharge		WHDS - When Discharging RT - RCOTDT	
7400	Overflow volume [SSB volume, CSD volume]	EG - Effluent Gross	0	Sample Period hrs Value NOD	Req Mon MD TOTAL 3H - Mgd G - No Discharge		ALDY - All Events ES - E37Nsk	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Period hrs Value NOD	Req Mon MD TOTAL 3H - mins G - No Discharge	*	ALDY - All Events RT - RCOTDT	
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Period hrs Value NOD	Req Mon MD TOTAL 4H - mins G - No Discharge		ALDY - All Events RT - RCOTDT	
Submission Note								
If a parameter row does not contain any values for the Samples nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
Error Check Errors								
No errors								
Comments								
Attachments								
No attachments								
Report Last Saved By								
FORT WAYNE WWTP								
User:	JETSFADM							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2024-01-18 13:29 (Time Zone: -05:00)							
Report Last Signed By								
User:	JETSFADM							
Name:	Jennifer Lash							
E-Mail:	jennifer.lash@cityoffortwayne.org							
Date/Time:	2024-01-18 13:21 (Time Zone: -05:00)							

DMR Copy of Record

**Permit**  
 Permit #: R00022191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 Facility Location: P.L. BRUNER WPC  
 2001 DIVIDERS AVE  
 FORT WAYNE, IN 46803

Permitted Features: DTE External Outfall  
 Discharge: 916-C  
 CSD: K11-165 - 150 FT W OF BROADWAY & RUDSELL BLVD

Reporting Dates & Status: From 12/9/23 to 12/31/23  
 Monitoring Period: DMR Due Date: 9/26/24  
 Status: NotDMR Validated

Considerations for Form Completion: CSD: K11-165/MUNICIPAL MAJORALLEN COUNTY  
 Principal Executive Officer:

First Name: Title:  
 Last Name: Telephone:

No Data Indicator (NDD):  
 Form NDD:

Code	Parameter Name	Monitoring Location	Access # Permit NDD	Quantity or Loading	Quality or Consumption	# of Cc.	Frequency of Analysis	Sample Type
				Quotient 1 (Value 1 Quotient 2 Value 2 Quotient 3 Value 3 Quotient 4 Value 4)	Value 1	Value 2	Value 3	Value 4
5007	Duration	EG - Effluent Gross	0	0	0	0	0	0
7405	Overflow volume [558 volume, CSD volume]	EG - Effluent Gross	0	0	0	0	0	0
7587	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	0
9165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0	0

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

**DMR Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.

**Report Last Saved By**  
 FORT WAYNE WWTP

**Client:** JETEFACHR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Call/Text:** 2024-01-19 13:03 (Time Zone: -05:00)

**Report Last Signed By**  
**User:** JETEFACHR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)



### DMR Copy of Record

Permit #: 800323181	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features: 021 External Outfall	Discharger: 021-G CSO: K19-044 - 850 FT W OF OLD MILL RD & FAUBUS AVENUE	
Report Dates & Status: From 12/8/23 to 12/31/23	DMR Due Date: 01/28/24	Status: NotDMR Validated
Monitoring Period: Considerations for Flow Computation		
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
Air Date Indicator (NOOD)		
Firm NOOD:		

Code	Parameter Name	Monitoring Location	Section # Param. NOOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
8007	Sanitation	EG - Effluent Gross	0	Sample Permit Req Value NOOD			REQS - When Discharging RT - R00707P C - No Discharge	
1450	Overflow volume (558 volume, CSO volume)	EG - Effluent Gross	0	Sample Permit Req Value NOOD			ALRY - All Events ES - ESTMA	
1887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req Value NOOD			UFP REQS - When Discharging RT - R00707P C - No Discharge	
8105	Discharge event observance (Must Monitoring)	EG - Effluent Gross	0	Sample Permit Req Value NOOD			ALRY - All Events RT - R00707P REQS - When Discharging RT - R00707P C - No Discharge	

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETSFADWR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:10 (Time Zone: -05:00)

**Report Last Signed By**

**User:** JETSFADWR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** 94552191  
**Permit #:** FORT WAYNE WWTP  
**Major:** Yes  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility Location:** FORT WAYNE WWTP  
 P.L. BRUNER WPC  
 2621 DWIGDEN AVE  
 FORT WAYNE, IN 46823

**Permitted Features:** 023  
 External Outfall  
**Discharge:** 023-C  
 L06-123 - 90 FT NW OF JACKSON ST & SUPERIOR ST  
**Status:** Network Validated

**Report Dates & Status:** From 12/01/23 to 12/31/23  
**DMR Due Date:** 01/28/24  
**Monitoring Period:** Considerations for Flow Completion  
**CSD:** L06-123 MUNICIPAL MAUDGALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Title:**  
**Telephone:**

**No Data Indicator (NDD):** -  
**Form NDD:** -

Code	Parameter Name	Monitoring Location	Session #	Param. NDD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3			
8037	Discharge	EG - Effluent Gross	0	-	Sample Period Req. Value NDD				Req Min MD TOTAL EG - mg/L G - No Discharge	MD08 - When Discharging RT - 802707
7103	Overflow volume (20H volume, CSD volume)	EG - Effluent Gross	0	-	Sample Period Req. Value NDD				Req Min MD TOTAL EG - Mgd G - No Discharge	AL07 - 48 Events ES - 157MA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Period Req. Value NDD				1-N Req Min MD TOTAL EG - mg/L G - No Discharge	AL07 - 48 Events AL07 - 48 Events RT - 802707 RT - 802707
9116	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Period Req. Value NDD				Req Min MD TOTAL EG - mg/L G - No Discharge	AL07 - 48 Events RT - 802707

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

**File Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 In attachments

**Report Last Served By:** JETSFAMR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2024-01-19 13:08 (Time Zone: -05:00)

**User:** JETSFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:08 (Time Zone: -05:00)

**Report Last Signed By:** JETSFAMR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

**Permit #:** IN00021591  
**Major:** Yes  
**Permitted Features:** 024 External Outfall  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 824-C  
 CSO: 1.08-429 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNER WPC  
 2601 DWENZER AVE  
 FORT WAYNE, IN 46803  
**Status:** Not DMR Validated  
**Telephone:**

**Reporting Dates & Status:** From 12/8/103 to 12/31/123  
**Monitoring Period:** Considerations for Flow Computation  
**CSO:** 1.08-429/INCPAL, MALCOLLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NODI):**  
**Form NOOI:**

Code	Parameter Name	Monitoring Location	Session #	Permit NOOI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1	Quarter 2	Quarter 3			
3007	Donation	EG - Effluent Gross	0	-	Req Mon MD TOTAL, EG - 10mg C - No Discharge	Value 2	Units			
7400	Overflow volume [355 volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon MD TOTAL, 35 - Mgd C - No Discharge					EG - ESTMA
7807	Precipitation, evently accumulation	EG - Effluent Gross	0	-	0.75 Req Mon MD TOTAL, 30 - 10mg C - No Discharge					EG - All Events RT - 8000CF RT - 8000CF
8110	Discharge event observation (Pulsed Monitoring)	EG - Effluent Gross	0	-	Req Mon MD TOTAL, EG - 10mg C - No Discharge					EG - All Events RT - 8000CF

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Exit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:**  
 FORT WAYNE WWTP  
**User:** JETEFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2024-01-18 13:08 (Time Zone: -05:00)  
**Report Last Signed By:**  
**User:** JETEFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityofwayne.org  
**Date/Time:** 2024-01-18 13:21 (Time Zone: -05:00)



DMR Copy of Record

**Permit:** 86002191  
**Major:** Yes  
**Permitted Facility:** G25 External Disch  
**Report Dates & Status:**  
**Monitoring Period:** From 12/01/23 to 12/01/23  
**Consolidations for Permit Completion:**  
 CSO: L06-021 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Form NOOE:** -  
**Parameter Name:**

**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 500 S BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 605-C  
 CSO: L06-021 - 225 FT N OF SUPERIOR ST. & FAIRFIELD AVE  
**Monitoring Location:** Section # Permit, NOOE  
**DMR Due Date:** 610824  
**Status:** NonDMR Validated  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2801 DWENGER AVE  
 FORT WAYNE, IN 46803  
**Telephone:**

Date	Parameter Name	Monitoring Location	Section # Permit, NOOE	Quantity of Loading			Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
80207	Durability	EG - Effluent Cross	0	-		Req User MD TOTAL, EG - Units G - No Discharge		WY05 - When Discharging RT - RC01DT		
74263	Overflow volume [BSB volume, CSO volume]	EG - Effluent Cross	0	-		Req User MD TOTAL, BS - Mgal G - No Discharge		AL05 - All Events ES - EBTMax		
75887	Precipitation, monthly accumulation	EG - Effluent Cross	0	-		0 1.78 Req User MD TOTAL, BS - Inches G - No Discharge		AL05 - All Events AL05 - All Events RT - RC01DT RT - RC01DT		
81165	Discharge event observation [Visual Monitoring]	EG - Effluent Cross	0	-		Req User MD TOTAL, MS - #/line G - No Discharge		AL05 - All Events RT - RC01DT		

**Submission Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Run Check Errors:**  
 No errors  
**Comments:**  
**Attachments:**  
 No attachments  
**Report Last Saved By:** JETEFACOR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**User:** JETEFACOR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:58 (Time Zone: -05:00)  
**Report Last Saved By:** JETEFACOR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

**Permit**  
 Permit #: IN632191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2671 DIVIDGER AVE  
 FORT WAYNE, IN 46803  
 Facility Location:  
 Permitized Features: 27 External Outfall  
 Discharger: 427-C  
 CSC: M15-322 - 200 FT SE OF THIRD ST & CALHOUN ST  
 Status: Not DMR Validated

**Reporting Dates & Status**  
 Monitoring Period: From 12/01/23 to 12/31/23  
 DMR Due Date: 9/12/24  
 Considerations for Form Completion  
 CSC: M15-205/MUNICIPAL MAJOR/BALLEN COUNTY  
 Principal Executive Officer  
 First Name:  
 Last Name:  
 Title:  
 Telephone:

Code	Parameter Name	Monitoring Location	Samples # Per Mo.	NOD	Quantity of Sampling			Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type	
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value					Quarter 4 Value
50027	Dissolve	EG - Effluent Gross	0	-	Sample	Permit Fee Value NOD					Req Mon MD TOTAL EG - 10mg C - No Discharge	WY08 - When Discharging RT - 800107
74263	Overflow volume (500 volume, C50 volume)	EG - Effluent Gross	0	-	Sample	Permit Fee Value NOD					Req Mon MD TOTAL 2P - 1Mgd C - No Discharge	AL07 - All Events ES - EST/1sk
78807	Precipitates, mainly accumulation	EG - Effluent Gross	0	-	Sample	Permit Fee Value NOD					1M Req Mon MD TOTAL 2P - 10mg C - No Discharge	AL07 - All Events RT - 800107 AL07 - All Events RT - 800107
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Fee Value NOD					Req Mon MD TOTAL 4C - 8mg C - No Discharge	AL07 - All Events RT - 800107

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JTEPFADUR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2024-01-19 13:13 (Time Zone: -05:00)

**Report Last Signed By**

**User:** JTEPFADUR

**Name:** Jennifer Lash

**E-Mail:** jennifer.lash@cityoffortwayne.org

**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IN0002191  
**Permittee:** FORT WAYNE WWTP  
**Major:** Yes  
**Permitted Features:** 02B External Outfall  
**Report Dates & Status:** From 12/14/23 to 12/31/23  
**Monitoring Period:** From 12/14/23 to 12/31/23  
**Considerations for Flow Completion:**  
 CSD: M115-2386/MCPHAL MAJONMALLEEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**Alt Date Indicator (NOOP):**  
**Firm NO2:**

**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2521 DWINGER AVE  
 FORT WAYNE, IN 46803  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 02B-C  
 CSD: M115-238 - 150 FT E OF SAINT MARY'S RIVER BRIDGE & SPY RUN AVE  
**Status:** NonDMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location	Session #	Param. NO2	Quantity of Leaching			Quality of Consumption		# of Ex.	Frequency of Analysis	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value	Value 1			
50037	Dissolve	ES - Effluent Gross	0	-	Sample	Prevent Flow	Value NO2	Req Mon MD TOTAL	ES - 10ms	WHDS - When Discharging	95 - RC02TOT	
74003	Overflow volume (555 volume, CEO volume)	ES - Effluent Gross	0	-	Sample	Prevent Flow	Value NO2	Req Mon MD TOTAL	95 - 10ms	ALBY - All Events	95 - 95DMA	
76007	Precipitation, monthly accumulation	ES - Effluent Gross	0	-	Sample	Prevent Flow	Value NO2	1.0M	95 - 10ms	ALBY - All Events	95 - RC02TOT	
94105	Discharge event observations (Flow Monitoring)	ES - Effluent Gross	0	-	Sample	Prevent Flow	Value NO2	Req Mon MD TOTAL	95 - 10ms	ALBY - All Events	95 - RC02TOT	

**Submissions Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETSFADMR  
**FORT WAYNE WWTP:** Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2024-01-19 13:11 (Time Zone: -05:00)  
**Report Last Signed By:** JETSFADMR  
 User: Jennifer Lash  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit	IN662191	Permittee	FORT WAYNE WWTP	Facility/	FORT WAYNE WWTP
Permit #:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2021 DWYENGER AVE FORT WAYNE, IN 46803
Permitted Features:	029 External Outfall	Discharge:	029-C		
Report Dates & Status	From 12/01/23 to 12/31/23	DMR Due Date:	01/23/24	Status:	NetDMR Validated
Monitoring Period:	Considerations for Pave Completion				
CSO: M10-300 MUNICIPAL MAUDRALLEEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
Its Data Indicator (N000)					
Form N000:					

Code	Parameter Name	Monitoring Location	Session #	Param. N000	Quantity or Labeling			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 (Value 1)	Qualifier 2 (Value 2)	Qualifier 3 (Value 3)			
9037	Overflow	EG - Effluent Gross	0	-	Sample Permit Run Value N000	Req Min MD TOTL, EG - r/min		W026 - 1/min Discharging RT - R02002F		G - No Discharge
7483	Overflow volume (553 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Run Value N000	Req Min MD TOTL, BR - Mgal		AL07 - All Events		ES - ESTMA
7387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Run Value N000	L/N		AL07 - All Events		RT - R02002F
8115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Run Value N000	Req Min MD TOTL, GC - r/min		AL07 - All Events		RT - R02002F

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

DMR Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User: JETEFADM  
Jennifer Lash  
jennifer.lash@cityoffortwayne.org  
2024-01-19 13:28 (Time Zone: -05:00)

E-Mail

Date/Time

Report Last Signed By  
User: JETEFADM  
Jennifer Lash  
jennifer.lash@cityoffortwayne.org  
2024-01-19 13:21 (Time Zone: -05:00)

Name

E-Mail

Date/Time

DMR Copy of Record

Permit #	W00020191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP			
Major	Yes	Permittee Address	CITY OF FORT WAYNE 205 E BERRY ST FT WAYNE, IN 46603	Facility Location	P.L. BRUNNER WPC 3601 DWYDGER AVE FORT WAYNE, IN 46603			
Permitted Features	002 External Outfall	Discharge	003-C CSO: M10-305 - 120 FT N OF CLAIR ST & HARRISON ST	Status	Not DMR Validated			
Report Dates & Status	From 12/01/22 to 12/31/22	DMR Due Date	01/28/24	Telephone				
Monitoring Period:	Considerations for Form Completion							
CSO: M10-305 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer								
First Name:		Title:						
Last Name:								
No Date Indicator (NDD)								
Form NDD:								
Code	Parameter Name	Monitoring Location	Season # Param. NDD	Quantity of Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality of Consumption Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
2007	Overflow	EG - Effluent Gross	0	Sample Period (hrs) Value NDD	Req Mon 10 TDTH, EG - 10m C - No Discharge	0	W000 - When Discharging W0 - 800000	
2403	Overflow volume [300 volume]	EG - Effluent Gross	0	Sample Period (hrs) Value NDD	Req Mon 10 TDTH, EG - 10m C - No Discharge	0	AJ00 - All Events ES - ESTMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Period (hrs) Value NDD	Req Mon 10 TDTH, EG - 10m C - No Discharge	0	AJ00 - All Events ES - ESTMA	
9115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Period (hrs) Value NDD	Req Mon 10 TDTH, EG - 10m C - No Discharge	0	AJ00 - All Events ES - ESTMA	
<p><b>Submission Note</b> If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p><b>DMR Check Errors</b> No errors.</p> <p><b>Comments</b></p> <p><b>Attachments</b> No attachments.</p> <p><b>Report Last Saved By</b> FORT WAYNE WWTP</p> <p><b>User:</b> JETEFADUR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofwayne.org <b>Date/Time:</b> 2024-01-19 13:08 (Time Zone: -05:00)</p> <p><b>Report Last Signed By</b> <b>User:</b> JETEFADUR <b>Name:</b> Jennifer Lash <b>E-Mail:</b> jennifer.lash@cityofwayne.org <b>Date/Time:</b> 2024-01-19 13:21 (Time Zone: -05:00)</p>								

DMR Copy of Record

<b>Permit #</b>	IN6032191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 203 E BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
<b>Permitted Features:</b>	033 External Outfall	<b>Discharge:</b>	833-C CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST	<b>Status:</b>	NotDMR Validated
<b>Report Date &amp; Status</b>	From 12/01/23 to 12/31/23	<b>DMR Due Date:</b>	01/28/24	<b>Telephone:</b>	
<b>Monitoring Period:</b>	Considerations for Form Completion				
<b>CSO M10-313 MUNICIPAL MAJORALLEN COUNTY</b>					
<b>Principal Executive Officer</b>					
<b>First Name:</b>		<b>TSS:</b>			
<b>Last Name:</b>					
<b>MS Data Indicator (NOD)</b>					
<b>Firm NOD:</b>					

Code	Parameter Name	Monitoring Location	System #	Permit NOD	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 1	Qualifier 2	Qualifier 3						
8007	Disinfect	EG - Effluent Gross	0	-	Sample	Period	Value	ICOD	Req Min	Req Max	Req Min	Req Max	ICOD	Req Min	Req Max	ICOD
7403	Overflow volume (254 volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Period	Value	ICOD	Req Min	Req Max	Req Min	Req Max	ICOD	Req Min	Req Max	ICOD
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Period	Value	ICOD	Req Min	Req Max	Req Min	Req Max	ICOD	Req Min	Req Max	ICOD
8110	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Period	Value	ICOD	Req Min	Req Max	Req Min	Req Max	ICOD	Req Min	Req Max	ICOD

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

**DMR Check Errors**  
No errors.

**Comments**  
No errors.

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

**User:** JETSFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:13 (Time Zone: -05:00)

**Report Last Signed By**  
**User:** JETSFAMR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit	IM0032191	Permittee	FORT WAYNE WWTP	Facility	FORT WAYNE WWTP			
Major	Yes	Permittee Address	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location	P.L. BRUNNER WPC 2621 DWENGER AVE FORT WAYNE, IN 46803			
Permitted Features	036 Effluent Outfall	Discharge	036-C CSD: M18-002 - 630 FT N OF STATE BLVD & WESTBROOK DR					
Report Dates & Status	From 12/9/23 to 12/9/23	DMR Due Date	01/26/24	Status	MANDMR Validated			
Monitoring Period	Consolidations for Permit Completion							
CSD: M18-002 MUNICIPAL MAJOR ALLEN COUNTY								
Principal Executive Officer		Title		Telephone				
First Name:								
Last Name:								
Re Date Indicator (R000)								
Form NODE								
Code	Parameter Name	Monitoring Location	Success @ Permit, WQS	Quantity of Discharge	Quality of Concentration	# of SL	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Period From Value: N000	Req Mon MD TOTAL EG - ltr/mg C - No Discharge		WWSB - When Discharging RT - R000TOT	
74063	Overflow volume (BSI volume, CSD volume)	EG - Effluent Gross	0	Sample Period From Value: N000	Req Mon MD TOTAL BR - Mgal C - No Discharge		ALB1 - All Events ES - BSTM	
75887	Prohibition, weekly accumulation	EG - Effluent Gross	0	Sample Period From Value: N000	UR Req Mon MD TOTAL BR - ltr/mg		ALB1 - All Events ALB1 - All Events RT - R000TOT	
81115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Period From Value: N000	Req Mon MD TOTAL UR - ltr/mg C - No Discharge		ALB1 - All Events RT - R000TOT	
Submission Note								
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.								
Edit Check Errors								
No errors.								
Comments								
Attachments								
No attachments.								
Report Last Saved By								
FORT WAYNE WWTP								
User:								
Name: JETEFADMJ								
Last: Jennifer Lash								
E-Mail: jennifer.lash@cityoffortwayne.org								
Date/Time: 2024-01-19 13:13 (Time Zone: -05:00)								
Report Last Signed By								
User: JETEFADMJ								
Name: Jennifer Lash								
E-Mail: jennifer.lash@cityoffortwayne.org								
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)								

DMR Copy of Record

**Permit #:** IN002191  
**Major:** Yes  
**Permitted Feature:** CSO External Outfall  
**Report Dates & Status:**  
**Monitoring Period:** From 12/6/23 to 12/31/23  
**Considerations for Flow Completion:**  
**CSO NO6-022 MUNICIPAL MAJOR ALLEN COUNTY**  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NODD):**  
**Form NO6:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 608-C  
 CSD: NO6-022 - 120 FT N OF HANNA ST & BERRY ST  
**Monitoring Location - Sewer & Precip. NO6:** 610E024  
**Monitoring Location - Stormwater NO6:**

**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 CHANDLER AVE  
 FORT WAYNE, IN 46803  
**Status:** NewDMR Validated  
**Telephone:**

Code	Parameter Name	Monitoring Location - Sewer & Precip. NO6	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
			Quarter 1 Value 1 Quarter 2 Value 2 Value 3 Value 4	Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3 Quarter 4 Value 4	Value 1	Value 2	Units
50237	Dissolve	EG - Effluent Gross	0	0	Req Mon MD TOTAL	Req Mon MD TOTAL	MD - 1000000
					C - No Discharge	C - No Discharge	
70263	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	0	Req Mon MD TOTAL	Req Mon MD TOTAL	MD - 1000000
					C - No Discharge	C - No Discharge	
78267	Precipitation, usually accumulation	EG - Effluent Gross	0	0	Req Mon MD TOTAL	Req Mon MD TOTAL	MD - 1000000
					C - No Discharge	C - No Discharge	
81105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Req Mon MD TOTAL	Req Mon MD TOTAL	MD - 1000000
					C - No Discharge	C - No Discharge	

**Submissions Note:**  
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**

**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETPFAUR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
**User:** jennifer.lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:08 (Time Zone: -05:00)

**Report Last Signed By:** JETPFAUR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)



DMR Copy of Record

Permit	IN0032391	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2021 DWIGZER AVE FORT WAYNE, IN 46803
Permitted Features:	644 External Outfall	Discharge:	844-C CSO: 1423-093 - 153 FT E OF DALGREEN AVE & SPY RUN AVE	Status:	NotDMR Validated
Report Dates & Status	From 12/26/23 to 12/26/23	DMR Due Date:	01/28/24	Telephone:	
Monitoring Period:	Consolidations for Permit Completion				
CSO: 1423-093 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer		Title:			
First Name:					
Last Name:					
No Date Indicator (NO08)					
Form NO08					

Code	Parameter Name	Monitoring Location	Season # Param. NO08	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1	Quarter 2 Value 2	Quarter 3 Value 3	Quarter 4 Value 4	Value 1	Value 2			
90237	Darfilets	EG - Effluent Gross	0	-								WWSR - When Discharging RT - SC00101 C - No Discharge
71043	Overflow volume (ISS volume, CSO volume)	EG - Effluent Gross	0	-								Req Min MD TOTL, BR - Mgd C - No Discharge
78287	Prohibition, exceedance assumption	EG - Effluent Gross	0	-								Req Min MD TOTL, BR - Mgd C - No Discharge
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-								Req Min MD TOTL, BR - Mgd C - No Discharge

Subscriber Note

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

Edit Check Errors

No errors.

Comments

Attachments

Revisions

Report Last Saved By

FORT WAYNE WWTP

User:

Name: JETEFADUR

E-Mail: Jennifer\_Lash

Date/Time: jennifer.lash@cityofwayne.org  
2024-01-19 13:13 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADUR

Name: Jennifer\_Lash

E-Mail: jennifer.lash@cityofwayne.org

Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

<b>Permit</b>	Permit #: Major:	96032191 Yes	Permittee: Permittee Address:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility: Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WPC 2001 DWINGER AVE FORT WAYNE, IN 46803	
	Permitted Feature:	545 External Outfall	Discharge:	945-C CSO: N23-103 - 100 FT E OF PENN ST & SPY RUN AVE	Status:	NotDMR Validated	
	Report Dates & Status	Monitoring Period: Consolidations for Form Completion	DMR Due Date:	8/12/24			
	CSO: N23-103, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	First Name:	Title:		Telephone:		
	No Data Indicator (NDD)						
	Form NDD:						
<b>Code</b>	Parameter Name	Monitoring Location	Season & Period NDD	Quantity or Loading Duffiner 1 Value 1 Duffiner 2 Value 2 Unity Duffiner 1 Value 1 Duffiner 2 Value 2 Duffiner 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
5027	Duration	EG - Effluent Gross	0	Sample Percent Ex. Value NDD	Req Mon 160 TOTAL, 82 - 100mg C - No Discharge	1000E - 1000E Challenging RT - 800707	
7403	Overflow volume (888 volume, CSO volume)	EG - Effluent Gross	0	Sample Percent Ex. Value NDD	Req Mon 160 TOTAL, 38 - 100mg C - No Discharge	AL0E - All Events ES - ESTMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Percent Ex. Value NDD	Req Mon 160 TOTAL, 38 - 100mg C - No Discharge	AL0E - All Events ES - ESTMA	
8485	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Percent Ex. Value NDD	Req Mon 160 TOTAL, 48 - 100mg C - No Discharge	AL0E - All Events ES - ESTMA	
<b>Submission Note</b>							
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.							
<b>DMR Check Errors</b>							
No errors.							
<b>Comments</b>							
<b>Attachments</b>							
No attachments.							
<b>Report Last Saved By</b>							
FORT WAYNE WWTP							
User:							
Name: JETEFADUR							
E-Mail: Jennifer_Lash							
Date/Time: jennifer.lash@cityoffortwayne.org							
2024-01-19 13:13 (Time Zone: -05:00)							
<b>Report Last Signed By</b>							
User: JETEFADUR							
Name: Jennifer_Lash							
E-Mail: jennifer.lash@cityoffortwayne.org							
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)							

DMIR Copy of Record

Permit Permit #: IN022191 Major: Yes	Permittee Permittee Address: Discharger:	FORT WAYNE WWTP CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46602 648-C CSD: 010-352 - 350 FT W OF EDGEWATER & GARFIELD	Facility: Facility Location:	FORT WAYNE WWTP P.L. BRUNER WPC 3801 DWENSDOR AVE FORT WAYNE, IN 46603				
Permitted Features: S48 External Outfall	DMIR Due Date:	01/28/24	Status:	Not DMIR Validated				
Reporting Dates & Status Monitoring Period: Considerations for Permit Compliance CSD: 010-352 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	Permit Name: Last Name: No Data Indicator (NDD) Form NDD:		Telephone:					
Code	Monitoring Location	Session #	Event #	Quantity or Labeling Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	Quality of Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5	# of Ex.	Frequency of Analysis	Sample Type
S0207	Overflow	ES - Effluent Gross	0	--	Req Mon MD TOTAL, ES - Inlets C - No Discharge	18408	Inlet Discharging RT - RC000CF	
74053	Overflow volume (ES volume)	ES - Effluent Gross	0	--	Req Mon MD TOTAL, 3R - Mgd C - No Discharge	18408	All Events	ES - ESTMA
75887	Precipitation, weekly accumulation	ES - Effluent Gross	0	--	1.04 Req Mon MD TOTAL, 3R - Inlets C - No Discharge	18408	All Events	RT - RC000CF
S4185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	--	Req Mon MD TOTAL, 4E - Inlets C - No Discharge	18408	All Events	RT - RC000CF

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

Edit Check Errors  
No errors.

Comments

Attachments  
No attachments.

Report Last Saved By  
PORT WAYNE WWTP

User:  
Name: JETEFACMR  
Last Name: Jennifer  
E-Mail: jennifer.jan@cityofwayne.org  
Date/Time: 2024-01-19 13:11 (Time Zone: -05:00)

Report Last Signed By  
User:  
Name: Jennifer  
Last Name: Jennifer  
E-Mail: jennifer.jan@cityofwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: 80032191 Major: Yes	Permittee: FACILITY: FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility: Facility Location: Fort Wayne WWTP P.L. BRUNNER WPC 3601 DWINGER AVE FORT WAYNE, IN 46803				
Permitted Features: 505 External Outfall	Discharge: 605-C CSC: 010-377 - 100 FT N OF COOMBS ST & HERBERT ST	Status: NotDMR Validated				
Report Dates & Status Monitoring Period: From 12/8/22 to 12/31/23 Contributions for Form Completion CSC: 010-377 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	Discharge: 605-C CSC: 010-377 - 100 FT N OF COOMBS ST & HERBERT ST	Status: NotDMR Validated				
Lead Name: No Data Indicator (NODI) Form NODI:	Title: Title:	Telephone: Telephone:				
Parameter Name	Monitoring Location - Source # Param. #CSM	Quantity of Loading Quarter 1 Value 1 Quarter 2 Value 2 Value 3 Value 4 Quarter 1 Value 1 Quarter 2 Value 2 Quarter 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
80037	Darwinite EG - Effluent Gross 0 -	Sample Period from Value 8000	Req Met NO TOTAL EG - Inms C - No Discharge	WWSB	-When Discharging RT - RC0707	
74051	Overflow volume (ISS volume, CSO volume) EG - Effluent Gross 0 -	Sample Period from Value 8000	Req Met NO TOTAL BR - Mgal C - No Discharge	ALBY - All Events	ES - ESThis	
78887	Precipitation, monthly accumulation EG - Effluent Gross 0 -	Sample Period from Value 8000	N/A Req Met NO TOTAL BR - Inms C - No Discharge	ALBY - All Events	RT - RC0707	
84165	Discharge event supervision (Visual Monitoring) EG - Effluent Gross 0 -	Sample Period from Value 8000	Req Met NO TOTAL RT - Inms C - No Discharge	ALBY - All Events	RT - RC0707	
<p>Submissions Note If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.</p> <p>Edit Check Errors No errors. Comments</p> <p>Attachments No attachments.</p> <p>Report Last Served By FORT WAYNE WWTP</p> <p>User: Name: JETEFADUR Last: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2024-01-19 13:28 (Time Zone: -05:00)</p> <p>Report Last Signed By User: Name: JETEFADUR Last: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)</p>						

DMR Copy of Record

Permit	IN0002191	FORT WAYNE WWTP	FORT WAYNE WWTP
Permit #:	IN0002191	CITY OF FORT WAYNE	P.L. BICKNER WPC
Major:	Yes	200 E BERRY ST	2601 DWIGDEN AVE
		FT WAYNE, IN 46003	PORT WAYNE, IN 46003
Permitted Features:	001 External Outfall	001-C CSO: 032-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE	
Report Dates & Status		012824	Not DMR Validated
Monitoring Period:	From 12/01/23 to 12/31/23		
Constitutions for Form Completion			
CSO: 032-002 MUNICIPAL MAJOR ALLEN COUNTY			
Principal Executive Officer			
First Name:			
Last Name:			
No Data Indicator (NOD)			
Form NOD:			
Parameter	Monitoring Location	Success #	Permit NOD
Code	Qualifier 1	Qualifier 2	Qualifier 3
Sample Period	Value 1	Value 2	Value 3
Units	Quality of Concentration	# of Occ.	Frequency of Analysis
Sample Type			
50037	Disinfectant	EG - Effluent Gross	0
		Req Mon MD TOTals, EG - Inflow	Wkds - When Discharging RT - RC0010T
		C - No Discharge	
74083	Overflow volume [555 volume, CSO volume]	EG - Effluent Gross	0
		Req Mon MD TOTals, BR - Mgd	ALDY - All Events
		C - No Discharge	ES - Efflux
75087	Prohibition, exceed accumulation	EG - Effluent Gross	0
		Req Mon MD TOTals, BR - Inflow	ALDY - All Events
		C - No Discharge	ALDY - All Events
		Req Mon MD TOTals, EG - Inflow	RT - RC0010T
		C - No Discharge	RT - RC0010T
81185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0
		Req Mon MD TOTals, EG - Inflow	ALDY - All Events
		C - No Discharge	RT - RC0010T
Submission Note	If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.		
Edit Check Errors	No errors.		
Comments			
Attachments			
Report Last Saved By	JTEFAQMR		
FORT WAYNE WWTP	Jennifer Lash		
User:	jennifer.lash@cityoffortwayne.org		
Name:	2024-01-19 13:11 (Time Zone: -05:00)		
E-Mail:			
Date/Time:			
Report Last Signed By	JTEFAQMR		
User:	Jennifer Lash		
Name:	jennifer.lash@cityoffortwayne.org		
E-Mail:	2024-01-19 13:21 (Time Zone: -05:00)		
Date/Time:			

DMR Copy of Record

Permit	Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes		Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46822	Facility Location:	P.L. BRUNER WPC 2821 DIVINGER AVE FORT WAYNE, IN 46823
Permitted Feature:	052 External Outfall		Discharge:	EG-C CED: 035-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR	Status:	NetDMR Validated
Report Dates & Status	From 12/14/23 to 12/21/23	DMR Due Date:	8/12/24	Telephone:		
Monitoring Period:	Considerations for Form Completion					
CSO: 035-004 MUNICIPAL MAJOR ALLEN COUNTY						
Principal Executive Officer						
First Name:						
Last Name:						
No Date Indicator (NODI)						
Form (NODI)						

Code	Parameter	Monitoring Location	Section #	Permit NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4	Units
50207	Durables	EG - Effluent Gross	0	-	Sample	Req Met MD TOTAL	EG - 50mg	Wides - When Discharging	BT - RC010T
					Permit Fee Value NODI	G - No Discharge			
74263	Over-Flow volume (500 volume, CED volume)	EG - Effluent Gross	0	-	Sample	Req Met MD TOTAL	BT - legal	ALDY - All Events	EG - BPTMax
					Permit Fee Value NODI	G - No Discharge			
78207	Prechlorides, monthly accumulation	EG - Effluent Gross	0	-	Sample	1.0M	BT - 10mg	ALDY - All Events	BT - RC010T
					Permit Fee Value NODI	Req Met MD TOTAL	BT - 10mg	ALDY - All Events	BT - RC010T
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Req Met MD TOTAL	EG - 6mg	ALDY - All Events	BT - RC010T
					Permit Fee Value NODI	G - No Discharge			

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

Self Check Errors  
No errors.  
Comments

Attachments  
No attachments.

Report Last Saved By  
FORT WAYNE WWTP

User  
Name: JETEFADM  
Last Name: Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2024-01-19 13:11 (Time Zone: -05:00)

Report Last Saved By  
User: JETEFADM  
Name: Lash  
Last Name: Lash  
E-Mail: jennifer.lash@cityofwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit	800020991	Permittee	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2001 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features:	064 External Outfall	Discharge:	064-C CSO: 030-060 - 240 FT E OF MERCER AVE & HOLLIS LN	Status:	NotDMR Validated
Report Dates & Status	From 12/9/23 to 12/31/23	DMR Due Date:	01/28/24	Telephone:	
Monitoring Period:	Consolidations for Permit Compliance				
CSO: 030-060 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:			
Last Name:					
Its Data Indicator (NOO)					
Form NOO:					

Code	Parameter Name	Monitoring Location	Section # Permit NOO	Quantity of Labeling	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quotient 1 Value 1 Quotient 2 Value 2 Units Quotient 1 Value 1 Quotient 2 Value 2 Quotient 3 Value 3				
50037	Duration	EG - Effluent Gross	0	Sample Percent Risk Value NOO	Get Min IBD TOTN, EG - Inflow C - No Discharge		W006 - when Discharging WT - 800707	
74063	Overflow volume [564 volume, CSO volume]	EG - Effluent Gross	0	Sample Percent Risk Value NOO	Get Min IBD TOTN, SR - Mgd C - No Discharge		AJ07 - All Events	ES - ESTMA
79687	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Percent Risk Value NOO	US Get Min IBD TOTN, SR - Inflow		AJ07 - All Events	WT - 800707 WT - 800707
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample Percent Risk Value NOO	Get Min IBD TOTN, AC - Inflow C - No Discharge		AJ07 - All Events	WT - 800707

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

**Get Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Zoned By**  
FORT WAYNE WWTP

User: JSTEFADMJ  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2024-01-19 13:11 (Time Zone: -05:00)

**Report Last Signed By**

User: JSTEFADMJ  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

**Permit:** IN0002191  
**Permit# & Major:** Yes  
**Permittee:** FORT WAYNE WWTP  
 CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Facility:** FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2601 DIVINGERS AVE  
 FORT WAYNE, IN 46803  
**Permit# & Major:** 005 External Outfall  
**Discharge:** 995-C  
**Facility Location:** 2601 DIVINGERS AVE  
 FORT WAYNE, IN 46803  
**Report Dates & Status:** From 12/01/23 to 12/31/23  
**DMR Due Date:** 9/12/24  
**Monitoring Period:** Considerations for Form Completion  
**CSO:** P05-102 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Title:**  
**Last Name:**  
**Mo Data Indicator (NOO):**  
**Form NOO:**

Code	Parameter Name	Monitoring Location	Excuse # Permit NOO	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
				Quarter 1 Value 1 Quarter 2 Value 2 Units	Quarter 1 Value 1 Quarter 2 Value 2 Units			
5007	Dwelltime	EG - Effluent Gross	0	Req Non MD TOTAL, EG - Inlets C - No Discharge	Req Non MD TOTAL, EG - Inlets C - No Discharge	WH08 - When Discharging	87 - RC0707	
7053	Overflow volume (800 volume, CSO volume)	EG - Effluent Gross	0	Req Non MD TOTAL, 800 - Inlets C - No Discharge	Req Non MD TOTAL, 800 - Inlets C - No Discharge	AL07 - All Events	83 - E370A	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	L/N Req Non MD TOTAL, 800 - Inlets	L/N Req Non MD TOTAL, 800 - Inlets	AL07 - All Events	87 - RC0707	
8185	Discharge event observations (Visual Monitoring)	EG - Effluent Gross	0	Req Non MD TOTAL, 40 - Inlets C - No Discharge	Req Non MD TOTAL, 40 - Inlets C - No Discharge	AL07 - All Events	87 - RC0707	

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
**Edit Check Errors:**  
 No errors.  
**Comments:**  
**Attachments:**  
 No attachments.  
**Report Last Saved By:** JETSFADMR  
**PORT WAYNE WWTP:** Jennifer Lach  
 jennifer.lach@cityofwayne.org  
**User:** JETSFADMR  
**Name:** Jennifer Lach  
**E-Mail:** jennifer.lach@cityofwayne.org  
**Date/Time:** 2024-01-13 13:08 (Time Zone: -05:00)  
**Report Last Signed By:** JETSFADMR  
**User:** Jennifer Lach  
**Name:** Jennifer Lach  
**E-Mail:** jennifer.lach@cityofwayne.org  
**Date/Time:** 2024-01-13 13:21 (Time Zone: -05:00)



DMR Copy of Record

**Permit #:** IN0002191  
**Major:** Yes  
**Permitted Features:** 555 External Outfall  
**Report Dates & Status:** From 12/5/23 to 12/31/23  
**Monitoring Period:** From 12/5/23 to 12/31/23  
**Considerations for Future Compliance:**  
**CSO:** J03-313 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**  
**First Name:**  
**Last Name:**  
**No Data Indicator (NOD):**  
**Form NOD:**

**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802  
**Discharge:** 886-C  
 CSO - J03-313 - BROWN ST PUMP STATION  
**Monitoring Location:** 886-C  
**Session # Param. NOD:** 610824  
**Monitoring Location:** 886-C  
**Session # Param. NOD:** 610824  
**Discharge:** 886-C  
 CSO - J03-313 - BROWN ST PUMP STATION  
**Monitoring Location:** 886-C  
**Session # Param. NOD:** 610824

Code	Parameter Name	Monitoring Location	Session # Param. NOD	Quantity of Loading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50207	Surables	EG - Effluent Gross	0	Sample	Req Min MD TOTAL	Req Min MD TOTAL	18426	When Discharging	BT - 802702F
				Permit Risk Value NOD	0	0			
74263	Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	Sample	Req Min MD TOTAL	Req Min MD TOTAL	0	All Events	ES - 857MA
				Permit Risk Value NOD	0	0			
75887	Prophylaxis, monthly accumulation	EG - Effluent Gross	0	Sample	Req Min MD TOTAL	Req Min MD TOTAL	0	All Events	BT - 802702F
				Permit Risk Value NOD	0	0			
81115	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Sample	Req Min MD TOTAL	Req Min MD TOTAL	0	All Events	BT - 802702F
				Permit Risk Value NOD	0	0			

**Submission Note:**  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excessions, Frequency of Analysis, and Sample Type.  
**DMR Check Errors:**  
 No errors.

**Comments:**  
 No comments.

**Attachments:**  
 No attachments.

**Report Last Saved By:** JETEFACAR  
**PORT WAYNE WWTP:** Jennifer Lash  
 jennifer.lash@cityoffortwayne.org  
 2024-01-19 13:11 (Time Zone: -05:00)

**User:** JETEFACAR  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:11 (Time Zone: -05:00)

**Report Last Signed By:** JETEFACAR  
**User:** Jennifer Lash  
**Name:** Jennifer Lash  
**E-Mail:** jennifer.lash@cityoffortwayne.org  
**Date/Time:** 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit #	IN6532191	Fort Wayne WWTP	Fort Wayne WWTP				
Major	Yes	CITY OF FORT WAYNE 200 E BERRY ST FT WAYNE, IN 46802	F.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803				
Permit Features:	027 External Outfall	Discharge:	NetDMR Validated				
Report Dates & Status	From 12/01/23 to 12/31/23	DMR Due Date:	01/28/24				
Monitoring Period:	From 12/01/23 to 12/31/23						
Considerations for Form Completion							
CSO: P15-01 MUNICIPAL MAJOR ALLEN COUNTY							
Principal Executive Officer							
First Name:	Title:	Telephone:					
Last Name:							
No Data Indicator (NDD)							
Form NOC:							
Code	Parameter Name	Monitoring Location - System # Param. NOC	Quantity of Loading Quarter 1 Value 1 Quarter 2 Value 2 Units Quarter 1 Value 1 Quarter 2 Value 2 Units	Quality of Concentration Value 1 Value 2	# of Ex.	Frequency of Analysis	Sample Type
5037	Surfline	EG - Effluent Gross 0	Sample Permit File Value NDD	Req Min MD TOTL, EG - Inflow G - No Discharge			MDSE - Inflow Discharge RT - RC0000P
7493	Overflow volume (551 volume, CSO volume)	EG - Effluent Gross 0	Sample Permit File Value NDD	Req Min MD TOTL, 3R - Mgd C - No Discharge			ALBY - All Events ES - ESTMA
7587	Precipitation, monthly accumulations	EG - Effluent Gross 0	Sample Permit File Value NDD	Req Min MD TOTL, 3R - Inflow C - No Discharge			ALBY - All Events RT - RC0000P
8116	Discharge event observation (Visual Monitoring)	EG - Effluent Gross 0	Sample Permit File Value NDD	Req Min MD TOTL, 3R - Inflow C - No Discharge			ALBY - All Events RT - RC0000P

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

**DMR Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.

**Report Last Saved By**  
FORT WAYNE WWTP

User: JETEFADUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2024-01-19 13:06 (Time Zone: -05:00)

**Report Last Signed By**

User: JETEFADUR  
Name: Jennifer Lash  
E-Mail: jennifer.lash@cityoffortwayne.org  
Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)



DMR Copy of Record

<b>Permit</b>	IN0002191	<b>Permittee:</b>	FORT WAYNE WWTP	<b>Facility:</b>	FORT WAYNE WWTP			
<b>Major:</b>	Yes	<b>Permittee Address:</b>	CITY OF FORT WAYNE 200 S BERRY ST FT WAYNE, IN 46802	<b>Facility Location:</b>	P.L. BRUNNER WPC 2601 DWINGER AVE FORT WAYNE, IN 46803			
<b>Permitted Features:</b>	051 External Outfall	<b>Discharge:</b>	061-C CSO R14-137 - 205 FT W OF LAVERN AVE & STATE BLVD	<b>Status:</b>	NotDMR Validated			
<b>Report Dates &amp; Status</b>	From 12/61/23 to 12/31/23	<b>DMR Due Date:</b>	01/28/24					
<b>Monitoring Period:</b>	Consolidations for Permit Completion							
<b>CSO:</b>	R14-137 MUNICIPAL MAJOR ALLEN COUNTY							
<b>Principal Executive Officer</b>		<b>Title:</b>		<b>Telephone:</b>				
<b>First Name:</b>								
<b>Last Name:</b>								
<b>No Date Indicator (NDD)</b>								
<b>Form NDD:</b>								
<b>Code</b>	<b>Parameter Name</b>	<b>Monitoring Location</b>	<b>Section 9 Permit NDD</b>	<b>Quantity or Loading</b>	<b>Quality or Concentration</b>	<b># of Ec.</b>	<b>Frequency of Analysis</b>	<b>Sample Type</b>
90237	Derivative	ES - Effluent Gross	B	-	Der Min I60 T01%, 60 - 10mg C - No Discharge	10000	10000	WT - 1000000
71043	Overflow volume (600 volume, CSO volume)	ES - Effluent Gross	B	-	Der Min I60 T01%, 60 - 10mg C - No Discharge	10000	10000	ES - 10000
73887	Precipitation, monthly accumulation	ES - Effluent Gross	B	-	Der Min I60 T01%, 60 - 10mg C - No Discharge	10000	10000	WT - 1000000
91165	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	B	-	Der Min I60 T01%, 60 - 10mg C - No Discharge	10000	10000	WT - 1000000
<b>Submitter Note</b>								
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that spec: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b>								
No errors.								
<b>Comments</b>								
No comments.								
<b>Attachments</b>								
No attachments.								
<b>Report Last Saved By</b>								
FORT WAYNE WWTP								
<b>User:</b>	JETEFACHUR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org	<b>Date/Time:</b>	2024-01-19 13:11 (Time Zone: -05:00)	
<b>Report Last Signed By</b>								
<b>User:</b>	JETEFACHUR	<b>Name:</b>	Jennifer Lash	<b>E-Mail:</b>	jennifer.lash@cityofwayne.org	<b>Date/Time:</b>	2024-01-19 13:21 (Time Zone: -05:00)	

DMR Copy of Record

**Permit:** IN0232191  
**Permit #:** IN0232191  
**Major:** Yes  
**Facility:** FORT WAYNE WWTP  
**Facility Location:** P.L. BRUNNER WPC  
 2601 DWENGER AVE  
 FORT WAYNE, IN 46803

**Permitted Features:** 062 External Outfall  
**Discharge:** 842-C  
 CSC: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD  
**Permittee:** FORT WAYNE WWTP  
**Permittee Address:** CITY OF FORT WAYNE  
 200 E BERRY ST  
 FT WAYNE, IN 46802

**Report Dates & Status:** From 12/31/23 to 12/31/23  
**Monitoring Period:** From 12/31/23 to 12/31/23  
**Considerations for Paves Completion:** 0123824  
**DMR Due Date:** 0123824  
**CSO:** R14-08 MUNICIPAL MAJOR ALLEN COUNTY  
**Principal Executive Officer:**

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**No Data Indicator (NOD):** -  
**Form NOD:** -

Code	Parameter Name	Monitoring Location	Section # Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
0207	Discharge	EG - Effluent Gross	\$ -	-					
				Get Min MD TOTAL, EG - Gross	EG - Gross			EG - Gross	
				C - No Discharge				EG - Gross	
T453	Overflow volume (500 volume, CSO volume)	EG - Effluent Gross	\$ -	-					
				Get Min MD TOTAL, EG - Gross	EG - Gross			EG - Gross	
				C - No Discharge				EG - Gross	
T687	Precipitation, monthly accumulation	EG - Effluent Gross	\$ -	-					
				LM	EG - Gross			EG - Gross	
				Get Min MD TOTAL, EG - Gross	EG - Gross			EG - Gross	
				C - No Discharge				EG - Gross	
81-16	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	\$ -	-					
				Get Min MD TOTAL, EG - Gross	EG - Gross			EG - Gross	
				C - No Discharge				EG - Gross	

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

**DMR Check Errors**  
No errors.

**Comments**  
No comments.

**Attachments**  
No attachments.

**Report Last Saved By**  
JETFACMR

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JETFACMR

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**Report Last Signed By**  
JETFACMR

DMR Copy of Record

**Permit:**  
 Permit #: N0002191  
 Major: Yes  
 Facility: FORT WAYNE WWTP  
 P.L. BRUNNER WPC  
 2507 DWENGER AVE  
 FORT WAYNE, IN 46823

**Permitted Features:** 064 External Outfall  
 Discharge: 984-C  
 CSC: 500-035 - 619 FT SE OF COURSEUM BLVD S & NEW HAVEN AVE  
 Status: NotDMR Validated

**Report Dates & Status:**  
 Monitoring Period: From 12/9/23 To 12/31/23  
 DMR Due Date: 01/28/24

Considerations for Permit Completion  
 CSC: 500-035 MUNICIPAL MAJOR ALLEN COUNTY  
 Principal Executive Officer  
 Title:

First Name:  
 Last Name:  
 Telephone:

No Data Indicator (NDD)  
 Form NDD:

Code	Parameter Name	Monitoring Location	Session #	Permit NDD	Quantity or Loading				Units	# of Ex.	Frequency of Analytes	Sample Type
					Quarter 1 Value	Quarter 2 Value	Quarter 3 Value	Quarter 4 Value				
5007	Duration	EG - Effluent Gross	0	-								
7093	Overflow volume (588 volume, CSO volume)	EG - Effluent Gross	0	-								
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-								
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-								

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

**Get Check Errors:**  
 No errors.

**Comments:**

**Attachments:**  
 No attachments.

**Report Last Saved By:**  
 FORT WAYNE WWTP

User: JETFDNR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2024-01-19 13:07 (Time Zone: -05:00)

**Report Last Signed By:**  
 User: JETFDNR  
 Name: Jennifer Lash  
 E-Mail: jennifer.lash@cityoffortwayne.org  
 Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)

DMR Copy of Record

Permit Permit #: 860022191 Major: Yes	Permittee: Permittee Address: Discharge:	FORT WAYNE WWTP CITY OF FORT WAYNE 300 E BERRY ST FT WAYNE, IN 46802	Facility: Facility Location:	FORT WAYNE WWTP P.L. BRUNER WPC 2621 DWYER AVE FORT WAYNE, IN 46823				
Permitted Features: 028 External Outfall	CSO: 018-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK	088-C	Status:	NotDMR Validated				
Report Dates & Status Monitoring Period: From 12/9/22 to 12/31/23 Considerations for Permit Compliance CSO: 018-254 MUNICIPAL MAJOR ALLEN COUNTY Principal Executive Officer	DMR Due Date: 01/28/24		Telephone:					
First Name: Last Name: No Date Indicator (NOO) Farm NOO:	Title:							
Parameter Name	Monitoring Location	Season #	Permit NOO	Quantity or Loading Quotient 1 Value 1 Quotient 2 Value 3 Units Quotient 1 Value 1 Quotient 2 Value 3 Units	Quality or Concentration Req Min MD 10%N, 82 - 8%ms C - No Discharge	# of Ex.	Frequency of Analysis	Sample Type
80207	Overflows	88 - Effluent Gross	8	-	Sample Permit No: Value NOO			
71463	Overflow volume (600 volume, CSO volume)	88 - Effluent Gross	8	-	Sample Permit No: Value NOO			
75807	Precipitation, usually accumulates	88 - Effluent Gross	8	-	Sample Permit No: Value NOO			
81165	Discharge event observations (Must Monitoring)	88 - Effluent Gross	8	-	Sample Permit No: Value NOO			
<b>Subscriber Note</b> If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exceedances, Frequency of Analysis, and Sample Type.								
<b>Edit Check Errors</b> No errors.								
<b>Comments</b>								
<b>Attachments</b> No attachments.								
<b>Report Last Saved By</b> FORT WAYNE WWTP								
User: JETEFADMJR Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2024-01-19 13:12 (Time Zone: -05:00)								
<b>Report Last Signed By</b> User: JETEFADMJR Name: Jennifer Lash E-Mail: jennifer.lash@cityofwayne.org Date/Time: 2024-01-19 13:21 (Time Zone: -05:00)								

DMR Copy of Record

Permit	IN0032191	FORT WAYNE WWTP	FORT WAYNE WWTP
Permit #:	IN0032191	CITY OF FORT WAYNE	FORT WAYNE WWTP
Major:	Yes	200 E BERRY ST	P.L. BRUNER WPC
		FT WAYNE, IN 46802	2001 DWENZER AVE
			FORT WAYNE, IN 46803
Permitted Feature:	CSO External Outfall	Discharge:	686-C
Report Dates & Status	From 12/9/23 to 12/31/23	DMR Due Date:	8/28/24
Monitoring Period:	From 12/9/23 to 12/31/23		
Contributions for Form Completion			
CSO - P10-001 257' EAST, NE OF PEMBERTON DR & MAGRA DR			
Principal Executive Officer		Title:	
First Name:		Telephone:	
Last Name:			
No Data Indicator (NOD)			
Form NOD:			
Permittee Name	Monitoring Location	Reason # Param. NOD	Quantity of Loading
			Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4
Code	Sample	Period	Units
5027 Duration	EG - Effluent Gross	0	-
7063 Overflow volume (555 volume, CSO volume)	EG - Effluent Gross	0	-
7087 Precipitation, runoff accumulation	ES - Effluent Gross	0	-
8418 Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	-
Subscriber Note			
If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.			
ERT Check Errors			
No errors.			
Comments			
Attachments			
Report Last Saved By	JETEFACMR		
FORT WAYNE WWTP	Jennifer Luan		
User:	Jennifer Luan		
E-Mail:	jennifer.luan@cityoffortwayne.org		
Date/Time:	2024-01-19 13:12 (Time Zone: -05:00)		
Report Last Signed By	JETEFACMR		
User:	Jennifer Luan		
Name:	Jennifer Luan		
E-Mail:	jennifer.luan@cityoffortwayne.org		
Date/Time:	2024-01-19 13:21 (Time Zone: -05:00)		



DMR Copy of Record

Permit:	IN0002191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP		
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE 200 E SENeca ST FT WAYNE, IN 46822	Facility Location:	P.L. BRUNNER WPC 2857 DWINGER AVE FORT WAYNE, IN 46823		
Permitted Feature:	SBT External Outfall	Discharge:	884-C CSO: R14-032, 200 NORTH AND 710 WEST OF NEVADA & LAVERNE DR	State:	INDIAN		
Report Dates & Status:		DMR Due Date:	9/28/24	Valid:	Validated		
Monitoring Period:	From 12/31/23 To 12/31/23	Consolidations for Form Completion:		Telephone:			
CSO - R14-032, 200 NORTH AND 710 WEST OF NEVADA & LAVERNE DR		Principal Executive Officer:					
First Name:		Title:					
Last Name:							
No Data Indicator (NDD)							
Form NDD:							
Code	Parameter Name	Monitoring Location	Season & Param. NDD	Quantity or Loading	# of Ex.	Frequency of Analysis	Sample Type
50037	Durbin	EG - Effluent Gross	0	Req Mon 160 TON, 1E - 10ms C - No Discharge		10000	10000 - 10000 Challenging RT - 1000000
74050	Overflow volume (500 volume, CSO volume)	EG - Effluent Gross	0	Req Mon 160 TON, 3E - 10ml C - No Discharge			ALU - All Events ES - ESTMA
78887	Precipitation, monthly accumulations	EG - Effluent Gross	0	Req Mon 160 TON, 3E - 10ms C - No Discharge			ALU - All Events RT - 1000000 ALU - All Events RT - 1000000
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Req Mon 160 TON, 4E - 10ms C - No Discharge			ALU - All Events RT - 1000000
<b>Subscriber Note</b> If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. ERT Check Errors No errors Comments Attachments Report Last Saved By FORT WAYNE WWTP User: JETEFACDMR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2024-07-19 13:12 (Time Zone: -05:00) Report Last Signed By User: JETEFACDMR Name: Jennifer Lash E-Mail: jennifer.lash@cityoffortwayne.org Date/Time: 2024-07-19 13:21 (Time Zone: -05:00)							