



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

March 31, 2026

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
2025 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 2025 Annual Report as required by the CSO Great Lakes Public Notification Plan.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Kumar Menon".

Kumar Menon
City Utilities Director

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City of Fort Wayne, Indiana
2025 Great Lakes CSO Public Notification Plan Annual Report

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

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

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

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

The City is required to submit monthly Discharge Monitoring Reports (DMR) to IDEM and EPA via the NetDMR software system. The 2025 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 zero Dry Weather Overflows in 2025. These Dry Weather Overflows are 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>

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.

City of Fort Wayne, Indiana
2025 Great Lakes CSO Public Notification Plan Annual 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. The City is required to construct floatables control on CSO outfalls as part of its Long-Term Control Plan (LTCP). The CSO outfalls identified in Table 2 below have screening capabilities installed. Future LTCP projects include screening on remaining outfalls as agreed to in the Consent Decree.

Table 2

CSO Outfall	Year Floatables facility was installed
17	2009
21	2009
52	2009
2	2013
3	2013
54	(Note 3) 2013
57	2013
36	2015
44	2015
45	2015
51	2015
68	2015
60	2017
61	2018
62	2018
0*	2019
4	2020
18	2020
39	2020
50	2021
33	2021
55	2022
13	2022
80D	2022
56	2023
11	2023
12	2023

City of Fort Wayne, Indiana
2025 Great Lakes CSO Public Notification Plan Annual Report

23	2023
24	2023
25	2023
20	2025
05	2025

Note 1.: Zero floatables facilities installed in 2019

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

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

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

The City is required to submit monthly Discharge Monitoring Reports (DMR) to IDEM and EPA via the NetDMR software system. The 2025 DMRs for all 12 months are included in Appendix 3. These reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

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

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

7. Contact information for City Utilities.

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

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

The City's Great Lakes CSO Public Notification Plan Annual Report is located on its website, which is available at <https://utilities.cityoffortwayne.org/sewer-system/cso-notifications>

8. A concise summary of implementation of the nine minimum controls and the status of implementation of the long-term control plan, including the following:

City of Fort Wayne, Indiana
2025 Great Lakes CSO Public Notification Plan Annual Report

- a. A description of the key milestones remaining for LTCP implementation will be provided in the City's Six-Month Status Update as required in Section XII (Reporting) of the Consent Decree.
- b. The average annual number of CSO discharges anticipated after complete implementation of the long-term control plan is four (4) overflow events in a typical year on the St. Mary's and Maumee Rivers and one (1) overflow event in a typical year on the St. Joseph River.

Completed Six-Month Status Update reports are located on the City's website at <https://utilities.cityoffortwayne.org/sewer-system/cso-consent-decree>

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

The 2025 DMRs for all 12 months are included in Appendix 3. In addition to rain gauge data, these reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

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

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

This annual notification will be posted on City Utilities website at <https://utilities.cityoffortwayne.org/sewer-system/cso-notifications> and a link to the notification will be submitted to NPDES_CS0@epa.gov along with contact information for the City Utilities employee who is responsible for maintaining the website. Notice that the annual report is available will also be sent via email to all subscribers to Fort Wayne's CSO notification list, to the Fort Wayne/Allen County Department of Health and to other public entities receiving CSO notification as identified elsewhere in this document.

APPENDIX 1

ATTACHMENT A

Precipitation Related Combined Sewer Overflow Discharge Authorization Requirements

I. Discharge Authorization

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

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

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

Outfall	Location	Receiving Water
048	O10-252, 350' West of Edgewater & Garfield 41° 05' 10" N 85° 07' 03" W	Maumee River
050	O10-277, 100' North of Coombs St. & Herbert St. 41° 05' 03" N 85° 07' 21" W	Maumee River
051	O22-002, 120' Northwest of St. Joseph Dr. & Woodrow Ave. 41° 06' 41" N 85° 07' 03" W	Saint Joseph River
052	O22-004, 370' West of N. Anthony Blvd. & St. Joseph River Dr. 41° 06' 43" N 85° 06' 32" W	Saint Joseph River
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.

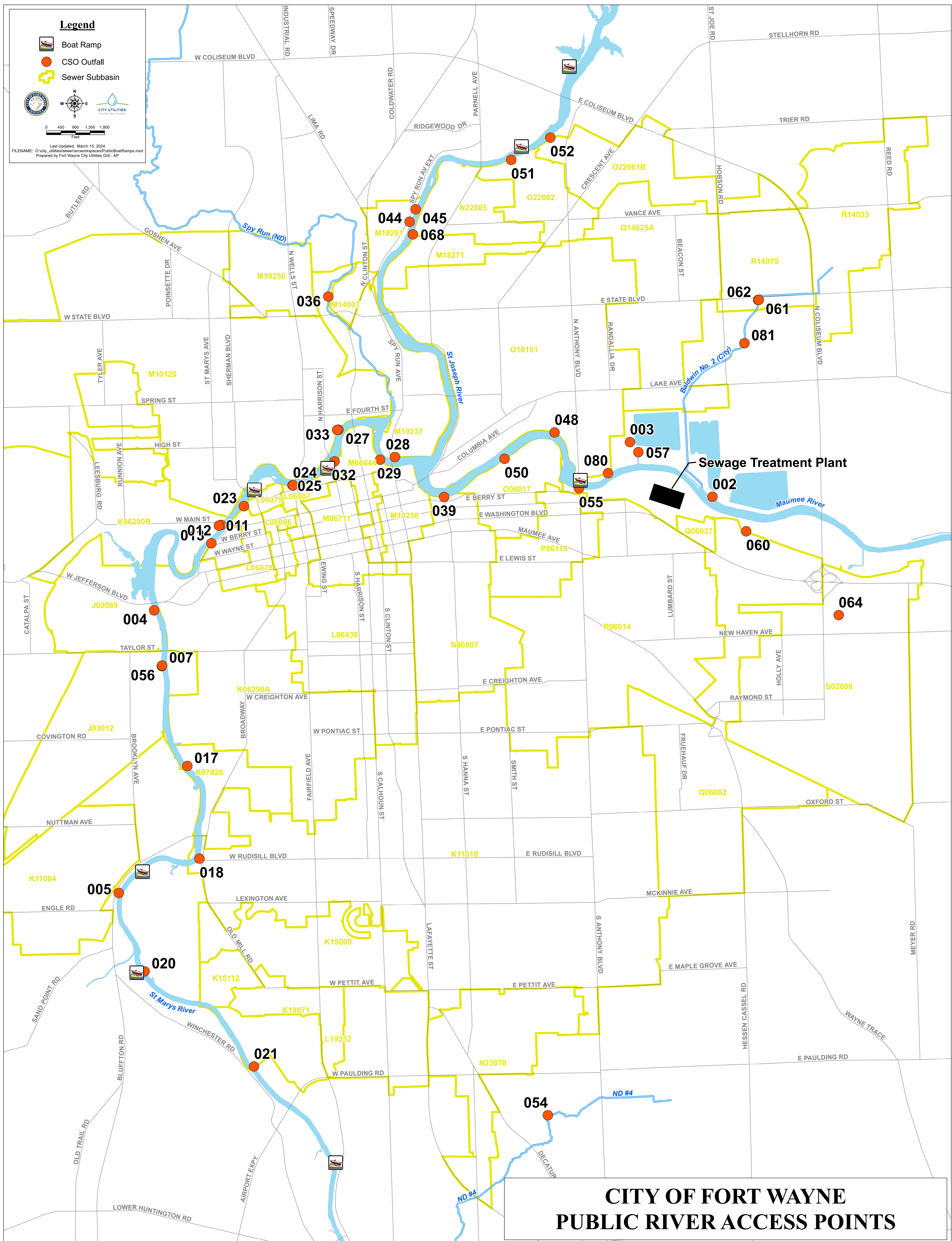
II. Wet Weather Pond Storage and Transport System

- 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



APPENDIX 3



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

February 24, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of January 2025. 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 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, 17, 18, 20, and 21
- Old Mill Rd_K11 – Not currently operating, however it covers 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 used the Packard Ave W_L07 rain gauge for CSOs 18, 20 and 21 for January. The Old Mill Rd_K11 rain gauge is inaccurate and is being investigated for a permanent fix for its malfunctions.

The City is completing a project at Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for the entire month of January on this CSO MRO report.

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CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

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,

A handwritten signature in black ink that reads "Jennifer E. Lash". The signature is written in a cursive style.

Jennifer E. Lash
Superintendent Maintenance – Field Operations

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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 process:

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH] 1-2025								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85			Design Average Flow (MGD): 74					Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No. 60					
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	78.79	87.02					5 m												
02	61.07	69.49					5 m												
03	60.20	66.79					5 m												
04	56.47	62.51					5 m												
05	55.83	63.12					5 m												
06	55.75	61.03					5 m												
07	36.29	59.21					5 m												
08	34.82	39.47					5 m												
09	34.31	37.85					5 m												
10	33.32	37.26					5 m												
11	33.85	44.88	12:05 PM	0.75	0.09	0.04	5 m												
12	34.41	43.59	11:35 AM	0.08	0.01	0.01	5 m												
13	34.29	42.29					5 m												
14	34.00	39.32					5 m												
15	34.39	39.32					5 m												
16	34.49	39.88					5 m												
17	34.43	41.34	1:45 PM	0.17	0.02	0.01	5 m												
18	59.18	80.00	12:15 AM	1.83	0.22	0.05	5 m												
19	40.86	47.05					5 m												
20	38.71	44.46					5 m												
21	37.67	43.77					5 m												
22	35.16	41.88					5 m												
23	33.15	49.66					5 m												
24	33.14	38.90					5 m												
25	32.30	39.32					5 m												
26	32.91	41.16					5 m												
27	32.84	39.62					5 m												
28	33.39	46.95					5 m												
29	33.62	39.37					5 m												
30	36.02	56.67	7:00 PM	1.33	0.16	0.06	5 m												
31	63.74	80.02	12:55 AM	2.67	0.32	0.07	5 m												
Totals:	1289.41			6.83	0.82				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	02/24/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 1 of 12					Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?					Y									
Monitoring Period: [MONTH]			1-2025								Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y						
Monitoring Period:			[MONTH]		1-2025						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57					CSO Outfall No. 64							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
Day of Month																				
01	78.79	87.02	3:15 AM	0.08	0.01	0.01	5 m													
02	61.07	69.49					5 m													
03	60.20	66.79					5 m													
04	56.47	62.51					5 m													
05	55.83	63.12					5 m													
06	55.75	61.03					5 m													
07	36.29	59.21					5 m													
08	34.82	39.47					5 m													
09	34.31	37.85					5 m													
10	33.32	37.26					5 m													
11	33.85	44.88	11:45 AM	0.58	0.07	0.02	5 m													
12	34.41	43.59					5 m													
13	34.29	42.29					5 m													
14	34.00	39.32					5 m													
15	34.39	39.32					5 m													
16	34.49	39.88					5 m													
17	34.43	41.34	12:45 PM	0.17	0.02	0.01	5 m													
18	59.18	80.00	12:40 AM	1.58	0.19	0.04	5 m													
19	40.86	47.05					5 m													
20	38.71	44.46					5 m													
21	37.67	43.77					5 m													
22	35.16	41.88					5 m													
23	33.15	49.66					5 m													
24	33.14	38.90					5 m													
25	32.30	39.32					5 m													
26	32.91	41.16					5 m													
27	32.84	39.62					5 m													
28	33.39	46.95					5 m													
29	33.62	39.37					5 m													
30	36.02	56.67	6:55 PM	1.25	0.15	0.06	5 m													
31	63.74	80.02	8:10 AM	2.67	0.33	0.08	5 m													
Totals:	1289.41			6.33	0.77			0	Da ys	0.00		0.000		0	Da ys	0.00		0.000		

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												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												02/24/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				1-2025												Check box if no CSO discharge occurred for the month:								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		1-2025				Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23								CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	78.79	87.02					5 m														
02	61.07	69.49					5 m														
03	60.20	66.79					5 m														
04	56.47	62.51					5 m														
05	55.83	63.12					5 m														
06	55.75	61.03					5 m														
07	36.29	59.21					5 m														
08	34.82	39.47					5 m														
09	34.31	37.85					5 m														
10	33.32	37.26					5 m														
11	33.85	44.88	2:45 PM	0.67	0.08	0.03	5 m														
12	34.41	43.59	6:10 PM	0.08	0.01	0.01	5 m														
13	34.29	42.29					5 m														
14	34.00	39.32					5 m														
15	34.39	39.32					5 m														
16	34.49	39.88					5 m														
17	34.43	41.34	1:15 PM	1.08	0.13	0.04	5 m														
18	59.18	80.00	12:05 AM	2.08	0.25	0.06	5 m														
19	40.86	47.05					5 m														
20	38.71	44.46					5 m														
21	37.67	43.77					5 m														
22	35.16	41.88					5 m														
23	33.15	49.66					5 m														
24	33.14	38.90					5 m														
25	32.30	39.32					5 m														
26	32.91	41.16					5 m														
27	32.84	39.62					5 m														
28	33.39	46.95					5 m														
29	33.62	39.37					5 m														
30	36.02	56.67	6:50 PM	1.33	0.16	0.06	5 m														
31	63.74	80.02	12:40 AM	2.17	0.27	0.06	5 m														
Totals:	1289.41			7.42	0.90			0	Days	0.00		0.000		0	Days	0.00		0.000			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone							
Jennifer E. Lash, Superintendent Maintenance								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								02/24/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191																			
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																			
Monitoring Period:			[MONTH]		1-2025				Check box if no CSO discharge occurred for the month:																						
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																					
		CSO Outfall No. 25								CSO Outfall No. 29								CSO Outfall No. 32								CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		1-2025								Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			1-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.79	87.02	3:30 AM	0.08	0.01	0.01	5 m												
02	61.07	69.49					5 m												
03	60.20	66.79					5 m												
04	56.47	62.51					5 m												
05	55.83	63.12					5 m												
06	55.75	61.03					5 m												
07	36.29	59.21					5 m												
08	34.82	39.47					5 m												
09	34.31	37.85					5 m												
10	33.32	37.26					5 m												
11	33.85	44.88	12:45 PM	0.50	0.06	0.02	5 m												
12	34.41	43.59	9:10 PM	0.08	0.01	0.01	5 m												
13	34.29	42.29					5 m												
14	34.00	39.32					5 m												
15	34.39	39.32					5 m												
16	34.49	39.88					5 m												
17	34.43	41.34	11:35 PM	0.17	0.02	0.02	5 m												
18	59.18	80.00	12:40 AM	1.75	0.21	0.05	5 m												
19	40.86	47.05					5 m												
20	38.71	44.46					5 m												
21	37.67	43.77					5 m												
22	35.16	41.88					5 m												
23	33.15	49.66					5 m												
24	33.14	38.90					5 m												
25	32.30	39.32					5 m												
26	32.91	41.16					5 m												
27	32.84	39.62					5 m												
28	33.39	46.95					5 m												
29	33.62	39.37					5 m												
30	36.02	56.67	6:55 PM	1.50	0.18	0.07	5 m												
31	63.74	80.02	7:50 AM	2.42	0.31	0.07	5 m												
Totals:	1289.41			6.50	0.80			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Jennifer E. Lash, Superintendent Maintenance														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														02/24/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period: [MONTH]			1-2025					Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
Time			CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days							Days					Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period: [MONTH]			1-2025					Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 18								CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	78.79	87.02	3:30 AM	0.08	0.01	0.01	5 m														
02	61.07	69.49					5 m														
03	60.20	66.79					5 m														
04	56.47	62.51					5 m														
05	55.83	63.12					5 m														
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07	36.29	59.21					5 m														
08	34.82	39.47					5 m														
09	34.31	37.85					5 m														
10	33.32	37.26					5 m														
11	33.85	44.88	12:45 PM	0.50	0.06	0.02	5 m														
12	34.41	43.59	9:10 PM	0.08	0.01	0.01	5 m														
13	34.29	42.29					5 m														
14	34.00	39.32					5 m														
15	34.39	39.32					5 m														
16	34.49	39.88					5 m														
17	34.43	41.34	11:35 PM	0.17	0.02	0.02	5 m														
18	59.18	80.00	12:40 AM	1.75	0.21	0.05	5 m	4:00 AM	M	2.42	M	0.044	M								
19	40.86	47.05					5 m														
20	38.71	44.46					5 m														
21	37.67	43.77					5 m														
22	35.16	41.88					5 m														
23	33.15	49.66					5 m														
24	33.14	38.90					5 m														
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26	32.91	41.16					5 m														
27	32.84	39.62					5 m														
28	33.39	46.95					5 m														
29	33.62	39.37					5 m														
30	36.02	56.67	6:55 PM	1.50	0.18	0.07	5 m														
31	63.74	80.02	7:50 AM	2.42	0.31	0.07	5 m							7:35 PM	M	0.08	M	0.001	M		
Totals:	1289.41			6.50	0.80			1	Days	2.42		0.044		1	Days	0.08		0.001			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone							
Jennifer E. Lash, Superintendent Maintenance								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												02/24/25			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191																		
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																		
Monitoring Period: [MONTH]			1-2025					Check box if no CSO discharge occurred for the month:																						
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																				
	CSO Outfall No. 21										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		1-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	78.79	87.02	3:10 AM	0.08	0.01	0.01	5 m												
02	61.07	69.49					5 m												
03	60.20	66.79	4:50 AM	0.17	0.02	0.01	5 m												
04	56.47	62.51					5 m												
05	55.83	63.12					5 m												
06	55.75	61.03	4:15 AM	0.08	0.01	0.01	5 m												
07	36.29	59.21					5 m												
08	34.82	39.47					5 m												
09	34.31	37.85					5 m												
10	33.32	37.26	2:40 PM	0.83	0.10	0.02	5 m												
11	33.85	44.88	2:25 AM	0.75	0.09	0.03	5 m												
12	34.41	43.59					5 m												
13	34.29	42.29					5 m												
14	34.00	39.32	11:20 AM	0.08	0.01	0.01	5 m												
15	34.39	39.32					5 m												
16	34.49	39.88					5 m												
17	34.43	41.34	11:45 PM	0.08	0.01	0.01	5 m												
18	59.18	80.00	12:10 AM	2.08	0.25	0.05	5 m												
19	40.86	47.05					5 m												
20	38.71	44.46					5 m												
21	37.67	43.77					5 m												
22	35.16	41.88					5 m												
23	33.15	49.66					5 m												
24	33.14	38.90					5 m												
25	32.30	39.32					5 m												
26	32.91	41.16					5 m												
27	32.84	39.62					5 m												
28	33.39	46.95					5 m												
29	33.62	39.37					5 m												
30	36.02	56.67	6:45 PM	1.67	0.20	0.07	5 m												
31	63.74	80.02	7:35 AM	2.42	0.29	0.06	5 m												
Totals:	1289.41			8.25	0.99			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone						
Jennifer E. Lash, Superintendent Maintenance													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													02/24/25						



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:			[MONTH]		1-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
		CSO Outfall No. 07				CSO Outfall No. 11				CSO Outfall No. 12				CSO Outfall No. 56										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period:		[MONTH]		1-2025						Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.				54				CSO Outfall No.									
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
Day of Month																									
01	78.79	87.02	3:20 AM	0.08	0.01	0.01	5 m																		
02	61.07	69.49					5 m																		
03	60.20	66.79					5 m																		
04	56.47	62.51					5 m																		
05	55.83	63.12					5 m																		
06	55.75	61.03					5 m																		
07	36.29	59.21					5 m																		
08	34.82	39.47					5 m																		
09	34.31	37.85					5 m																		
10	33.32	37.26					5 m																		
11	33.85	44.88	1:00 PM	0.42	0.05	0.02	5 m																		
12	34.41	43.59	1:20 PM	0.17	0.02	0.01	5 m																		
13	34.29	42.29					5 m																		
14	34.00	39.32					5 m																		
15	34.39	39.32					5 m																		
16	34.49	39.88					5 m																		
17	34.43	41.34	1:10 PM	0.92	0.11	0.03	5 m																		
18	59.18	80.00	12:30 AM	2.17	0.26	0.05	5 m																		
19	40.86	47.05					5 m																		
20	38.71	44.46					5 m																		
21	37.67	43.77					5 m																		
22	35.16	41.88					5 m																		
23	33.15	49.66					5 m																		
24	33.14	38.90					5 m																		
25	32.30	39.32					5 m																		
26	32.91	41.16					5 m																		
27	32.84	39.62					5 m																		
28	33.39	46.95					5 m																		
29	33.62	39.37					5 m																		
30	36.02	56.67	7:00 PM	1.58	0.19	0.07	5 m																		
31	63.74	80.02	1:00 AM	1.58	0.20	0.05	5 m																		
Totals:	1289.41			6.92	0.84			0	Da ys	0.00		0.000			Da ys										

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone				
Jennifer E. Lash, Superintendent Maintenance														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														02/24/25				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period: [MONTH] 1-2025																		Check box if no CSO discharge occurred for the month:						
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y							
Monitoring Period:			[MONTH]		1-2025						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28					CSO Outfall No. 48								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	78.79	87.02	12:55 PM	0.08	0.01	0.01	5 m														
02	61.07	69.49	11:30 PM	0.08	0.01	0.01	5 m														
03	60.20	66.79	12:15 AM	0.25	0.03	0.02	5 m														
04	56.47	62.51					5 m														
05	55.83	63.12					5 m														
06	55.75	61.03	4:25 AM	0.08	0.01	0.01	5 m														
07	36.29	59.21					5 m														
08	34.82	39.47					5 m														
09	34.31	37.85					5 m														
10	33.32	37.26	3:15 PM	0.83	0.10	0.02	5 m														
11	33.85	44.88	12:00 AM	0.67	0.08	0.02	5 m														
12	34.41	43.59					5 m														
13	34.29	42.29					5 m														
14	34.00	39.32					5 m														
15	34.39	39.32					5 m														
16	34.49	39.88					5 m														
17	34.43	41.34	11:40 PM	0.08	0.01	0.01	5 m														
18	59.18	80.00	12:05 AM	1.83	0.22	0.05	5 m														
19	40.86	47.05					5 m														
20	38.71	44.46					5 m														
21	37.67	43.77					5 m														
22	35.16	41.88					5 m														
23	33.15	49.66					5 m														
24	33.14	38.90					5 m														
25	32.30	39.32					5 m														
26	32.91	41.16					5 m														
27	32.84	39.62					5 m														
28	33.39	46.95					5 m														
29	33.62	39.37					5 m														
30	36.02	56.67	6:40 PM	1.42	0.17	0.06	5 m														
31	63.74	80.02	1:05 AM	2.58	0.31	0.07	5 m														
Totals:	1289.41			7.92	0.95			0	Days	0.00		0.000		0	Days	0.00		0.000			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												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												02/24/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period:			[MONTH]		1-2025						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
		CSO Outfall No. 51					CSO Outfall No. 52					CSO Outfall No. 61					CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y												
Monitoring Period:				[MONTH]		1-2025								Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					62			CSO Outfall No.					68			CSO Outfall No.					02			CSO Outfall No.					03		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y												
Monitoring Period:				[MONTH]		1-2025								Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					80			CSO Outfall No.					81			CSO Outfall No.								CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000									

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 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		1-2025						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	78.79	87.02					5 m												
02	61.07	69.49					5 m												
03	60.20	66.79					5 m												
04	56.47	62.51					5 m												
05	55.83	63.12					5 m												
06	55.75	61.03					5 m												
07	36.29	59.21					5 m												
08	34.82	39.47					5 m												
09	34.31	37.85					5 m												
10	33.32	37.26					5 m												
11	33.85	44.88	3:00 PM	0.58	0.07	0.05	5 m												
12	34.41	43.59	1:15 PM	0.17	0.02	0.01	5 m												
13	34.29	42.29					5 m												
14	34.00	39.32					5 m												
15	34.39	39.32					5 m												
16	34.49	39.88					5 m												
17	34.43	41.34	1:05 PM	1.17	0.14	0.03	5 m												
18	59.18	80.00	12:10 AM	1.83	0.22	0.05	5 m												
19	40.86	47.05					5 m												
20	38.71	44.46					5 m												
21	37.67	43.77					5 m												
22	35.16	41.88					5 m												
23	33.15	49.66					5 m												
24	33.14	38.90					5 m												
25	32.30	39.32					5 m												
26	32.91	41.16					5 m												
27	32.84	39.62					5 m												
28	33.39	46.95					5 m												
29	33.62	39.37					5 m												
30	36.02	56.67	6:00 PM	1.50	0.18	0.06	5 m												
31	63.74	80.02	2:25 AM	2.58	0.31	0.07	5 m												
Totals:	1289.41			7.83	0.94			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	02/24/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 11 of 12					Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y								
Monitoring Period: [MONTH] 1-2025													Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74							Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01																									
02																									
03																									
04																									
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27																									
28																									
29																									
30																									
31																									
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days					



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH]	1-2025	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	Wet Weather Day		
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31	Wet Weather Day		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		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		02/24/25	

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2025_01.pdf	pdf	475498.0
IN0032191_002C_Letter_2025_01.pdf	pdf	285944.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-02-24 13:36 (Time Zone: -05:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:22 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.99	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:13 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.99	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-02-24 13:13 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.99	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:13 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.99	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:14 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.99	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:14 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:12 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:12 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	2.42	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.044	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-02-24 13:12 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.08	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.001	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-02-24 13:13 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:13 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:11 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:11 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:11 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.94	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:26 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:16 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:11 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:11 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.94	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:26 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.94	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:26 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-02-24 13:12 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.94	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-02-24 13:26 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.94	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:26 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:17 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:12 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:18 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:19 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.84	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:16 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:12 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.99	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:14 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:10 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:10 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:20 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:20 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:10 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:22 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:22 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 01/01/25 to 01/31/25

DMR Due Date:

02/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-02-24 13:22 (Time Zone: -05:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-02-24 13:37 (Time Zone: -05:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

March 20, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of February 2025. 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 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, 17, 18, 20, and 21
- Old Mill Rd_K11 – Not currently operating, however it covers 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 used the Packard Ave W_L07 rain gauge for CSOs 18, 20 and 21 for February. The Old Mill Rd_K11 rain gauge is inaccurate and is being investigated for a permanent fix for its malfunctions.

The City is completing a project at Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for the entire month of February on this CSO MRO report.

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

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,

A handwritten signature in black ink, reading "Jennifer E. Lash".

Jennifer E. Lash
Superintendent Maintenance – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period: [MONTH] 2-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Oxford St_ Q11 Gauge					CSO Outfall No.								CSO Outfall No.				60			
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	49.77	80.02					5 m																
02	42.36	50.01	10:55 AM	0.50	0.06	0.05	5 m																
03	43.48	50.01					5 m																
04	43.61	50.01					5 m																
05	40.47	50.00					5 m																
06	40.28	47.39	8:05 AM	0.42	0.05	0.02	5 m																
07	36.08	44.99					5 m																
08	38.45	59.97	1:15 PM	0.33	0.04	0.02	5 m																
09	37.43	46.96					5 m																
10	38.66	56.22	10:45 AM	0.75	0.09	0.03	5 m																
11	37.70	59.99	12:40 PM	0.17	0.02	0.01	5 m																
12	45.33	58.57					5 m																
13	34.25	40.02					5 m																
14	34.26	39.64					5 m																
15	39.75	59.51	10:00 AM	1.83	0.22	0.04	5 m																
16	41.07	47.97	12:25 AM	0.33	0.04	0.02	5 m																
17	35.76	44.46					5 m																
18	33.95	40.24					5 m																
19	33.12	38.00					5 m																
20	32.66	37.16					5 m																
21	33.19	39.43	3:55 PM	0.08	0.01	0.01	5 m																
22	32.98	42.44					5 m																
23	35.66	50.00	2:20 PM	0.17	0.02	0.01	5 m																
24	44.51	65.02	9:45 AM	0.08	0.01	0.01	5 m																
25	46.43	53.53					5 m																
26	50.30	74.24	9:00 AM	1.33	0.18	0.06	5 m																
27	53.70	66.08	4:45 PM	0.08	0.01	0.01	5 m																
28	47.38	51.93					5 m																
Totals:	1122.61			6.07	0.75				Da ys					0	Da ys	0.00		0.000					
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Jennifer E. Lash, Superintendent Maintenance														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														03/20/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 1 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period: [MONTH] 2-2025								Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified																
Time	CSO Outfall No.												CSO Outfall No.											
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Da ys							Da ys						Da ys						Da ys			



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period: [MONTH]				2-2025						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57								CSO Outfall No. 64							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	49.77	80.02					5 m																
02	42.36	50.01	10:55 AM	0.50	0.06	0.05	5 m																
03	43.48	50.01					5 m																
04	43.61	50.01					5 m																
05	40.47	50.00					5 m																
06	40.28	47.39	8:30 AM	0.42	0.05	0.03	5 m																
07	36.08	44.99					5 m																
08	38.45	59.97	1:15 PM	0.33	0.04	0.02	5 m																
09	37.43	46.96					5 m																
10	38.66	56.22	11:00 AM	0.50	0.06	0.04	5 m																
11	37.70	59.99	12:55 PM	0.08	0.01	0.01	5 m																
12	45.33	58.57					5 m																
13	34.25	40.02					5 m																
14	34.26	39.64					5 m																
15	39.75	59.51	10:05 AM	1.92	0.23	0.04	5 m																
16	41.07	47.97	12:20 AM	0.33	0.04	0.02	5 m																
17	35.76	44.46					5 m																
18	33.95	40.24					5 m																
19	33.12	38.00					5 m																
20	32.66	37.16					5 m																
21	33.19	39.43	12:40 PM	0.17	0.02	0.01	5 m																
22	32.98	42.44					5 m																
23	35.66	50.00	12:55 PM	0.25	0.03	0.01	5 m																
24	44.51	65.02					5 m																
25	46.43	53.53	8:05 AM	0.08	0.01	0.01	5 m																
26	50.30	74.24	9:05 AM	1.08	0.15	0.06	5 m																
27	53.70	66.08	4:15 PM	0.08	0.01	0.01	5 m																
28	47.38	51.93					5 m																
Totals:	1122.61			5.75	0.71			0	Da ys	0.00		0.000		0	Da ys	0.00		0.000					
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Jennifer E. Lash, Superintendent Maintenance														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														03/20/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191														
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y														
Monitoring Period: [MONTH]				2-2025						Check box if no CSO discharge occurred for the month:																				
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																		
Time	CSO Outfall No.										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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Totals:		Da ys							Da ys						Da ys						Da ys									



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y										
Monitoring Period:			[MONTH]		2-2025			Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23					CSO Outfall No. 24									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	49.77	80.02					5 m															
02	42.36	50.01	10:00 AM	0.58	0.07	0.05	5 m															
03	43.48	50.01					5 m															
04	43.61	50.01					5 m															
05	40.47	50.00	10:40 PM	0.08	0.01	0.01	5 m															
06	40.28	47.39	9:20 AM	0.17	0.02	0.02	5 m															
07	36.08	44.99					5 m															
08	38.45	59.97	1:15 PM	0.83	0.10	0.04	5 m															
09	37.43	46.96					5 m															
10	38.66	56.22	12:20 PM	0.25	0.03	0.01	5 m															
11	37.70	59.99	12:10 PM	0.08	0.01	0.01	5 m															
12	45.33	58.57					5 m															
13	34.25	40.02					5 m															
14	34.26	39.64					5 m															
15	39.75	59.51	10:30 AM	0.83	0.10	0.03	5 m															
16	41.07	47.97	12:35 AM	0.17	0.02	0.01	5 m															
17	35.76	44.46					5 m															
18	33.95	40.24					5 m															
19	33.12	38.00					5 m															
20	32.66	37.16					5 m															
21	33.19	39.43	2:10 PM	0.08	0.01	0.01	5 m															
22	32.98	42.44	3:45 PM	0.08	0.01	0.01	5 m															
23	35.66	50.00	12:45 PM	0.17	0.02	0.01	5 m															
24	44.51	65.02					5 m															
25	46.43	53.53					5 m															
26	50.30	74.24	9:00 AM	1.08	0.15	0.06	5 m															
27	53.70	66.08					5 m															
28	47.38	51.93					5 m															
Totals:	1122.61			4.42	0.55			0	Days	0.00		0.000		0	Days	0.00		0.000				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone									
Jennifer E. Lash, Superintendent Maintenance													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													03/20/25									



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CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 3 of 12				Permit Number: IN0032191														
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y														
Monitoring Period:			[MONTH]		2-2025			Check box if no CSO discharge occurred for the month:																						
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified																		
			CSO Outfall No. 25					CSO Outfall No. 29					CSO Outfall No. 32					CSO Outfall No. 39												
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000



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City: Fort Wayne														Page 4 of 12					Permit Number: IN0032191					
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?					Y					
Monitoring Period: [MONTH] 2-2025														Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No. 50						CSO Outfall No. 55						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	D:ys	0.00		0.000		0	D:ys	0.00		0.000			D:ys						D:ys				



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Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		2-2025				Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13								CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	49.77	80.02					5 m														
02	42.36	50.01	11:00 AM	0.50	0.06	0.06	5 m														
03	43.48	50.01					5 m														
04	43.61	50.01					5 m														
05	40.47	50.00					5 m														
06	40.28	47.39	9:50 AM	0.08	0.01	0.01	5 m														
07	36.08	44.99					5 m														
08	38.45	59.97					5 m														
09	37.43	46.96					5 m														
10	38.66	56.22					5 m														
11	37.70	59.99					5 m														
12	45.33	58.57					5 m														
13	34.25	40.02					5 m														
14	34.26	39.64					5 m														
15	39.75	59.51	11:50 AM	1.00	0.12	0.02	5 m														
16	41.07	47.97	12:00 AM	0.25	0.03	0.02	5 m														
17	35.76	44.46					5 m														
18	33.95	40.24					5 m														
19	33.12	38.00					5 m														
20	32.66	37.16					5 m														
21	33.19	39.43					5 m														
22	32.98	42.44					5 m														
23	35.66	50.00	11:40 AM	0.42	0.05	0.01	5 m														
24	44.51	65.02	8:50 AM	0.17	0.02	0.01	5 m														
25	46.43	53.53					5 m														
26	50.30	74.24	9:00 AM	1.33	0.18	0.06	5 m														
27	53.70	66.08	4:15 PM	0.08	0.01	0.01	5 m														
28	47.38	51.93					5 m														
Totals:	1122.61			3.83	0.48			0	Days	0.00		0.000		0	Days	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone							
Jennifer E. Lash, Superintendent Maintenance														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														03/20/25							



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City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191																		
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																		
Monitoring Period:			[MONTH]		2-2025				Check box if no CSO discharge occurred for the month:																					
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																				
Time	CSO Outfall No.										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				2-2025						Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 18					CSO Outfall No. 20									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	49.77	80.02					5 m															
02	42.36	50.01	11:00 AM	0.50	0.06	0.06	5 m															
03	43.48	50.01					5 m															
04	43.61	50.01					5 m															
05	40.47	50.00					5 m															
06	40.28	47.39	9:50 AM	0.08	0.01	0.01	5 m															
07	36.08	44.99					5 m															
08	38.45	59.97					5 m															
09	37.43	46.96					5 m															
10	38.66	56.22					5 m															
11	37.70	59.99					5 m															
12	45.33	58.57					5 m															
13	34.25	40.02					5 m															
14	34.26	39.64					5 m															
15	39.75	59.51	11:50 AM	1.00	0.12	0.02	5 m															
16	41.07	47.97	12:00 AM	0.25	0.03	0.02	5 m															
17	35.76	44.46					5 m															
18	33.95	40.24					5 m															
19	33.12	38.00					5 m															
20	32.66	37.16					5 m															
21	33.19	39.43					5 m															
22	32.98	42.44					5 m															
23	35.66	50.00	11:40 AM	0.42	0.05	0.01	5 m															
24	44.51	65.02	8:50 AM	0.17	0.02	0.01	5 m															
25	46.43	53.53					5 m															
26	50.30	74.24	9:00 AM	1.33	0.18	0.06	5 m							5:40 PM	M	0.50	M	0.027	M			
27	53.70	66.08	4:15 PM	0.08	0.01	0.01	5 m															
28	47.38	51.93					5 m															
Totals:	1122.61			3.83	0.48			0	DAYS	0.00		0.000		1	DAYS	0.50		0.027				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone									
Jennifer E. Lash, Superintendent Maintenance													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													03/20/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period: [MONTH]				2-2025						Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
			CSO Outfall No. 21					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	DAYS	0.00		0.000										DAYS						DAYS			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				Page 7 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met?								Y							
Monitoring Period:		[MONTH] 2-2025						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	49.77	80.02					5 m												
02	42.36	50.01	10:00 AM	0.58	0.07	0.05	5 m												
03	43.48	50.01					5 m												
04	43.61	50.01					5 m												
05	40.47	50.00	8:55 PM	0.17	0.02	0.01	5 m												
06	40.28	47.39	12:05 AM	0.25	0.03	0.01	5 m												
07	36.08	44.99					5 m												
08	38.45	59.97	2:00 PM	0.67	0.09	0.03	5 m												
09	37.43	46.96	1:00 AM	0.33	0.04	0.01	5 m												
10	38.66	56.22	6:45 AM	0.25	0.03	0.01	5 m												
11	37.70	59.99					5 m												
12	45.33	58.57	3:50 PM	0.50	0.07	0.03	5 m												
13	34.25	40.02	12:10 AM	0.42	0.05	0.01	5 m												
14	34.26	39.64	11:40 PM	0.08	0.01	0.01	5 m												
15	39.75	59.51	7:55 AM	0.92	0.11	0.02	5 m												
16	41.07	47.97	12:25 AM	0.50	0.06	0.01	5 m												
17	35.76	44.46					5 m												
18	33.95	40.24					5 m												
19	33.12	38.00					5 m												
20	32.66	37.16					5 m												
21	33.19	39.43					5 m												
22	32.98	42.44					5 m												
23	35.66	50.00					5 m												
24	44.51	65.02					5 m												
25	46.43	53.53					5 m												
26	50.30	74.24	9:00 AM	1.25	0.17	0.07	5 m												
27	53.70	66.08	4:05 PM	0.17	0.02	0.01	5 m												
28	47.38	51.93					5 m												
Totals:	1122.61			6.08	0.77			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone						
Jennifer E. Lash, Superintendent Maintenance													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													03/20/25						



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				Page 7 of 12				Permit Number: IN0032191																
Facility: Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met?								Y												
Monitoring Period:		[MONTH] 2-2025						Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		74		Measured/Metered (M) or Estimated (E) must be specified																
			CSO Outfall No. 07					CSO Outfall No. 11					CSO Outfall No. 12					CSO Outfall No. 56						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period: [MONTH] 2-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54								CSO Outfall No.							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	49.77	80.02					5 m																
02	42.36	50.01	10:05 AM	0.50	0.06	0.05	5 m																
03	43.48	50.01					5 m																
04	43.61	50.01					5 m																
05	40.47	50.00					5 m																
06	40.28	47.39	5:00 AM	0.42	0.05	0.01	5 m																
07	36.08	44.99					5 m																
08	38.45	59.97	12:50 PM	0.58	0.08	0.04	5 m																
09	37.43	46.96					5 m																
10	38.66	56.22	12:00 PM	0.50	0.06	0.03	5 m																
11	37.70	59.99					5 m																
12	45.33	58.57					5 m																
13	34.25	40.02					5 m																
14	34.26	39.64					5 m																
15	39.75	59.51	9:05 AM	1.50	0.18	0.04	5 m																
16	41.07	47.97	12:15 AM	0.25	0.03	0.02	5 m																
17	35.76	44.46					5 m																
18	33.95	40.24					5 m																
19	33.12	38.00					5 m																
20	32.66	37.16					5 m																
21	33.19	39.43					5 m																
22	32.98	42.44					5 m																
23	35.66	50.00	12:35 PM	0.08	0.01	0.01	5 m																
24	44.51	65.02					5 m																
25	46.43	53.53	6:55 AM	0.25	0.03	0.01	5 m																
26	50.30	74.24	9:15 AM	1.58	0.21	0.09	5 m																
27	53.70	66.08	4:25 PM	0.08	0.01	0.01	5 m																
28	47.38	51.93					5 m																
Totals:	1122.61			5.75	0.72			0	Da ys	0.00		0.000			Da ys								
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Jennifer E. Lash, Superintendent Maintenance														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														03/20/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y													
Monitoring Period: [MONTH] 2-2025								Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified																	
Time		CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		2-2025				Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28								CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	49.77	80.02					5 m														
02	42.36	50.01	9:55 AM	0.50	0.07	0.04	5 m														
03	43.48	50.01					5 m														
04	43.61	50.01					5 m														
05	40.47	50.00	8:25 PM	0.33	0.05	0.02	5 m														
06	40.28	47.39	12:05 AM	0.17	0.02	0.01	5 m														
07	36.08	44.99					5 m														
08	38.45	59.97	12:55 PM	1.75	0.22	0.10	5 m														
09	37.43	46.96					5 m														
10	38.66	56.22					5 m														
11	37.70	59.99					5 m														
12	45.33	58.57	6:20 PM	0.92	0.11	0.03	5 m														
13	34.25	40.02	12:05 AM	0.25	0.03	0.01	5 m														
14	34.26	39.64	11:35 PM	0.08	0.01	0.01	5 m														
15	39.75	59.51	2:20 AM	0.58	0.07	0.02	5 m														
16	41.07	47.97	12:25 AM	0.83	0.10	0.02	5 m														
17	35.76	44.46					5 m														
18	33.95	40.24					5 m														
19	33.12	38.00	10:15 PM	0.08	0.01	0.01	5 m														
20	32.66	37.16	5:00 PM	0.08	0.01	0.01	5 m														
21	33.19	39.43					5 m														
22	32.98	42.44					5 m														
23	35.66	50.00					5 m														
24	44.51	65.02					5 m														
25	46.43	53.53					5 m														
26	50.30	74.24	9:25 AM	1.25	0.17	0.08	5 m														
27	53.70	66.08	3:20 PM	0.08	0.01	0.01	5 m														
28	47.38	51.93					5 m														
Totals:	1122.61			6.92	0.88			0	Days	0.00		0.000		0	Days	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone								
Jennifer E. Lash, Superintendent Maintenance													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													03/20/25								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 9 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		2-2025				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified															
		CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	

City: Fort Wayne														Page 10 of 12					Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?										Y			
Monitoring Period: [MONTH] 2-2025														Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74								Measured/Metered (M) or Estimated (E) must be specified													
	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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02																											
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne			Page 11 of 12			Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y																
Monitoring Period: [MONTH]		2-2025		Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	49.77	80.02					5 m												
02	42.36	50.01	10:35 AM	0.58	0.07	0.05	5 m												
03	43.48	50.01					5 m												
04	43.61	50.01					5 m												
05	40.47	50.00	10:55 PM	0.08	0.01	0.01	5 m												
06	40.28	47.39	9:05 AM	0.50	0.06	0.03	5 m												
07	36.08	44.99					5 m												
08	38.45	59.97	3:05 PM	0.08	0.01	0.01	5 m												
09	37.43	46.96					5 m												
10	38.66	56.22	11:20 AM	0.67	0.08	0.03	5 m												
11	37.70	59.99	2:45 PM	0.08	0.01	0.01	5 m												
12	45.33	58.57					5 m												
13	34.25	40.02					5 m												
14	34.26	39.64					5 m												
15	39.75	59.51	10:20 AM	1.92	0.23	0.04	5 m												
16	41.07	47.97	12:35 AM	0.42	0.05	0.02	5 m												
17	35.76	44.46					5 m												
18	33.95	40.24					5 m												
19	33.12	38.00					5 m												
20	32.66	37.16					5 m												
21	33.19	39.43	2:05 PM	0.08	0.01	0.01	5 m												
22	32.98	42.44	2:20 PM	0.17	0.02	0.02	5 m												
23	35.66	50.00	12:35 PM	0.33	0.04	0.01	5 m												
24	44.51	65.02	9:00 AM	0.17	0.02	0.01	5 m												
25	46.43	53.53					5 m												
26	50.30	74.24	9:10 AM	1.08	0.16	0.08	5 m												
27	53.70	66.08					5 m												
28	47.38	51.93					5 m												
Totals:	1122.61			6.17	0.77			0	Deys	0.00		0.000		0	Deys	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone						
Jennifer E. Lash, Superintendent Maintenance													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													03/20/25						



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne			Page 11 of 12			Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y															
Monitoring Period: [MONTH]		2-2025		Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 36			CSO Outfall No. 44			CSO Outfall No. 45			CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																		
02																		
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25																		
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27																		
28																		
Totals:	0	Deys	0.00		0.000		0	Deys	0.00		0.000		0	Deys	0.00		0.000	



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period:	[MONTH] 2-2025	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			
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17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Wet Weather Day		
27			
28			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		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		03/20/25	

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2025_02.pdf	pdf	457450.0
IN0032191_002C_Letter_2025_02.pdf	pdf	223633.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-03-20 10:20 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-03-20 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.5	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.027	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-03-20 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: 022-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.77	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.75	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-03-20 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 02/01/25 to 02/28/25

DMR Due Date:

03/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-03-20 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-03-20 10:20 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

April 18, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of March 2025. 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 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, 17, 18, 20, and 21
- Old Mill Rd_K11 – Not currently operating, however it covers 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 Old Mill Rd_K11 rain gauge was reinstalled and is back in operation for the whole month of March.

The City is completing a project at Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for the entire month of March on this CSO MRO report.

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CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

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,

A handwritten signature in black ink, reading "Jennifer E. Lash".

Jennifer E. Lash
Superintendent Maintenance – Field Operations

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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 process:

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]	3-2025						Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St Q11 Gauge					CSO Outfall No.							CSO Outfall No.					60	
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	47.82	54.94					5 m														
02	40.28	47.29					5 m														
03	37.73	45.72					5 m														
04	41.26	53.64	6:35 AM	2.17	0.26	0.06	5 m														
05	78.78	88.00	12:15 AM	2.08	0.29	0.05	5 m														
06	58.64	85.50					5 m														
07	47.06	54.03	2:20 PM	0.25	0.03	0.02	5 m														
08	47.33	50.01					5 m														
09	42.73	49.18					5 m														
10	38.28	48.64					5 m														
11	38.83	44.28					5 m														
12	36.40	42.44					5 m														
13	35.37	40.53					5 m														
14	35.28	40.42					5 m														
15	50.38	99.41	4:05 AM	1.83	0.42	0.31	5 m														
16	92.41	100.04	1:30 AM	3.25	0.62	0.23	5 m														
17	71.30	93.45					5 m														
18	49.70	57.16					5 m														
19	47.73	65.28	8:15 PM	0.67	0.16	0.09	5 m														
20	53.44	77.65					5 m														
21	43.10	49.86					5 m														
22	40.04	47.15					5 m														
23	40.40	58.35	3:55 PM	0.50	0.06	0.02	5 m														
24	40.19	60.00					5 m														
25	37.58	43.54					5 m														
26	35.66	42.90					5 m														
27	39.01	59.68					5 m														
28	49.96	65.00	2:55 AM	1.17	0.15	0.04	5 m														
29	39.96	58.60	9:05 AM	1.50	0.18	0.04	5 m														
30	68.34	91.00	12:10 AM	2.67	0.49	0.17	5 m														
31	68.55	92.01					5 m														
Totals:	1493.58			16.09	2.66				Days					0	Days	0.00		0.000			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	04/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 1 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met? Y												
Monitoring Period: [MONTH] 3-2025																		Check box if no CSO discharge occurred for the month:						
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days						Days						Days						Days				



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period: [MONTH]				3-2025						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57								CSO Outfall No. 64					
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	47.82	54.94					5 m														
02	40.28	47.29					5 m														
03	37.73	45.72					5 m														
04	41.26	53.64	6:35 AM	2.25	0.27	0.06	5 m														
05	78.78	88.00	12:10 AM	1.83	0.22	0.06	5 m														
06	58.64	85.50					5 m														
07	47.06	54.03	2:35 PM	0.17	0.02	0.01	5 m														
08	47.33	50.01					5 m														
09	42.73	49.18					5 m														
10	38.28	48.64					5 m														
11	38.83	44.28					5 m														
12	36.40	42.44					5 m														
13	35.37	40.53					5 m														
14	35.28	40.42					5 m														
15	50.38	99.41	4:05 AM	1.42	0.45	0.39	5 m														
16	92.41	100.04	1:45 AM	3.17	0.51	0.17	5 m														
17	71.30	93.45					5 m														
18	49.70	57.16					5 m														
19	47.73	65.28	8:05 PM	0.58	0.17	0.10	5 m														
20	53.44	77.65					5 m														
21	43.10	49.86					5 m														
22	40.04	47.15					5 m														
23	40.40	58.35	4:10 PM	0.42	0.05	0.02	5 m														
24	40.19	60.00					5 m														
25	37.58	43.54					5 m														
26	35.66	42.90					5 m														
27	39.01	59.68					5 m														
28	49.96	65.00	2:55 AM	1.00	0.14	0.04	5 m														
29	39.96	58.60	9:00 AM	1.42	0.17	0.03	5 m														
30	68.34	91.00	12:25 AM	2.33	0.37	0.14	5 m														
31	68.55	92.01					5 m														
Totals:	1493.58			14.58	2.37			0	Da ys	0.00		0.000		0	Da ys	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone							
Jennifer E. Lash, Superintendent Maintenance														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														04/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y									
Monitoring Period: [MONTH]				3-2025						Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified													
Time		CSO Outfall No.								CSO Outfall No.								CSO Outfall No.							
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:		Da ys							Da ys					Da ys						Da ys					

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CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTW								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	3-2025						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23					CSO Outfall No. 24						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	47.82	54.94					5 m												
02	40.28	47.29					5 m												
03	37.73	45.72					5 m												
04	41.26	53.64	6:35 AM	2.25	0.27	0.05	5 m												
05	78.78	88.00	12:10 AM	1.67	0.20	0.07	5 m												
06	58.64	85.50					5 m												
07	47.06	54.03	2:20 PM	0.25	0.03	0.02	5 m												
08	47.33	50.01					5 m												
09	42.73	49.18					5 m												
10	38.28	48.64					5 m												
11	38.83	44.28					5 m												
12	36.40	42.44					5 m												
13	35.37	40.53					5 m												
14	35.28	40.42					5 m												
15	50.38	99.41	4:05 AM	1.42	0.44	0.38	5 m												
16	92.41	100.04	12:50 AM	3.08	0.51	0.16	5 m												
17	71.30	93.45					5 m												
18	49.70	57.16					5 m												
19	47.73	65.28	8:00 PM	0.75	0.24	0.15	5 m												
20	53.44	77.65					5 m												
21	43.10	49.86					5 m												
22	40.04	47.15					5 m												
23	40.40	58.35	4:40 PM	0.33	0.04	0.02	5 m												
24	40.19	60.00					5 m												
25	37.58	43.54					5 m												
26	35.66	42.90					5 m												
27	39.01	59.68					5 m												
28	49.96	65.00	2:50 AM	1.00	0.12	0.04	5 m												
29	39.96	58.60	8:55 AM	1.58	0.19	0.03	5 m												
30	68.34	91.00	12:00 AM	2.75	0.47	0.18	5 m												
31	68.55	92.01					5 m												
Totals:	1493.58			15.08	2.51			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	04/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne													Page 4 of 12					Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP													Public Notification Requirements Met?					Y										
Monitoring Period:			[MONTH]		3-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			3-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	47.82	54.94					5 m												
02	40.28	47.29					5 m												
03	37.73	45.72					5 m												
04	41.26	53.64	6:30 AM	2.33	0.28	0.06	5 m												
05	78.78	88.00	12:15 AM	2.00	0.25	0.07	5 m												
06	58.64	85.50					5 m												
07	47.06	54.03	1:55 PM	0.25	0.03	0.01	5 m												
08	47.33	50.01					5 m												
09	42.73	49.18					5 m												
10	38.28	48.64					5 m												
11	38.83	44.28					5 m												
12	36.40	42.44					5 m												
13	35.37	40.53					5 m												
14	35.28	40.42					5 m												
15	50.38	99.41	4:05 AM	1.67	0.47	0.38	5 m												
16	92.41	100.04	12:45 AM	3.17	0.53	0.17	5 m												
17	71.30	93.45					5 m												
18	49.70	57.16					5 m												
19	47.73	65.28	8:05 PM	0.58	0.19	0.12	5 m												
20	53.44	77.65					5 m												
21	43.10	49.86					5 m												
22	40.04	47.15					5 m												
23	40.40	58.35	3:55 PM	0.58	0.07	0.02	5 m												
24	40.19	60.00					5 m												
25	37.58	43.54					5 m												
26	35.66	42.90					5 m												
27	39.01	59.68					5 m												
28	49.96	65.00	2:50 AM	1.42	0.18	0.03	5 m												
29	39.96	58.60	9:00 AM	1.50	0.18	0.04	5 m												
30	68.34	91.00	12:05 AM	3.08	0.47	0.14	5 m												
31	68.55	92.01					5 m												
Totals:	1493.58			16.58	2.65			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone						
Jennifer E. Lash, Superintendent Maintenance													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													04/18/25						



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period: [MONTH]			3-2025					Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
Time	CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days							Days					Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			3-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18				CSO Outfall No. 20							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	47.82	54.94					5 m												
02	40.28	47.29					5 m												
03	37.73	45.72					5 m												
04	41.26	53.64	6:25 AM	0.17	0.02	0.02	5 m												
05	78.78	88.00	1:40 PM	0.50	0.06	0.02	5 m							11:00 AM	M	0.42	M	0.026	M
06	58.64	85.50					5 m												
07	47.06	54.03	1:55 PM	0.25	0.03	0.01	5 m												
08	47.33	50.01					5 m												
09	42.73	49.18					5 m												
10	38.28	48.64					5 m												
11	38.83	44.28					5 m												
12	36.40	42.44	4:00 PM	0.08	0.05	0.05	5 m												
13	35.37	40.53	11:40 AM	0.08	0.09	0.09	5 m												
14	35.28	40.42					5 m												
15	50.38	99.41	4:05 AM	1.83	0.53	0.42	5 m							4:35 AM	M	1.17	M	0.374	M
16	92.41	100.04	1:00 AM	3.50	0.66	0.23	5 m							3:20 AM	M	3.75	M	1.152	M
17	71.30	93.45					5 m												
18	49.70	57.16					5 m												
19	47.73	65.28	8:05 PM	0.58	0.21	0.14	5 m												
20	53.44	77.65	2:45 PM	0.08	0.01	0.01	5 m												
21	43.10	49.86					5 m												
22	40.04	47.15					5 m												
23	40.40	58.35	3:55 PM	0.67	0.08	0.03	5 m												
24	40.19	60.00					5 m												
25	37.58	43.54					5 m												
26	35.66	42.90					5 m												
27	39.01	59.68					5 m												
28	49.96	65.00	2:50 AM	1.25	0.23	0.06	5 m												
29	39.96	58.60	8:55 AM	1.83	0.22	0.04	5 m												
30	68.34	91.00	12:15 AM	3.17	0.51	0.15	5 m							1:00 AM	M	3.17	M	0.433	M
31	68.55	92.01					5 m												
Totals:	1493.58			14.00	2.70			0	Days	0.00		0.000		4	Days	8.51		1.985	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone							
Jennifer E. Lash, Superintendent Maintenance								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								04/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			3-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
CSO Outfall No. 21			CSO Outfall No.			CSO Outfall No.			CSO Outfall No.			CSO Outfall No.			CSO Outfall No.				
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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16	4:05 AM	M	12.83	M	0.496	M													
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21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30	3:10 AM	M	6.50	M	0.231	M													
31																			
Totals:	2	Days	19.33		0.727									Days					

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTW								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		3-2025						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	47.82	54.94					5 m												
02	40.28	47.29					5 m												
03	37.73	45.72					5 m												
04	41.26	53.64	6:30 AM	2.50	0.30	0.06	5 m												
05	78.78	88.00	12:10 AM	2.42	0.29	0.08	5 m												
06	58.64	85.50					5 m												
07	47.06	54.03	2:10 PM	0.33	0.04	0.02	5 m												
08	47.33	50.01					5 m												
09	42.73	49.18					5 m												
10	38.28	48.64					5 m												
11	38.83	44.28					5 m												
12	36.40	42.44					5 m												
13	35.37	40.53					5 m												
14	35.28	40.42					5 m												
15	50.38	99.41	4:00 AM	1.75	0.45	0.36	5 m							5:00 AM	M	0.42	M	0.008	M
16	92.41	100.04	12:50 AM	3.42	0.58	0.20	5 m							4:20 AM	M	1.08	M	0.041	M
17	71.30	93.45					5 m												
18	49.70	57.16					5 m												
19	47.73	65.28	7:55 PM	0.92	0.21	0.10	5 m												
20	53.44	77.65					5 m												
21	43.10	49.86					5 m												
22	40.04	47.15					5 m												
23	40.40	58.35	3:55 PM	0.75	0.09	0.03	5 m												
24	40.19	60.00					5 m												
25	37.58	43.54					5 m												
26	35.66	42.90					5 m												
27	39.01	59.68					5 m												
28	49.96	65.00	2:50 AM	1.25	0.17	0.04	5 m												
29	39.96	58.60	9:00 AM	1.58	0.19	0.04	5 m												
30	68.34	91.00	12:05 AM	2.67	0.51	0.21	5 m												
31	68.55	92.01					5 m												
Totals:	1493.58			17.58	2.83			0	Days	0.00		0.000		2	Days	1.50		0.049	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	04/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne											Page 7 of 12					Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP											Public Notification Requirements Met?					Y								
Monitoring Period:			[MONTH]		3-2025							Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y									
Monitoring Period:		[MONTH]	3-2025					Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.			54				CSO Outfall No.								
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	47.82	54.94					5 m																
02	40.28	47.29					5 m																
03	37.73	45.72					5 m																
04	41.26	53.64	6:50 AM	1.83	0.23	0.06	5 m																
05	78.78	88.00	12:10 AM	2.25	0.31	0.07	5 m																
06	58.64	85.50					5 m																
07	47.06	54.03	2:10 PM	0.25	0.03	0.03	5 m																
08	47.33	50.01					5 m																
09	42.73	49.18					5 m																
10	38.28	48.64					5 m																
11	38.83	44.28					5 m																
12	36.40	42.44					5 m																
13	35.37	40.53					5 m																
14	35.28	40.42					5 m																
15	50.38	99.41	4:05 AM	2.17	0.45	0.29	5 m																
16	92.41	100.04	1:25 AM	2.92	0.57	0.23	5 m																
17	71.30	93.45					5 m																
18	49.70	57.16					5 m																
19	47.73	65.28	8:10 PM	0.58	0.25	0.15	5 m																
20	53.44	77.65					5 m																
21	43.10	49.86					5 m																
22	40.04	47.15					5 m																
23	40.40	58.35	3:55 PM	0.50	0.06	0.02	5 m																
24	40.19	60.00					5 m																
25	37.58	43.54					5 m																
26	35.66	42.90					5 m																
27	39.01	59.68					5 m																
28	49.96	65.00	3:00 AM	0.92	0.19	0.06	5 m																
29	39.96	58.60	9:00 AM	1.58	0.19	0.05	5 m																
30	68.34	91.00	12:15 AM	3.00	0.61	0.20	5 m																
31	68.55	92.01					5 m																
Totals:	1493.58			16.00	2.89			0	Da ys	0.00		0.000			Da ys								

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												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												04/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y										
Monitoring Period: [MONTH]						3-2025														Check box if no CSO discharge occurred for the month:								
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.							CSO Outfall No.							CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12					Permit Number: IN0032191						
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?					Y						
Monitoring Period: [MONTH] 3-2025								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85			Design Average Flow (MGD): 74			Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Cadet Dr. P26 Gauge					CSO Outfall No. 28					CSO Outfall No. 48						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measure ment Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	47.82	54.94					5 m												
02	40.28	47.29					5 m												
03	37.73	45.72					5 m												
04	41.26	53.64	6:20 AM	2.50	0.30	0.07	5 m												
05	78.78	88.00	12:05 AM	2.33	0.29	0.08	5 m												
06	58.64	85.50					5 m												
07	47.06	54.03	2:15 PM	0.33	0.04	0.02	5 m												
08	47.33	50.01					5 m												
09	42.73	49.18					5 m												
10	38.28	48.64					5 m												
11	38.83	44.28	3:45 PM	0.08	0.01	0.01	5 m												
12	36.40	42.44					5 m												
13	35.37	40.53					5 m												
14	35.28	40.42					5 m												
15	50.38	99.41	4:00 AM	1.67	0.47	0.37	5 m												
16	92.41	100.04	1:00 AM	3.25	0.58	0.19	5 m												
17	71.30	93.45					5 m												
18	49.70	57.16					5 m												
19	47.73	65.28	8:05 PM	0.83	0.18	0.11	5 m												
20	53.44	77.65					5 m												
21	43.10	49.86					5 m												
22	40.04	47.15					5 m												
23	40.40	58.35	4:00 PM	0.83	0.10	0.04	5 m												
24	40.19	60.00					5 m												
25	37.58	43.54					5 m												
26	35.66	42.90					5 m												
27	39.01	59.68					5 m												
28	49.96	65.00	2:45 AM	0.92	0.11	0.04	5 m												
29	39.96	58.60	9:00 AM	1.58	0.19	0.03	5 m												
30	68.34	91.00	12:30 AM	2.83	0.49	0.16	5 m												
31	68.55	92.01					5 m												
Totals:	1493.58			17.17	2.76			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	04/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne													Page 9 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP													Public Notification Requirements Met?					Y												
Monitoring Period:			[MONTH]		3-2025								Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																		
	CSO Outfall No.					51		CSO Outfall No.					52		CSO Outfall No.					61		CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days										



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				3-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				3-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]				3-2025						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	47.82	54.94					5 m												
02	40.28	47.29					5 m												
03	37.73	45.72					5 m												
04	41.26	53.64	6:15 AM	2.33	0.28	0.06	5 m												
05	78.78	88.00	12:10 AM	2.42	0.30	0.09	5 m												
06	58.64	85.50					5 m												
07	47.06	54.03	2:15 PM	0.33	0.04	0.02	5 m												
08	47.33	50.01					5 m												
09	42.73	49.18					5 m												
10	38.28	48.64					5 m												
11	38.83	44.28					5 m												
12	36.40	42.44					5 m												
13	35.37	40.53					5 m												
14	35.28	40.42					5 m												
15	50.38	99.41	4:00 AM	1.67	0.46	0.37	5 m							5:49 AM	M	0.03	M	0.054	M
16	92.41	100.04	12:55 AM	3.50	0.61	0.20	5 m												
17	71.30	93.45					5 m												
18	49.70	57.16					5 m												
19	47.73	65.28	7:55 PM	0.75	0.18	0.11	5 m												
20	53.44	77.65					5 m												
21	43.10	49.86					5 m												
22	40.04	47.15					5 m												
23	40.40	58.35	3:55 PM	0.83	0.10	0.03	5 m												
24	40.19	60.00					5 m												
25	37.58	43.54					5 m												
26	35.66	42.90					5 m												
27	39.01	59.68					5 m												
28	49.96	65.00	2:50 AM	1.00	0.12	0.05	5 m												
29	39.96	58.60	9:00 AM	1.50	0.18	0.04	5 m												
30	68.34	91.00	12:30 AM	2.83	0.51	0.21	5 m												
31	68.55	92.01					5 m												
Totals:	1493.58			17.17	2.78			0	Days	0.00		0.000		1	Days	0.03		0.054	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												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												04/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]				3-2025						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
CSO Outfall No. 36			CSO Outfall No. 44			CSO Outfall No. 45			CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 3-2025		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			
14			
15	Wet Weather Day		
16	Wet Weather Day		
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27			
28			
29			
30	Wet Weather Day		
31			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		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		04/18/25	

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2025_03.pdf	pdf	223367.0
IN0032191_002C_CSOMRO_2025_03.pdf	pdf	477052.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-04-18 14:01 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-04-18 14:01 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:51 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:47 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.5	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.049	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-04-18 13:47 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:47 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-04-18 13:47 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:48 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.65	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:44 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.65	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:45 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.7	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:46 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	8.51	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.985	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.7	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-04-18 13:46 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	19.33	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.727	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.7	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-04-18 13:46 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:43 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:43 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:43 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:52 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:49 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:43 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:43 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.03	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.054	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-04-18 13:52 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:53 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:43 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-04-18 13:53 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:53 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:49 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:44 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-04-18 13:49 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:49 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:49 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:44 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-04-18 13:48 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:42 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.66	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:42 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:50 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:50 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

2025-04-18 13:42 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:51 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:52 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 03/01/25 to 03/31/25

DMR Due Date:

04/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-04-18 13:52 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-04-18 14:01 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

May 19, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of April 2025. 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 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, 17, 18, 20, and 21
- Old Mill Rd_K11 – Not currently operating, however it covers 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 Old Mill Rd_K11 rain gauge was reinstalled and is back in operation for the whole month of April.

The City is completing a project at Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for the entire month of April on this CSO MRO report.

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CITIZENS SQUARE

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

An Equal Opportunity Employer



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

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,

A handwritten signature in black ink that reads "Jennifer E. Lash". The signature is fluid and cursive, with the first name being the most prominent.

Jennifer E. Lash
Superintendent Maintenance – Field Operations

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CITIZENS SQUARE

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An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			4-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.					CSO Outfall No.					60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	61.05	79.94					5 m												
02	93.27	101.14	2:25 AM	6.75	1.56	0.30	5 m												
03	100.98	101.06	4:20 PM	0.08	0.01	0.01	5 m												
04	100.78	101.03	5:10 PM	2.58	0.43	0.24	5 m												
05	101.00	101.05	12:00 AM	3.33	0.42	0.14	5 m												
06	101.00	101.03					5 m												
07	100.38	101.51					5 m												
08	100.79	101.55					5 m												
09	101.50	101.53	4:25 PM	0.50	0.06	0.03	5 m												
10	101.04	101.54	12:05 AM	0.17	0.02	0.02	5 m												
11	97.11	101.10					5 m												
12	99.78	101.03					5 m												
13	100.89	101.04					5 m												
14	90.38	101.02					5 m												
15	80.08	87.05	8:35 AM	0.25	0.03	0.01	5 m												
16	41.26	78.05					5 m												
17	45.39	69.83					5 m												
18	53.39	64.99					5 m												
19	78.77	100.01	5:50 AM	1.50	0.57	0.25	5 m												
20	48.94	85.39					5 m												
21	50.57	59.98	3:25 AM	0.83	0.14	0.07	5 m												
22	42.52	50.44					5 m												
23	44.67	55.01					5 m												
24	40.30	48.30					5 m												
25	45.50	70.00	12:40 PM	0.75	0.15	0.08	5 m												
26	42.43	51.28					5 m												
27	42.27	52.45					5 m												
28	39.66	46.12					5 m												
29	37.76	44.31					5 m												
30	36.12	41.81	6:15 PM	0.17	0.02	0.02	5 m												
Totals:	2119.60			16.91	3.41				Days					0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	05/19/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne							Page 1 of 12							Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?							Y										
Monitoring Period: [MONTH]			4-2025											Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85				Design Average Flow (MGD):			74				Measured/Metered (M) or Estimated (E) must be specified										
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y													
Monitoring Period:			[MONTH]		4-2025			Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57					CSO Outfall No. 64												
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
01	61.05	79.94					5 m																		
02	93.27	101.14	1:50 AM	6.58	1.42	0.28	5 m																		
03	100.98	101.06					5 m																		
04	100.78	101.03	5:30 PM	2.50	0.38	0.19	5 m																		
05	101.00	101.05	12:00 AM	3.42	0.46	0.16	5 m																		
06	101.00	101.03					5 m																		
07	100.38	101.51					5 m																		
08	100.79	101.55					5 m																		
09	101.50	101.53	9:30 PM	0.58	0.07	0.04	5 m																		
10	101.04	101.54	12:15 AM	0.17	0.02	0.02	5 m																		
11	97.11	101.10					5 m																		
12	99.78	101.03					5 m																		
13	100.89	101.04					5 m																		
14	90.38	101.02					5 m																		
15	80.08	87.05	8:30 AM	0.33	0.05	0.03	5 m																		
16	41.26	78.05					5 m																		
17	45.39	69.83					5 m																		
18	53.39	64.99					5 m																		
19	78.77	100.01	2:20 AM	1.50	0.58	0.27	5 m																		
20	48.94	85.39					5 m																		
21	50.57	59.98	3:35 AM	0.67	0.10	0.06	5 m																		
22	42.52	50.44					5 m																		
23	44.67	55.01					5 m																		
24	40.30	48.30					5 m																		
25	45.50	70.00	1:05 PM	0.75	0.19	0.13	5 m																		
26	42.43	51.28					5 m																		
27	42.27	52.45					5 m																		
28	39.66	46.12					5 m																		
29	37.76	44.31					5 m																		
30	36.12	41.81	5:15 PM	0.17	0.02	0.01	5 m																		
Totals:	2119.60			16.67	3.29			0	Da ys	0.00		0.000		0	Da ys	0.00		0.000							
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone												
Jennifer E. Lash, Superintendent Maintenance													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													05/19/25												



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		4-2025			Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period:			[MONTH]		4-2025				Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23								CSO Outfall No. 24							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	61.05	79.94					5 m																
02	93.27	101.14	1:55 AM	6.83	1.53	0.31	5 m																
03	100.98	101.06					5 m																
04	100.78	101.03	4:45 PM	2.67	0.41	0.21	5 m																
05	101.00	101.05	12:00 AM	3.33	0.46	0.17	5 m																
06	101.00	101.03					5 m																
07	100.38	101.51					5 m																
08	100.79	101.55					5 m																
09	101.50	101.53	9:30 PM	0.67	0.08	0.05	5 m																
10	101.04	101.54	12:40 AM	0.17	0.02	0.01	5 m																
11	97.11	101.10					5 m																
12	99.78	101.03					5 m																
13	100.89	101.04					5 m																
14	90.38	101.02					5 m																
15	80.08	87.05	8:40 AM	0.17	0.02	0.01	5 m																
16	41.26	78.05					5 m																
17	45.39	69.83					5 m																
18	53.39	64.99					5 m																
19	78.77	100.01	5:50 AM	1.42	0.70	0.36	5 m	6:05 AM	M	0.17	M	0.064	M										
20	48.94	85.39					5 m																
21	50.57	59.98	3:20 AM	0.67	0.10	0.07	5 m																
22	42.52	50.44					5 m																
23	44.67	55.01					5 m																
24	40.30	48.30					5 m																
25	45.50	70.00	1:10 PM	0.67	0.13	0.10	5 m																
26	42.43	51.28					5 m																
27	42.27	52.45					5 m																
28	39.66	46.12					5 m																
29	37.76	44.31					5 m																
30	36.12	41.81	5:00 PM	0.25	0.03	0.02	5 m																
Totals:	2119.60			16.83	3.48			1	Days	0.17		0.064		0	Days	0.00		0.000					
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Jennifer E. Lash, Superintendent Maintenance														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														05/19/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 3 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period:			[MONTH]		4-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04																								
05																								
06																								
07																								
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09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19								6:00 AM	M	0.42	M	0.211	M											
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	0	Days	0.00		0.000		1	Days	0.42		0.211		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		4-2025								Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01																												
02																												
03																												
04																												
05																												
06																												
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15																												
16																												
17																												
18																												
19	6:05 AM	M	0.25	M	0.084	M	6:05 AM	M	0.25	M	0.005	M																
20																												
21																												
22																												
23																												
24																												
25																												
26																												
27																												
28																												
29																												
30																												
Totals:	1	Dys	0.25		0.084		1	Dys	0.25		0.005			Dys						Dys								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		4-2025				Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13								CSO Outfall No. 17					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	61.05	79.94					5 m														
02	93.27	101.14	1:55 AM	6.75	1.59	0.31	5 m	5:50 AM	M	2.17	M	2.071	M								
03	100.98	101.06					5 m														
04	100.78	101.03	5:25 PM	2.58	0.42	0.22	5 m														
05	101.00	101.05	12:00 AM	3.08	0.43	0.16	5 m														
06	101.00	101.03					5 m														
07	100.38	101.51					5 m														
08	100.79	101.55					5 m														
09	101.50	101.53	4:00 PM	0.58	0.07	0.03	5 m														
10	101.04	101.54	12:05 AM	0.25	0.03	0.02	5 m														
11	97.11	101.10					5 m														
12	99.78	101.03					5 m														
13	100.89	101.04					5 m														
14	90.38	101.02					5 m														
15	80.08	87.05	8:30 AM	0.17	0.02	0.01	5 m														
16	41.26	78.05					5 m														
17	45.39	69.83					5 m														
18	53.39	64.99					5 m														
19	78.77	100.01	5:50 AM	1.42	0.61	0.32	5 m	5:55 AM	M	1.08	M	1.718	M	6:10 AM	M	0.17	M	0.008	M		
20	48.94	85.39					5 m														
21	50.57	59.98	3:15 AM	0.67	0.11	0.07	5 m														
22	42.52	50.44					5 m														
23	44.67	55.01					5 m														
24	40.30	48.30					5 m														
25	45.50	70.00	12:50 PM	0.75	0.13	0.07	5 m														
26	42.43	51.28					5 m														
27	42.27	52.45					5 m														
28	39.66	46.12					5 m														
29	37.76	44.31					5 m														
30	36.12	41.81	6:10 PM	0.17	0.02	0.02	5 m														
Totals:	2119.60			16.42	3.43			2	Days	3.25		3.789		1	Days	0.17		0.008			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone							
Jennifer E. Lash, Superintendent Maintenance														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														05/19/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191																		
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																		
Monitoring Period:			[MONTH]		4-2025				Check box if no CSO discharge occurred for the month:																					
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																				
Time	CSO Outfall No.										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
01																														
02																														
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29																														
30																														
Totals:		Days							Days					Days						Days										



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191																	
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																	
Monitoring Period:			[MONTH]		4-2025				Check box if no CSO discharge occurred for the month:																				
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																			
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18								CSO Outfall No. 20													
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E										
01	61.05	79.94					5 m																						
02	93.27	101.14	1:55 AM	6.92	1.59	0.27	5 m							5:30 AM	M	11.83	M	5.322	M										
03	100.98	101.06	12:00 AM	0.08	0.01	0.01	5 m							12:00 AM	M	2.17	M	0.659	M										
04	100.78	101.03	5:20 PM	2.75	0.47	0.25	5 m							11:40 PM	M	0.33	M	0.224	M										
05	101.00	101.05	12:00 AM	3.75	0.53	0.18	5 m							12:00 AM	M	2.42	M	1.584	M										
06	101.00	101.03					5 m																						
07	100.38	101.51					5 m																						
08	100.79	101.55					5 m																						
09	101.50	101.53	3:35 PM	0.67	0.08	0.04	5 m																						
10	101.04	101.54	12:10 AM	0.17	0.02	0.02	5 m																						
11	97.11	101.10					5 m																						
12	99.78	101.03					5 m																						
13	100.89	101.04					5 m																						
14	90.38	101.02					5 m																						
15	80.08	87.05	8:30 AM	0.42	0.08	0.07	5 m																						
16	41.26	78.05					5 m																						
17	45.39	69.83					5 m																						
18	53.39	64.99					5 m																						
19	78.77	100.01	5:50 AM	1.58	0.72	0.42	5 m							6:05 AM	M	1.58	M	1.065	M										
20	48.94	85.39					5 m																						
21	50.57	59.98	3:15 AM	0.83	0.12	0.08	5 m																						
22	42.52	50.44					5 m																						
23	44.67	55.01					5 m																						
24	40.30	48.30					5 m																						
25	45.50	70.00	12:45 PM	1.17	0.30	0.19	5 m																						
26	42.43	51.28					5 m																						
27	42.27	52.45					5 m																						
28	39.66	46.12					5 m																						
29	37.76	44.31					5 m																						
30	36.12	41.81	5:10 PM	0.25	0.03	0.02	5 m																						
Totals:	2119.60			18.58	3.95			0	DAYS	0.00		0.000		5	DAYS	18.33		8.854											
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone															
Jennifer E. Lash, Superintendent Maintenance														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														05/19/25															



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 6 of 12				Permit Number: IN0032191																
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?				Y																
Monitoring Period:			[MONTH]		4-2025				Check box if no CSO discharge occurred for the month:																					
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																				
	CSO Outfall No. 21										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																														
02	6:30 AM	M	17.50	M	1.650	M																								
03	12:00 AM	M	20.42	M	0.529	M																								
04																														
05	12:00 AM	M	23.92	M	1.111	M																								
06																														
07																														
08																														
09																														
10																														
11																														
12																														
13																														
14																														
15																														
16																														
17																														
18																														
19	6:20 AM	M	1.50	M	0.157	M																								
20																														
21																														
22																														
23																														
24																														
25																														
26																														
27																														
28																														
29																														
30																														
Totals:	4	DAYS	63.34		3.447										DAYS						DAYS						DAYS			



CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 7 of 12					Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y									
Monitoring Period:			[MONTH]		4-2025							Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01																										
02																										
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28																										
29																										
30																										
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWP								Public Notification Requirements Met?				Y											
Monitoring Period:		[MONTH]	4-2025					Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.				54				CSO Outfall No.							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	61.05	79.94					5 m																
02	93.27	101.14	2:25 AM	6.67	1.72	0.39	5 m																
03	100.98	101.06	12:00 AM	0.17	0.02	0.01	5 m																
04	100.78	101.03	5:30 PM	2.33	0.41	0.24	5 m																
05	101.00	101.05	12:00 AM	3.50	0.45	0.14	5 m																
06	101.00	101.03					5 m																
07	100.38	101.51					5 m																
08	100.79	101.55					5 m																
09	101.50	101.53	3:40 PM	0.42	0.05	0.01	5 m																
10	101.04	101.54	12:25 AM	0.17	0.02	0.02	5 m																
11	97.11	101.10					5 m																
12	99.78	101.03					5 m																
13	100.89	101.04					5 m																
14	90.38	101.02					5 m																
15	80.08	87.05	7:25 PM	0.08	0.01	0.01	5 m																
16	41.26	78.05					5 m																
17	45.39	69.83					5 m																
18	53.39	64.99					5 m																
19	78.77	100.01	5:40 AM	1.42	0.65	0.47	5 m																
20	48.94	85.39					5 m																
21	50.57	59.98	3:15 AM	0.83	0.13	0.07	5 m																
22	42.52	50.44					5 m																
23	44.67	55.01					5 m																
24	40.30	48.30					5 m																
25	45.50	70.00	12:35 PM	0.58	0.08	0.03	5 m																
26	42.43	51.28					5 m																
27	42.27	52.45					5 m																
28	39.66	46.12					5 m																
29	37.76	44.31					5 m																
30	36.12	41.81	5:15 PM	0.25	0.03	0.02	5 m																
Totals:	2119.60			16.42	3.57			0	Days	0.00		0.000			Days								

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	05/19/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y								
Monitoring Period: [MONTH]				4-2025														Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01																									
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	4-2025						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28					CSO Outfall No. 48						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	61.05	79.94					5 m												
02	93.27	101.14	2:05 AM	7.00	1.70	0.32	5 m												
03	100.98	101.06					5 m												
04	100.78	101.03	5:30 PM	2.58	0.39	0.19	5 m												
05	101.00	101.05	12:00 AM	3.42	0.47	0.17	5 m												
06	101.00	101.03					5 m												
07	100.38	101.51					5 m												
08	100.79	101.55					5 m												
09	101.50	101.53	4:10 PM	0.67	0.08	0.06	5 m												
10	101.04	101.54	12:55 AM	0.17	0.02	0.01	5 m												
11	97.11	101.10					5 m												
12	99.78	101.03					5 m												
13	100.89	101.04					5 m												
14	90.38	101.02					5 m												
15	80.08	87.05	8:25 AM	0.17	0.02	0.02	5 m												
16	41.26	78.05					5 m												
17	45.39	69.83					5 m												
18	53.39	64.99					5 m												
19	78.77	100.01	5:55 AM	1.17	0.57	0.24	5 m												
20	48.94	85.39					5 m												
21	50.57	59.98	3:25 AM	0.58	0.10	0.07	5 m												
22	42.52	50.44					5 m												
23	44.67	55.01					5 m												
24	40.30	48.30					5 m												
25	45.50	70.00	12:30 PM	0.75	0.27	0.19	5 m												
26	42.43	51.28					5 m												
27	42.27	52.45					5 m												
28	39.66	46.12					5 m												
29	37.76	44.31					5 m												
30	36.12	41.81					5 m												
Totals:	2119.60			16.50	3.62			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	05/19/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 9 of 12					Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y								
Monitoring Period: [MONTH] 4-2025												Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified													
	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				4-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:	0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				4-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01																											
02	8:40 AM	M	0.25	M	0.001	M																					
03																											
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Totals:	1	D:ys	0.25		0.001		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000			D:ys							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191																	
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y															
Monitoring Period:			[MONTH]		4-2025						Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																	
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27										CSO Outfall No. 33											
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurment Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E										
01	61.05	79.94					5 m																						
02	93.27	101.14	2:00 AM	6.83	1.57	0.27	5 m							9:06 AM	M	2.04	M	4.248	M										
03	100.98	101.06					5 m							12:00 AM	M	0.27	M	0.552	M										
04	100.78	101.03	5:30 PM	2.58	0.39	0.19	5 m																						
05	101.00	101.05	12:00 AM	3.58	0.48	0.16	5 m																						
06	101.00	101.03					5 m																						
07	100.38	101.51					5 m																						
08	100.79	101.55					5 m																						
09	101.50	101.53	4:15 PM	0.58	0.07	0.05	5 m																						
10	101.04	101.54	12:45 AM	0.08	0.01	0.01	5 m																						
11	97.11	101.10					5 m																						
12	99.78	101.03					5 m																						
13	100.89	101.04					5 m																						
14	90.38	101.02					5 m																						
15	80.08	87.05	8:25 AM	0.17	0.02	0.01	5 m																						
16	41.26	78.05					5 m																						
17	45.39	69.83					5 m																						
18	53.39	64.99					5 m																						
19	78.77	100.01	5:50 AM	1.33	0.72	0.44	5 m																						
20	48.94	85.39					5 m																						
21	50.57	59.98	3:25 AM	0.58	0.09	0.07	5 m																						
22	42.52	50.44					5 m																						
23	44.67	55.01					5 m																						
24	40.30	48.30					5 m																						
25	45.50	70.00	12:15 PM	1.00	0.25	0.18	5 m																						
26	42.43	51.28					5 m																						
27	42.27	52.45					5 m																						
28	39.66	46.12					5 m																						
29	37.76	44.31					5 m																						
30	36.12	41.81					5 m																						
Totals:	2119.60			16.75	3.60			0	Days	0.00		0.000		2	Days	2.31		4.800											
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone															
Jennifer E. Lash, Superintendent Maintenance														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														05/19/25															



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 11 of 12				Permit Number: IN0032191															
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y													
Monitoring Period:			[MONTH]		4-2025						Check box if no CSO discharge occurred for the month:																				
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																			
	CSO Outfall No. 36										CSO Outfall No. 44										CSO Outfall No. 45										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH]	4-2025	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	Wet Weather Day		
03	Wet Weather Day		
04	Wet Weather Day		
05	Wet Weather Day		
06			
07			
08			
09			
10			
11			
12			
13			
14			
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18			
19	Wet Weather Day		
20			
21			
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29			
30			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		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		05/19/25	

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2025_04.pdf	pdf	285829.0
IN0032191_002C_CSOMRO_2025_04.pdf	pdf	451242.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-05-19 13:18 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.59	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	8.75	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.131	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.59	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.59	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-05-19 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.59	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.59	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	3.25	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	3.789	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.43	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:03 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.17	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.008	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.43	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:03 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:03 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	18.33	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	8.854	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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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:

2025-05-19 13:03 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	63.34	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	3.447	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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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:

2025-05-19 13:03 (Time Zone: -04:00)

Report Last Signed By

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Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.17	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.064	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-05-19 13:01 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:01 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:01 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.6	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-05-19 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.42	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.211	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:02 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:02 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	2.31	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	4.8	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.6	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.6	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-05-19 13:02 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.6	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.6	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.25	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.084	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:02 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.57	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.25	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.005	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.48	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-05-19 13:02 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.59	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.29	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:01 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.41	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:01 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.29	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:01 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-05-19 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.25	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.001	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-05-19 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 04/01/25 to 04/30/25

DMR Due Date:

05/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-05-19 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-05-19 13:18 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

June 10, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of May 2025. 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 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, 17, 18, 20, and 21
- Old Mill Rd_K11 – Not currently operating, however it covers 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 Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for the entire month of May on this CSO MRO report. Due to sensor error, CSO 005 data was modeled on May 4, 2025.

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.

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

Sincerely yours,

Jennifer E. Lash

Jennifer E. Lash
Superintendent Maintenance – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period:		[MONTH]		5-2025								Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.										CSO Outfall No.					60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																								
01	48.83	61.97	1:20 AM	1.00	0.13	0.05	5 m																	
02	40.74	48.85	1:40 AM	0.08	0.01	0.01	5 m																	
03	36.39	42.41					5 m																	
04	75.88	101.01	3:00 AM	6.08	1.03	0.19	5 m																	
05	60.56	79.95	1:10 AM	0.58	0.15	0.12	5 m																	
06	66.36	75.33	3:50 AM	2.00	0.25	0.08	5 m																	
07	53.76	65.46					5 m																	
08	47.71	52.89					5 m																	
09	43.55	50.69					5 m																	
10	40.20	47.50					5 m																	
11	39.08	46.83					5 m																	
12	39.51	45.05	6:50 PM	0.17	0.02	0.01	5 m																	
13	43.05	55.00	10:45 AM	1.25	0.15	0.06	5 m																	
14	50.46	71.86	2:05 PM	0.75	0.10	0.04	5 m																	
15	48.43	57.40					5 m																	
16	50.55	57.19					5 m																	
17	47.83	54.51					5 m																	
18	45.78	50.04					5 m																	
19	45.41	55.62					5 m																	
20	55.36	101.01	7:20 AM	3.92	0.65	0.19	5 m																	
21	74.97	100.60	8:00 AM	1.33	0.18	0.05	5 m																	
22	55.32	79.79	2:15 AM	0.08	0.01	0.01	5 m																	
23	46.40	57.03					5 m																	
24	40.90	53.89					5 m																	
25	35.45	43.22					5 m																	
26	35.53	43.70					5 m																	
27	36.50	42.18					5 m																	
28	38.38	50.01	1:15 PM	0.50	0.06	0.03	5 m																	
29	50.38	60.01					5 m																	
30	45.20	52.49	7:10 PM	0.08	0.01	0.01	5 m																	
31	34.42	41.16					5 m																	
Totals:	1472.85			17.82	2.75				Da ys						0	Da ys	0.00		0.000					

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone
Jennifer E. Lash, Superintendent Maintenance		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		06/10/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 1 of 12					Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?										Y						
Monitoring Period:			[MONTH]		5-2025												Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01																										
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y									
Monitoring Period:		[MONTH]		5-2025								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No.				57				CSO Outfall No.				64			
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
Day of Month																							
01	48.83	61.97	1:05 AM	1.25	0.25	0.08	5 m																
02	40.74	48.85	1:50 AM	0.08	0.01	0.01	5 m																
03	36.39	42.41					5 m																
04	75.88	101.01	3:10 AM	5.83	0.98	0.18	5 m																
05	60.56	79.95	1:15 AM	0.58	0.08	0.03	5 m																
06	66.36	75.33	12:30 AM	1.67	0.20	0.07	5 m																
07	53.76	65.46					5 m																
08	47.71	52.89					5 m																
09	43.55	50.69					5 m																
10	40.20	47.50					5 m																
11	39.08	46.83					5 m																
12	39.51	45.05	7:00 PM	0.08	0.01	0.01	5 m																
13	43.05	55.00	10:55 AM	1.25	0.16	0.06	5 m																
14	50.46	71.86	7:55 AM	1.17	0.29	0.20	5 m																
15	48.43	57.40					5 m																
16	50.55	57.19					5 m																
17	47.83	54.51					5 m																
18	45.78	50.04					5 m																
19	45.41	55.62					5 m																
20	55.36	101.01	7:20 AM	3.75	0.69	0.17	5 m																
21	74.97	100.60	8:25 AM	1.25	0.15	0.05	5 m																
22	55.32	79.79	2:10 AM	0.17	0.02	0.01	5 m																
23	46.40	57.03					5 m																
24	40.90	53.89					5 m																
25	35.45	43.22					5 m																
26	35.53	43.70					5 m																
27	36.50	42.18					5 m																
28	38.38	50.01	12:45 PM	0.58	0.07	0.03	5 m																
29	50.38	60.01					5 m																
30	45.20	52.49	7:15 PM	0.08	0.01	0.01	5 m																
31	34.42	41.16					5 m																
Totals:	1472.85			17.75	2.92			0	Da ys	0.00		0.000			0	Da ys	0.00		0.000				

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												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												06/10/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 2 of 12					Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?										Y				
Monitoring Period:				[MONTH]		5-2025												Check box if no CSO discharge occurred for the month:						
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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Totals:		Days						Days						Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				5-2025						Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23					CSO Outfall No. 24									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	48.83	61.97	1:25 AM	1.42	0.36	0.19	5 m															
02	40.74	48.85					5 m															
03	36.39	42.41					5 m															
04	75.88	101.01	3:10 AM	5.58	0.92	0.17	5 m															
05	60.56	79.95	12:25 AM	0.75	0.11	0.04	5 m															
06	66.36	75.33	2:10 AM	1.58	0.19	0.07	5 m															
07	53.76	65.46					5 m															
08	47.71	52.89					5 m															
09	43.55	50.69					5 m															
10	40.20	47.50					5 m															
11	39.08	46.83					5 m															
12	39.51	45.05	7:10 PM	0.08	0.01	0.01	5 m															
13	43.05	55.00	10:55 AM	1.33	0.16	0.04	5 m															
14	50.46	71.86	2:05 PM	0.67	0.32	0.29	5 m															
15	48.43	57.40					5 m															
16	50.55	57.19					5 m															
17	47.83	54.51					5 m															
18	45.78	50.04					5 m															
19	45.41	55.62					5 m															
20	55.36	101.01	7:25 AM	4.00	0.70	0.16	5 m															
21	74.97	100.60	8:25 AM	1.42	0.19	0.05	5 m															
22	55.32	79.79	2:05 AM	0.17	0.02	0.02	5 m															
23	46.40	57.03					5 m															
24	40.90	53.89					5 m															
25	35.45	43.22					5 m															
26	35.53	43.70					5 m															
27	36.50	42.18					5 m															
28	38.38	50.01	12:40 PM	0.58	0.08	0.04	5 m															
29	50.38	60.01					5 m															
30	45.20	52.49	7:15 PM	0.08	0.01	0.01	5 m															
31	34.42	41.16					5 m															
Totals:	1472.85			17.67	3.07			0	Days	0.00		0.000		0	Days	0.00		0.000				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone								
Jennifer E. Lash, Superintendent Maintenance														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														06/10/25								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 3 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				5-2025								Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified										
			CSO Outfall No. 25					CSO Outfall No. 29					CSO Outfall No. 32					CSO Outfall No. 39						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		1	Days	0.25		0.009		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		5-2025								Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days								



National Pollutant Discharge Elimination System (NPDES)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	48.83	61.97	1:05 AM	1.33	0.21	0.07	5 m												
02	40.74	48.85					5 m												
03	36.39	42.41					5 m												
04	75.88	101.01	3:05 AM	6.08	0.97	0.18	5 m												
05	60.56	79.95	1:10 AM	0.67	0.14	0.06	5 m												
06	66.36	75.33	12:00 AM	1.58	0.20	0.07	5 m												
07	53.76	65.46					5 m												
08	47.71	52.89					5 m												
09	43.55	50.69					5 m												
10	40.20	47.50					5 m												
11	39.08	46.83					5 m												
12	39.51	45.05	7:30 PM	0.08	0.01	0.01	5 m												
13	43.05	55.00	10:55 AM	1.00	0.12	0.05	5 m												
14	50.46	71.86	1:50 PM	1.58	0.46	0.29	5 m												
15	48.43	57.40					5 m												
16	50.55	57.19					5 m												
17	47.83	54.51					5 m												
18	45.78	50.04					5 m												
19	45.41	55.62					5 m												
20	55.36	101.01	7:20 AM	4.00	0.72	0.15	5 m												
21	74.97	100.60	7:55 AM	1.25	0.15	0.04	5 m												
22	55.32	79.79	2:15 AM	0.08	0.01	0.01	5 m												
23	46.40	57.03					5 m												
24	40.90	53.89					5 m												
25	35.45	43.22					5 m												
26	35.53	43.70					5 m												
27	36.50	42.18					5 m												
28	38.38	50.01	12:40 PM	0.58	0.08	0.04	5 m												
29	50.38	60.01					5 m												
30	45.20	52.49	7:15 PM	0.08	0.01	0.01	5 m												
31	34.42	41.16					5 m												
Totals:	1472.85			18.33	3.08			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Jennifer E. Lash, Superintendent Maintenance														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														06/10/25					



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CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:		[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
Time			CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days							Days					Days						Days				



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period:			[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18					CSO Outfall No. 20									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	48.83	61.97	1:00 AM	1.33	0.22	0.06	5 m															
02	40.74	48.85	1:35 AM	0.08	0.01	0.01	5 m															
03	36.39	42.41					5 m															
04	75.88	101.01	3:05 AM	6.33	1.08	0.22	5 m							8:15 AM	M	3.00	M	0.327	M			
05	60.56	79.95	12:20 AM	1.00	0.18	0.09	5 m															
06	66.36	75.33	12:00 AM	1.67	0.23	0.07	5 m															
07	53.76	65.46					5 m															
08	47.71	52.89					5 m															
09	43.55	50.69					5 m															
10	40.20	47.50					5 m															
11	39.08	46.83					5 m															
12	39.51	45.05					5 m															
13	43.05	55.00	10:55 AM	0.92	0.14	0.07	5 m															
14	50.46	71.86	2:00 PM	1.25	0.37	0.19	5 m							2:35 PM	M	0.33	M	0.070	M			
15	48.43	57.40					5 m															
16	50.55	57.19					5 m															
17	47.83	54.51					5 m															
18	45.78	50.04					5 m															
19	45.41	55.62					5 m															
20	55.36	101.01	7:15 AM	4.42	0.77	0.18	5 m							3:00 PM	M	2.25	M	0.720	M			
21	74.97	100.60	7:40 AM	1.83	0.25	0.06	5 m															
22	55.32	79.79	6:40 AM	0.08	0.01	0.01	5 m															
23	46.40	57.03					5 m															
24	40.90	53.89					5 m															
25	35.45	43.22					5 m															
26	35.53	43.70					5 m															
27	36.50	42.18					5 m															
28	38.38	50.01	1:00 PM	0.67	0.08	0.06	5 m															
29	50.38	60.01					5 m															
30	45.20	52.49	6:55 PM	0.08	0.01	0.01	5 m															
31	34.42	41.16					5 m															
Totals:	1472.85			19.67	3.35			0	Days	0.00		0.000		3	Days	5.58		1.117				

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent										Telephone									
Jennifer E. Lash, Superintendent Maintenance										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										06/10/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 6 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?						Y								
Monitoring Period:			[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
		CSO Outfall No. 21					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04	7:50 AM	M	7.17	M	0.802	M																		
05																								
06																								
07																								
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11																								
12																								
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15																								
16																								
17																								
18																								
19																								
20	3:25 PM	M	1.58	M	0.117	M																		
21																								
22																								
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26																								
27																								
28																								
29																								
30																								
31																								
Totals:	2	Days	8.75		0.919										Days						Days			

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTW								Public Notification Requirements Met?				Y											
Monitoring Period:		[MONTH]	5-2025						Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No.					04		CSO Outfall No.					05			
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	48.83	61.97	1:20 AM	1.33	0.19	0.06	5 m																
02	40.74	48.85	1:40 AM	0.08	0.01	0.01	5 m																
03	36.39	42.41					5 m																
04	75.88	101.01	3:10 AM	5.75	0.91	0.16	5 m							3:05 PM	M	7.75	M	1.774	M				
05	60.56	79.95	1:15 AM	0.67	0.11	0.04	5 m																
06	66.36	75.33	12:00 AM	1.33	0.19	0.06	5 m																
07	53.76	65.46					5 m																
08	47.71	52.89					5 m																
09	43.55	50.69					5 m																
10	40.20	47.50					5 m																
11	39.08	46.83					5 m																
12	39.51	45.05					5 m																
13	43.05	55.00	10:30 AM	1.17	0.15	0.05	5 m																
14	50.46	71.86	1:55 PM	0.83	0.13	0.06	5 m																
15	48.43	57.40	9:35 AM	0.08	0.01	0.01	5 m																
16	50.55	57.19					5 m																
17	47.83	54.51					5 m																
18	45.78	50.04					5 m																
19	45.41	55.62					5 m																
20	55.36	101.01	7:20 AM	3.92	0.78	0.17	5 m							3:45 PM	M	1.17	M	0.019	M				
21	74.97	100.60	7:35 AM	1.75	0.23	0.06	5 m																
22	55.32	79.79	2:10 AM	0.08	0.01	0.01	5 m																
23	46.40	57.03					5 m																
24	40.90	53.89					5 m																
25	35.45	43.22					5 m																
26	35.53	43.70					5 m																
27	36.50	42.18					5 m																
28	38.38	50.01	12:40 PM	0.67	0.08	0.05	5 m																
29	50.38	60.01					5 m																
30	45.20	52.49	7:10 PM	0.08	0.01	0.01	5 m																
31	34.42	41.16					5 m																
Totals:	1472.85			17.75	2.81			0	Days	0.00		0.000		2	Days	8.92		1.793					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	06/10/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 7 of 12					Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y							
Monitoring Period: [MONTH] 5-2025													Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74							Measured/Metered (M) or Estimated (E) must be specified											
CSO Outfall No. 07							CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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31																								
Totals:	0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0.000		0	Dys	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period:			[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54								CSO Outfall No.							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	48.83	61.97	2:10 AM	0.58	0.07	0.02	5 m																
02	40.74	48.85					5 m																
03	36.39	42.41	1:05 AM	0.08	0.01	0.01	5 m																
04	75.88	101.01	3:00 AM	6.17	0.93	0.20	5 m																
05	60.56	79.95	1:00 AM	0.67	0.26	0.21	5 m																
06	66.36	75.33	2:05 AM	1.83	0.22	0.06	5 m																
07	53.76	65.46					5 m																
08	47.71	52.89					5 m																
09	43.55	50.69					5 m																
10	40.20	47.50					5 m																
11	39.08	46.83					5 m																
12	39.51	45.05	6:55 PM	0.08	0.01	0.01	5 m																
13	43.05	55.00	10:40 AM	0.75	0.09	0.03	5 m																
14	50.46	71.86	2:10 PM	0.58	0.13	0.09	5 m																
15	48.43	57.40					5 m																
16	50.55	57.19	7:15 PM	0.17	0.02	0.02	5 m																
17	47.83	54.51					5 m																
18	45.78	50.04					5 m																
19	45.41	55.62					5 m																
20	55.36	101.01	7:20 AM	3.17	0.50	0.18	5 m																
21	74.97	100.60	8:45 AM	1.50	0.18	0.04	5 m																
22	55.32	79.79					5 m																
23	46.40	57.03					5 m																
24	40.90	53.89					5 m																
25	35.45	43.22					5 m																
26	35.53	43.70					5 m																
27	36.50	42.18					5 m																
28	38.38	50.01	1:00 PM	0.58	0.07	0.04	5 m																
29	50.38	60.01					5 m																
30	45.20	52.49	7:15 PM	0.08	0.01	0.01	5 m																
31	34.42	41.16					5 m																
Totals:	1472.85			16.25	2.50			0	Days	0.00		0.000			Days								

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		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		06/10/25	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:			[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days							Days					Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period:		[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28								CSO Outfall No. 48							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	48.83	61.97	1:30 AM	1.58	0.45	0.22	5 m																
02	40.74	48.85					5 m																
03	36.39	42.41					5 m																
04	75.88	101.01	3:30 AM	5.42	0.85	0.17	5 m																
05	60.56	79.95	4:10 PM	0.17	0.02	0.01	5 m																
06	66.36	75.33	12:05 AM	2.42	0.30	0.09	5 m																
07	53.76	65.46					5 m																
08	47.71	52.89					5 m																
09	43.55	50.69					5 m																
10	40.20	47.50					5 m																
11	39.08	46.83					5 m																
12	39.51	45.05	6:45 PM	0.17	0.02	0.01	5 m																
13	43.05	55.00	12:15 AM	2.58	0.31	0.06	5 m																
14	50.46	71.86	12:30 PM	0.42	0.09	0.07	5 m																
15	48.43	57.40					5 m																
16	50.55	57.19					5 m																
17	47.83	54.51					5 m																
18	45.78	50.04					5 m																
19	45.41	55.62					5 m																
20	55.36	101.01	7:30 AM	3.75	0.82	0.24	5 m																
21	74.97	100.60	8:30 AM	1.83	0.25	0.11	5 m																
22	55.32	79.79	1:45 AM	0.33	0.04	0.02	5 m																
23	46.40	57.03					5 m																
24	40.90	53.89					5 m																
25	35.45	43.22					5 m																
26	35.53	43.70					5 m																
27	36.50	42.18					5 m																
28	38.38	50.01	12:45 PM	0.50	0.07	0.03	5 m																
29	50.38	60.01					5 m																
30	45.20	52.49	7:00 PM	0.17	0.02	0.02	5 m																
31	34.42	41.16					5 m																
Totals:	1472.85			19.33	3.24			0	Days	0.00		0.000		0	Days	0.00		0.000					

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												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												06/10/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:		[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				5-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				5-2025								Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified															
	CSO Outfall No. 80						CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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29																											
30																											
31																											
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27				CSO Outfall No. 33							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	48.83	61.97	1:25 AM	1.67	0.64	0.32	5 m												
02	40.74	48.85					5 m												
03	36.39	42.41					5 m												
04	75.88	101.01	3:25 AM	5.58	0.90	0.18	5 m												
05	60.56	79.95	1:25 AM	0.50	0.09	0.05	5 m												
06	66.36	75.33	12:25 AM	1.50	0.19	0.07	5 m												
07	53.76	65.46					5 m												
08	47.71	52.89					5 m												
09	43.55	50.69					5 m												
10	40.20	47.50					5 m												
11	39.08	46.83					5 m												
12	39.51	45.05					5 m												
13	43.05	55.00	10:50 AM	1.67	0.21	0.05	5 m												
14	50.46	71.86	2:05 PM	0.33	0.08	0.07	5 m												
15	48.43	57.40					5 m												
16	50.55	57.19					5 m												
17	47.83	54.51					5 m												
18	45.78	50.04					5 m												
19	45.41	55.62					5 m												
20	55.36	101.01	7:25 AM	3.83	0.87	0.23	5 m												
21	74.97	100.60	8:30 AM	1.58	0.20	0.06	5 m												
22	55.32	79.79	1:50 AM	0.25	0.03	0.02	5 m												
23	46.40	57.03					5 m												
24	40.90	53.89					5 m												
25	35.45	43.22					5 m												
26	35.53	43.70					5 m												
27	36.50	42.18					5 m												
28	38.38	50.01	12:45 PM	0.58	0.08	0.05	5 m												
29	50.38	60.01					5 m												
30	45.20	52.49	7:00 PM	0.08	0.01	0.01	5 m												
31	34.42	41.16					5 m												
Totals:	1472.85			17.58	3.30			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone			
Jennifer E. Lash, Superintendent Maintenance												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												06/10/25			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		5-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
CSO Outfall No. 36			CSO Outfall No. 44			CSO Outfall No. 45			CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01																			
02																			
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26																			
27																			
28																			
29																			
30																			
31																			
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y		
Monitoring Period: [MONTH]		5-2025		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	Wet Weather Day				
05					
06					
07					
08					
09					
10					
11					
12					
13					
14	Wet Weather Day				
15					
16					
17					
18					
19					
20	Wet Weather Day				
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, Superintendent Maintenance				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				06/10/25	

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2025_05.pdf	pdf	641396.0
IN0032191_002C_Letter_2025_05.pdf	pdf	242886.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-06-10 13:35 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:24 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	8.92	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.793	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-06-10 13:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.08	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:18 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.08	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	5.58	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.117	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-06-10 13:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	8.75	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.919	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-06-10 13:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.3	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:24 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.25	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.009	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-06-10 13:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.3	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:25 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.3	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:25 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.3	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:25 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.3	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:25 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:22 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:22 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:22 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.5	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.07	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE

200 E BERRY ST

FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC

2601 DWENGER AVE

FORT WAYNE, IN 46803

Permitted Feature:

056

External Outfall

Discharge:

056-C

CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.92	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:15 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.75	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:15 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:23 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:23 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.92	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:23 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-06-10 13:24 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 05/01/25 to 05/31/25

DMR Due Date:

06/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.24	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-06-10 13:24 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-06-10 13:35 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

July 21, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of June 2025. 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 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, 17, 18, 20, and 21
- 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 Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for the entire month of May on this CSO MRO report. Due to sensor error, CSO 005 and CSO 020 data was modeled on June 14, 2025.

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.

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

Sincerely yours,

A handwritten signature in black ink, reading "Jennifer E. Lash".

Jennifer E. Lash
Superintendent Maintenance – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.					CSO Outfall No.					60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	33.55	41.16					5 m												
02	39.35	47.42					5 m												
03	33.58	47.82					5 m												
04	35.61	47.94	8:00 PM	2.50	0.44	0.15	5 m												
05	100.69	101.49	12:00 AM	5.17	1.74	0.53	5 m												
06	98.22	101.07					5 m												
07	86.69	98.84					5 m												
08	97.99	101.09	1:05 AM	4.50	0.90	0.25	5 m												
09	88.66	100.02					5 m												
10	76.63	85.82					5 m												
11	59.92	76.56					5 m												
12	40.36	47.34					5 m												
13	38.17	45.39	4:15 PM	0.58	0.07	0.05	5 m												
14	86.33	100.38	12:55 AM	4.33	0.94	0.35	5 m												
15	89.14	100.05					5 m												
16	47.47	53.52					5 m												
17	41.37	49.89					5 m												
18	70.19	101.05	8:10 AM	2.08	1.21	0.44	5 m												
19	100.66	101.04	6:30 AM	1.00	0.43	0.36	5 m												
20	67.86	92.90					5 m												
21	59.77	66.23					5 m												
22	54.13	65.03					5 m												
23	52.69	64.71					5 m												
24	52.03	55.10					5 m												
25	50.26	60.03					5 m												
26	53.01	61.30	1:50 PM	0.58	0.21	0.16	5 m												
27	53.97	61.46					5 m												
28	50.57	56.25					5 m												
29	42.27	53.07					5 m												
30	37.48	43.29	8:40 AM	0.33	0.04	0.03	5 m												
Totals:	1838.62			21.07	5.98				Days					0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Jennifer E. Lash, Superintendent Maintenance														(260) 427-6213					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATT																			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne							Page 1 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH]	6-2025										Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):				85			Design Average Flow (MGD):				74			Measured/Metered (M) or Estimated (E) must be specified										
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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Totals:		Days						Days						Days						Days				



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		6-2025			Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57					CSO Outfall No. 64								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	33.55	41.16					5 m														
02	39.35	47.42					5 m														
03	33.58	47.82					5 m														
04	35.61	47.94	8:00 PM	2.50	0.73	0.30	5 m														
05	100.69	101.49	12:00 AM	5.33	1.57	0.48	5 m														
06	98.22	101.07					5 m														
07	86.69	98.84					5 m														
08	97.99	101.09	1:10 AM	3.67	0.82	0.30	5 m														
09	88.66	100.02					5 m														
10	76.63	85.82					5 m														
11	59.92	76.56					5 m														
12	40.36	47.34					5 m														
13	38.17	45.39	4:15 PM	0.67	0.08	0.05	5 m														
14	86.33	100.38	1:15 AM	3.33	0.82	0.43	5 m														
15	89.14	100.05					5 m														
16	47.47	53.52					5 m														
17	41.37	49.89					5 m														
18	70.19	101.05	8:10 AM	2.00	1.47	0.72	5 m														
19	100.66	101.04	3:30 AM	0.83	0.25	0.17	5 m														
20	67.86	92.90					5 m														
21	59.77	66.23					5 m														
22	54.13	65.03					5 m														
23	52.69	64.71					5 m														
24	52.03	55.10					5 m														
25	50.26	60.03					5 m														
26	53.01	61.30	2:00 PM	0.25	0.05	0.05	5 m														
27	53.97	61.46					5 m														
28	50.57	56.25					5 m														
29	42.27	53.07					5 m														
30	37.48	43.29	8:20 AM	0.50	0.06	0.05	5 m														
Totals:	1838.62			19.08	5.85			0	Da ys	0.00		0.000		0	Da ys	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone							
Jennifer E. Lash, Superintendent Maintenance														(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														07/21/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		6-2025			Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified													
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01																									
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30																									
Totals:		Da ys							Da ys						Da ys						Da ys				

National Pollutant Discharge Elimination System (NPDES)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12					Permit Number: IN0032191						
Facility: Fort Wayne - P.L. Brunner WWP								Public Notification Requirements Met?					Y						
Monitoring Period:			[MONTH]	6-2025				Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85	Design Average Flow (MGD):			74	Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Ewing St L02 Gauge					CSO Outfall No. 23						CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	33.55	41.16					5 m												
02	39.35	47.42					5 m												
03	33.58	47.82					5 m												
04	35.61	47.94	8:00 PM	2.58	0.79	0.33	5 m												
05	100.69	101.49	12:00 AM	5.00	1.34	0.48	5 m	2:30 AM	M	0.08	M	0.002	M						
06	98.22	101.07					5 m												
07	86.69	98.84					5 m												
08	97.99	101.09	1:10 AM	3.33	0.71	0.35	5 m												
09	88.66	100.02					5 m												
10	76.63	85.82					5 m												
11	59.92	76.56					5 m												
12	40.36	47.34					5 m												
13	38.17	45.39	1:10 PM	0.67	0.08	0.04	5 m												
14	86.33	100.38	1:40 AM	3.17	0.77	0.47	5 m												
15	89.14	100.05					5 m												
16	47.47	53.52					5 m												
17	41.37	49.89					5 m												
18	70.19	101.05	8:05 AM	2.08	1.28	0.63	5 m	8:15 AM	M	0.42	M	0.035	M						
19	100.66	101.04	3:30 AM	0.75	0.20	0.14	5 m												
20	67.86	92.90					5 m												
21	59.77	66.23					5 m												
22	54.13	65.03					5 m												
23	52.69	64.71					5 m												
24	52.03	55.10					5 m												
25	50.26	60.03					5 m												
26	53.01	61.30	1:35 PM	0.58	0.14	0.07	5 m												
27	53.97	61.46					5 m												
28	50.57	56.25					5 m												
29	42.27	53.07					5 m												
30	37.48	43.29	8:15 AM	0.50	0.06	0.06	5 m												
Totals:	1838.62			18.67	5.37			2	Days	0.50		0.037		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	(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	07/21/25

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne													Page 3 of 12			Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP													Public Notification Requirements Met?					Y						
Monitoring Period: [MONTH]				6-2025									Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 25						CSO Outfall No. 29						CSO Outfall No. 32						CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
03																								
04							10:45 PM	M	0.25	M	0.003	M												
05							12:55 AM	M	0.50	M	0.066	M												
06																								
07																								
08																								
09																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18							8:15 AM	M	0.83	M	0.149	M												
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	0	Dys	0.00		0.000		3	Dys	1.58		0.218		0	Dys	0.00		0.000		0	Dys	0.00		0.000	



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Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?					Y									
Monitoring Period: [MONTH]				6-2025							Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01																												
02																												
03																												
04																												
05	2:25 AM	M	0.25	M	0.025	M	2:30 AM	M	0.42	M	0.014	M																
06																												
07																												
08																												
09																												
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11																												
12																												
13																												
14																												
15																												
16																												
17																												
18	8:25 AM	M	0.67	M	0.118	M	8:25 AM	M	0.58	M	0.007	M																
19																												
20																												
21																												
22																												
23																												
24																												
25																												
26																												
27																												
28																												
29																												
30																												
Totals:	2	D;ys	0.92		0.143		2	D;ys	1.00		0.021			D;ys						D;ys								



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City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurment Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	33.55	41.16					5 m												
02	39.35	47.42					5 m												
03	33.58	47.82					5 m												
04	35.61	47.94	8:00 PM	2.42	0.69	0.24	5 m												
05	100.69	101.49	12:00 AM	5.25	1.51	0.47	5 m												
06	98.22	101.07					5 m												
07	86.69	98.84					5 m												
08	97.99	101.09	12:55 AM	4.17	0.96	0.32	5 m												
09	88.66	100.02					5 m												
10	76.63	85.82					5 m												
11	59.92	76.56					5 m												
12	40.36	47.34					5 m												
13	38.17	45.39	4:15 PM	0.58	0.08	0.07	5 m												
14	86.33	100.38	1:05 AM	3.50	1.31	0.81	5 m	3:25 AM	M	1.50	M	4.489	M	3:20 AM	M	0.50	M	0.026	M
15	89.14	100.05					5 m												
16	47.47	53.52					5 m												
17	41.37	49.89					5 m												
18	70.19	101.05	8:05 AM	2.08	1.50	0.82	5 m	8:10 AM	M	1.00	M	2.548	M	8:20 AM	M	0.33	M	0.038	M
19	100.66	101.04	6:30 AM	0.83	0.24	0.18	5 m												
20	67.86	92.90					5 m												
21	59.77	66.23					5 m												
22	54.13	65.03					5 m												
23	52.69	64.71					5 m												
24	52.03	55.10					5 m												
25	50.26	60.03					5 m												
26	53.01	61.30	2:05 PM	0.25	0.08	0.07	5 m												
27	53.97	61.46					5 m												
28	50.57	56.25					5 m												
29	42.27	53.07					5 m												
30	37.48	43.29	8:30 AM	0.50	0.08	0.04	5 m												
Totals:	1838.62			19.58	6.45			2	DAYS	2.50		7.037		2	DAYS	0.83		0.064	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Jennifer E. Lash, Superintendent Maintenance														(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														07/21/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
Time		CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
02																								
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Totals:		DAYS							DAYS						DAYS					DAYS				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18								CSO Outfall No. 20					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	33.55	41.16					5 m														
02	39.35	47.42					5 m														
03	33.58	47.82					5 m														
04	35.61	47.94	7:55 PM	2.58	0.80	0.30	5 m							10:50 PM	M	0.92	M	0.027	M		
05	100.69	101.49	12:00 AM	4.58	1.34	0.52	5 m	2:00 PM	M	0.50	M	1.422	M	12:05 AM	M	11.17	M	5.453	M		
06	98.22	101.07					5 m														
07	86.69	98.84					5 m														
08	97.99	101.09	12:40 AM	4.33	1.04	0.31	5 m							1:35 AM	M	8.83	M	5.362	M		
09	88.66	100.02					5 m														
10	76.63	85.82					5 m														
11	59.92	76.56					5 m														
12	40.36	47.34					5 m														
13	38.17	45.39	4:10 PM	0.67	0.10	0.08	5 m														
14	86.33	100.38	1:20 AM	3.42	1.74	1.14	5 m							3:05AM	M	2.42	M	4.758	M		
15	89.14	100.05					5 m														
16	47.47	53.52					5 m														
17	41.37	49.89					5 m														
18	70.19	101.05	8:05 AM	2.00	1.33	0.77	5 m	5:20 PM	M	0.17	M	0.014	M	10:35 AM	M	1.92	M	0.161	M		
19	100.66	101.04	3:25 AM	1.00	0.33	0.25	5 m							12:00 AM	M	3.58	M	0.317	M		
20	67.86	92.90					5 m														
21	59.77	66.23					5 m														
22	54.13	65.03					5 m														
23	52.69	64.71					5 m														
24	52.03	55.10					5 m														
25	50.26	60.03					5 m														
26	53.01	61.30	2:05 PM	0.33	0.12	0.10	5 m														
27	53.97	61.46					5 m														
28	50.57	56.25					5 m														
29	42.27	53.07					5 m														
30	37.48	43.29	8:25 AM	0.58	0.08	0.06	5 m														
Totals:	1838.62			19.50	6.88			2	Déys	0.67		1.436		6	Déys	28.84		16.078			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone							
Jennifer E. Lash, Superintendent Maintenance														(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														07/21/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
CSO Outfall No. 21					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.				
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01																			
02																			
03																			
04	7:55 PM	M	4.08	M	0.163	M													
05	12:00 AM	M	18.42	M	1.727	M													
06																			
07																			
08	2:30 AM	M	11.25	M	0.910	M													
09																			
10																			
11																			
12																			
13																			
14	3:15 AM	M	14.50	M	2.249	M													
15																			
16																			
17																			
18	8:25 AM	M	8.67	M	1.142	M													
19	12:00 AM	M	14.67	M	0.345	M													
20																			
21																			
22																			
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26																			
27																			
28																			
29																			
30																			
Totals:	6	Déys	71.59		6.536			Déys						Déys				Déys	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04				CSO Outfall No. 05							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	33.55	41.16					5 m												
02	39.35	47.42					5 m												
03	33.58	47.82					5 m												
04	35.61	47.94	7:55 PM	2.58	0.79	0.32	5 m							10:45 PM	M	1.25	M	0.127	M
05	100.69	101.49	12:00 AM	4.67	1.27	0.45	5 m							12:00 AM	M	7.33	M	0.640	M
06	98.22	101.07					5 m												
07	86.69	98.84					5 m												
08	97.99	101.09	1:00 AM	3.42	0.83	0.40	5 m							2:15 AM	M	4.00	M	0.226	M
09	88.66	100.02					5 m												
10	76.63	85.82					5 m												
11	59.92	76.56					5 m												
12	40.36	47.34					5 m												
13	38.17	45.39	1:15 PM	0.67	0.08	0.05	5 m												
14	86.33	100.38	1:30 AM	3.33	1.23	0.76	5 m							2:15 AM	M	7.92	M	4.123	M
15	89.14	100.05					5 m												
16	47.47	53.52					5 m												
17	41.37	49.89					5 m												
18	70.19	101.05	8:05 AM	2.00	1.02	0.55	5 m							8:15 AM	M	3.92	M	0.544	M
19	100.66	101.04	3:25 AM	0.75	0.26	0.20	5 m							7:15 AM	M	1.75	M	0.115	M
20	67.86	92.90					5 m												
21	59.77	66.23					5 m												
22	54.13	65.03					5 m												
23	52.69	64.71					5 m												
24	52.03	55.10					5 m												
25	50.26	60.03					5 m												
26	53.01	61.30	1:30 PM	0.75	0.14	0.09	5 m							2:45 PM	M	0.33	M	0.005	M
27	53.97	61.46					5 m												
28	50.57	56.25					5 m												
29	42.27	53.07					5 m												
30	37.48	43.29	8:15 AM	0.58	0.07	0.06	5 m												
Totals:	1838.62			18.75	5.69			0	Days	0.00		0.000		7	Days	26.50		5.780	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone											
Jennifer E. Lash, Superintendent Maintenance								(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												07/21/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
CSO Outfall No. 07			CSO Outfall No. 11			CSO Outfall No. 12			CSO Outfall No. 56										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
01																			
02																			
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04																			
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30																			
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		6-2025						Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.				54		CSO Outfall No.					
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	33.55	41.16					5 m												
02	39.35	47.42					5 m												
03	33.58	47.82					5 m												
04	35.61	47.94	8:55 PM	2.08	0.47	0.26	5 m												
05	100.69	101.49	12:00 AM	4.50	1.18	0.30	5 m												
06	98.22	101.07					5 m												
07	86.69	98.84					5 m												
08	97.99	101.09	12:50 AM	4.67	1.09	0.28	5 m												
09	88.66	100.02					5 m												
10	76.63	85.82					5 m												
11	59.92	76.56					5 m												
12	40.36	47.34					5 m												
13	38.17	45.39	4:20 PM	0.42	0.05	0.05	5 m												
14	86.33	100.38	12:50 AM	3.75	1.03	0.39	5 m												
15	89.14	100.05					5 m												
16	47.47	53.52					5 m												
17	41.37	49.89					5 m												
18	70.19	101.05	8:00 AM	2.08	1.02	0.47	5 m												
19	100.66	101.04	6:40 AM	0.83	0.37	0.25	5 m												
20	67.86	92.90					5 m												
21	59.77	66.23					5 m												
22	54.13	65.03					5 m												
23	52.69	64.71					5 m												
24	52.03	55.10					5 m												
25	50.26	60.03					5 m												
26	53.01	61.30	5:00 PM	0.50	0.12	0.12	5 m												
27	53.97	61.46					5 m												
28	50.57	56.25					5 m												
29	42.27	53.07					5 m												
30	37.48	43.29	8:45 AM	0.42	0.05	0.02	5 m												
Totals:	1838.62			19.25	5.38			0	Days	0.00		0.000			Days				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Jennifer E. Lash, Superintendent Maintenance														(260) 427-6213					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND																			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y							
Monitoring Period: [MONTH]				6-2025								Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01																								
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Totals:		Days						Days						Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28								CSO Outfall No. 48					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	33.55	41.16					5 m														
02	39.35	47.42					5 m														
03	33.58	47.82					5 m														
04	35.61	47.94	7:55 PM	2.83	0.74	0.33	5 m														
05	100.69	101.49	12:00 AM	5.08	1.41	0.49	5 m														
06	98.22	101.07					5 m														
07	86.69	98.84					5 m														
08	97.99	101.09	1:30 AM	3.17	0.49	0.13	5 m														
09	88.66	100.02	4:10 PM	0.08	0.01	0.01	5 m														
10	76.63	85.82					5 m														
11	59.92	76.56					5 m														
12	40.36	47.34					5 m														
13	38.17	45.39	1:15 PM	0.50	0.06	0.02	5 m														
14	86.33	100.38	1:55 AM	2.75	0.46	0.19	5 m														
15	89.14	100.05					5 m														
16	47.47	53.52					5 m														
17	41.37	49.89					5 m														
18	70.19	101.05	8:10 AM	2.25	1.30	0.58	5 m														
19	100.66	101.04	6:30 AM	0.92	0.29	0.24	5 m														
20	67.86	92.90					5 m														
21	59.77	66.23					5 m														
22	54.13	65.03					5 m														
23	52.69	64.71					5 m														
24	52.03	55.10					5 m														
25	50.26	60.03					5 m														
26	53.01	61.30	4:20 PM	0.08	0.02	0.02	5 m														
27	53.97	61.46					5 m														
28	50.57	56.25					5 m														
29	42.27	53.07					5 m														
30	37.48	43.29	8:10 AM	0.67	0.11	0.06	5 m														
Totals:	1838.62			18.33	4.89			0	Days	0.00		0.000		0	Days	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone													
Jennifer E. Lash, Superintendent Maintenance								(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														07/21/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y													
Monitoring Period:			[MONTH]		6-2025				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified															
		CSO Outfall No. 51								CSO Outfall No. 52								CSO Outfall No. 61							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191																
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y																
Monitoring Period: [MONTH]				6-2025																		Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified																				
	CSO Outfall No.					62				CSO Outfall No.					68				CSO Outfall No.					02				CSO Outfall No.					03			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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Totals:	0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000													



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191																
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y																
Monitoring Period: [MONTH]				6-2025																		Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified																				
	CSO Outfall No.					80				CSO Outfall No.					81				CSO Outfall No.									CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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Totals:	0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000													

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTW								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	6-2025						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	33.55	41.16					5 m												
02	39.35	47.42					5 m												
03	33.58	47.82					5 m												
04	35.61	47.94	7:55 PM	2.83	0.78	0.32	5 m												
05	100.69	101.49	12:00 AM	4.75	1.44	0.49	5 m							3:43 AM	M	0.82	M	1.722	M
06	98.22	101.07	3:10 PM	0.08	0.01	0.01	5 m												
07	86.69	98.84					5 m												
08	97.99	101.09	1:15 AM	3.08	0.45	0.15	5 m												
09	88.66	100.02					5 m												
10	76.63	85.82					5 m												
11	59.92	76.56					5 m												
12	40.36	47.34					5 m												
13	38.17	45.39	12:50 PM	0.67	0.08	0.02	5 m												
14	86.33	100.38	1:45 AM	2.58	0.62	0.26	5 m												
15	89.14	100.05					5 m												
16	47.47	53.52					5 m												
17	41.37	49.89					5 m												
18	70.19	101.05	8:05 AM	2.08	1.17	0.55	5 m												
19	100.66	101.04	6:35 AM	0.75	0.26	0.21	5 m												
20	67.86	92.90					5 m												
21	59.77	66.23					5 m												
22	54.13	65.03					5 m												
23	52.69	64.71					5 m												
24	52.03	55.10					5 m												
25	50.26	60.03					5 m												
26	53.01	61.30	2:05 PM	0.17	0.04	0.03	5 m												
27	53.97	61.46					5 m												
28	50.57	56.25					5 m												
29	42.27	53.07					5 m												
30	37.48	43.29	8:00 AM	0.58	0.08	0.08	5 m												
Totals:	1838.62			17.58	4.93			0	Days	0.00		0.000		1	Days	0.82		1.722	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	(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	07/21/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 11 of 12					Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y							
Monitoring Period:			[MONTH]		6-2025							Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days				



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

State Form 50546 (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] 6-2025		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	Wet Weather Day		
05	Wet Weather Day		
06			
07			
08	Wet Weather Day		
09			
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11			
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14	Wet Weather Day		
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18	Wet Weather Day		
19	Wet Weather Day		
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25			
26	Wet Weather Day		
27			
28			
29			
30			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		(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		07/21/25	

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2025_06.pdf	pdf	222950.0
IN0032191_002C_CSOMRO_2025_06.pdf	pdf	1151298.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-07-21 13:18 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-07-21 13:18 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.69	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-07-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	26.5	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	5.78	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.69	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	7.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-07-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.69	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.69	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.69	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	2.5	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	7.037	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	6.45	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.83	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.064	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	6.45	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-07-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.67	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.436	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	6.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	28.84	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	16.078	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	6.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	71.59	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	6.536	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	6.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	6.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-07-21 13:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.5	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.037	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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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:

2025-07-21 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.93	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.58	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.218	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	3.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.82	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.722	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.93	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.93	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.93	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.93	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.92	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.143	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:
From 06/01/25 to 06/30/25

DMR Due Date:
07/28/25

Status:
NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-07-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.38	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-07-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.0	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.021	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.37	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-07-21 13:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.69	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.85	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.98	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:04 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-07-21 13:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.85	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-07-21 13:05 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 06/01/25 to 06/30/25

DMR Due Date:

07/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-07-21 13:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-07-21 13:18 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

August 18, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of July 2025. 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 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, 17, 18, 20, and 21
- 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 completed a project at Old Mill Rd. and W. Fairfax Ave., the flow meter for CSO 021 is located in this respective location. The flow meter for CSO 021 was removed on August 9, 2024, due to this construction project. The City temporarily used modeling to estimate the overflows for CSO 021 for July first to the 24th on this CSO MRO report. The flow meter for CSO 021 was reinstalled on July 24, 2025.

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.

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CITIZENS SQUARE

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

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CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

Sincerely yours,

Jennifer E. Lash

Jennifer E. Lash
Superintendent Maintenance – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

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 process:

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period:		[MONTH]		7-2025								Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.										CSO Outfall No.					60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
Day of Month																								
01	38.10	44.05					5 m																	
02	36.94	41.95					5 m																	
03	35.41	41.51					5 m																	
04	32.43	38.21					5 m																	
05	32.83	39.36					5 m																	
06	38.44	84.28	4:35 PM	0.83	0.56	0.24	5 m																	
07	39.47	55.26					5 m																	
08	39.22	55.00					5 m																	
09	37.90	56.86					5 m																	
10	34.77	42.77					5 m																	
11	33.24	40.01					5 m																	
12	31.40	36.51					5 m																	
13	31.45	38.02					5 m																	
14	31.85	37.64					5 m																	
15	31.04	37.15	7:00 PM	0.08	0.01	0.01	5 m																	
16	33.76	54.64	12:20 PM	0.25	0.27	0.23	5 m																	
17	33.64	40.91					5 m																	
18	35.97	56.09	2:25 AM	0.25	0.03	0.02	5 m																	
19	36.21	42.93	3:20 PM	0.25	0.05	0.04	5 m																	
20	35.47	44.14	9:55 AM	0.67	0.08	0.04	5 m																	
21	32.52	39.66					5 m																	
22	31.46	36.13					5 m																	
23	31.25	35.84					5 m																	
24	31.74	35.91					5 m																	
25	43.42	97.32	3:05 AM	1.58	1.00	0.63	5 m																	
26	70.33	101.01	5:55 AM	1.42	1.49	0.81	5 m																	
27	74.67	92.11	3:20 AM	1.17	0.51	0.29	5 m																	
28	73.17	90.82					5 m																	
29	73.62	80.55					5 m																	
30	45.89	76.07	5:55 PM	0.50	0.21	0.16	5 m																	
31	78.28	100.06	12:25 AM	3.92	1.28	0.53	5 m																	
Totals:	1285.89			10.92	5.49				Da ys					0	Da ys	0.00		0.000						

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Jennifer E. Lash, Superintendent Maintenance												(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												08/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 1 of 12					Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?										Y						
Monitoring Period:					[MONTH]		7-2025												Check box if no CSO discharge occurred for the month:							
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01																										
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y													
Monitoring Period:			[MONTH]		7-2025			Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57					CSO Outfall No. 64												
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
01	38.10	44.05					5 m																		
02	36.94	41.95					5 m																		
03	35.41	41.51					5 m																		
04	32.43	38.21					5 m																		
05	32.83	39.36					5 m																		
06	38.44	84.28	4:30 PM	0.67	0.39	0.28	5 m																		
07	39.47	55.26	4:20 AM	0.08	0.01	0.01	5 m																		
08	39.22	55.00					5 m																		
09	37.90	56.86	6:25 PM	0.25	0.05	0.05	5 m																		
10	34.77	42.77					5 m																		
11	33.24	40.01					5 m																		
12	31.40	36.51					5 m																		
13	31.45	38.02					5 m																		
14	31.85	37.64					5 m																		
15	31.04	37.15					5 m																		
16	33.76	54.64	7:35 PM	0.17	0.09	0.09	5 m																		
17	33.64	40.91					5 m																		
18	35.97	56.09	2:25 AM	0.25	0.03	0.03	5 m																		
19	36.21	42.93	6:15 PM	0.17	0.04	0.03	5 m																		
20	35.47	44.14	5:55 AM	0.83	0.10	0.05	5 m																		
21	32.52	39.66					5 m																		
22	31.46	36.13					5 m																		
23	31.25	35.84					5 m																		
24	31.74	35.91					5 m																		
25	43.42	97.32	3:00 AM	1.58	1.25	0.99	5 m							6:25 PM	M	0.50	M	0.020	M						
26	70.33	101.01	6:00 AM	1.50	0.73	0.42	5 m							2:55 PM	M	0.75	M	0.042	M						
27	74.67	92.11	3:15 AM	1.08	0.25	0.12	5 m																		
28	73.17	90.82					5 m																		
29	73.62	80.55					5 m																		
30	45.89	76.07	5:50 PM	0.50	0.22	0.11	5 m																		
31	78.28	100.06	12:10 AM	3.00	0.98	0.19	5 m	9:15 AM	M	1.17	M	6.150	M												
Totals:	1285.89			10.08	4.14			1	Da ys	1.17		6.150		2	Da ys	1.25		0.062							
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone											
Jennifer E. Lash, Superintendent Maintenance														(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														08/18/25											



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CSO Monthly Report of Operation (CSO MRO)

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City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		7-2025			Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
Time		CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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State Form 50546 (R4/9-15)

National Pollutant Discharge Elimination System (NPDES)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		7-2025								Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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24																												
25	6:20 PM	M	0.50	M	0.088	M	6:20 PM	M	0.42	M	0.008	M																
26	3:15 PM	M	0.08	M	0.011	M																						
27																												
28																												
29																												
30																												
31																												
Totals:	2	D:ys	0.58		0.099		1	D:ys	0.42		0.008			D:ys						D:ys								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		7-2025				Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	38.10	44.05					5 m												
02	36.94	41.95					5 m												
03	35.41	41.51					5 m												
04	32.43	38.21					5 m												
05	32.83	39.36					5 m												
06	38.44	84.28	4:30 PM	0.75	0.37	0.17	5 m												
07	39.47	55.26	1:05 AM	0.08	0.01	0.01	5 m												
08	39.22	55.00					5 m												
09	37.90	56.86					5 m												
10	34.77	42.77					5 m												
11	33.24	40.01					5 m												
12	31.40	36.51					5 m												
13	31.45	38.02					5 m												
14	31.85	37.64					5 m												
15	31.04	37.15					5 m												
16	33.76	54.64	7:35 PM	0.08	0.04	0.04	5 m												
17	33.64	40.91					5 m												
18	35.97	56.09	2:25 AM	0.25	0.03	0.02	5 m												
19	36.21	42.93	7:55 PM	0.17	0.06	0.04	5 m												
20	35.47	44.14	9:55 AM	0.75	0.09	0.04	5 m												
21	32.52	39.66					5 m												
22	31.46	36.13					5 m												
23	31.25	35.84					5 m												
24	31.74	35.91					5 m												
25	43.42	97.32	2:55 AM	1.50	1.29	0.93	5 m							6:20 PM	M	0.42	M	0.043	M
26	70.33	101.01	5:55 AM	1.42	1.49	0.96	5 m							2:50 PM	M	0.67	M	0.138	M
27	74.67	92.11	3:20 AM	1.08	0.17	0.11	5 m												
28	73.17	90.82	3:50 PM	0.25	0.03	0.02	5 m												
29	73.62	80.55					5 m												
30	45.89	76.07	5:50 PM	0.67	0.23	0.14	5 m												
31	78.28	100.06	12:15 AM	4.17	1.14	0.48	5 m												
Totals:	1285.89			11.17	4.95			0	Days	0.00		0.000		2	Days	1.09		0.181	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone			
Jennifer E. Lash, Superintendent Maintenance												(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												08/18/25			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191																		
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																		
Monitoring Period:			[MONTH]		7-2025				Check box if no CSO discharge occurred for the month:																					
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																				
Time	CSO Outfall No.										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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Totals:		Days							Days					Days						Days										



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		7-2025			Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18					CSO Outfall No. 20								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	38.10	44.05					5 m														
02	36.94	41.95					5 m														
03	35.41	41.51					5 m														
04	32.43	38.21					5 m														
05	32.83	39.36					5 m														
06	38.44	84.28	4:30 PM	0.58	0.28	0.16	5 m							9:55 PM	M	1.17	M	0.328	M		
07	39.47	55.26					5 m														
08	39.22	55.00	4:55 AM	0.08	0.01	0.01	5 m														
09	37.90	56.86					5 m														
10	34.77	42.77					5 m														
11	33.24	40.01					5 m														
12	31.40	36.51					5 m														
13	31.45	38.02					5 m														
14	31.85	37.64					5 m														
15	31.04	37.15					5 m														
16	33.76	54.64	12:35 PM	0.17	0.04	0.03	5 m														
17	33.64	40.91					5 m														
18	35.97	56.09	2:25 AM	0.25	0.03	0.03	5 m														
19	36.21	42.93	7:55 PM	0.17	0.14	0.13	5 m							8:20 PM	M	0.50	M	0.043	M		
20	35.47	44.14	9:50 AM	0.92	0.11	0.04	5 m														
21	32.52	39.66					5 m														
22	31.46	36.13					5 m														
23	31.25	35.84					5 m														
24	31.74	35.91					5 m														
25	43.42	97.32	2:50 AM	1.67	1.43	0.95	5 m							6:20 PM	M	3.08	M	2.567	M		
26	70.33	101.01	5:50 AM	1.67	1.64	1.17	5 m	2:40 PM	M	1.00	M	3.236	M	2:45 PM	M	9.25	M	6.083	M		
27	74.67	92.11	3:15 AM	1.25	0.23	0.10	5 m							12:00 AM	M	12.58	M	1.727	M		
28	73.17	90.82	3:45 PM	0.25	0.09	0.08	5 m														
29	73.62	80.55					5 m														
30	45.89	76.07	5:50 PM	0.58	0.28	0.20	5 m														
31	78.28	100.06	12:15 AM	4.25	1.19	0.47	5 m														
Totals:	1285.89			11.83	5.47			1	Dgys	1.00		3.236		5	Dgys	26.58		10.748			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone											
Jennifer E. Lash, Superintendent Maintenance								(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												08/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 6 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period:			[MONTH]		7-2025			Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 21						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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25	6:10 PM	M	2.75	M	1.169	M																		
26	2:50 PM	M	4.42	M	3.475	M																		
27	5:15 AM	M	1.00	M	0.250	M																		
28																								
29																								
30																								
31	1:50 AM	M	7.33	M	2.996	M																		
Totals:	4	Dgys	15.50		7.890			Dgys						Dgys						Dgys				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	(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	08/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne											Page 7 of 12					Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP											Public Notification Requirements Met?					Y								
Monitoring Period:			[MONTH]		7-2025								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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25							7:30 PM	M	0.27	M	0.405	M												
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29																								
30																								
31																								
Totals:	0	Days	0.00		0.000		1	Days	0.27		0.405		0	Days	0.00		0.000		0	Days	0.00		0.000	

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y								
Monitoring Period:		[MONTH]	7-2025						Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.				54				CSO Outfall No.				
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
Day of Month																				
01	38.10	44.05	4:05 AM	0.08	0.01	0.01	5 m													
02	36.94	41.95					5 m													
03	35.41	41.51					5 m													
04	32.43	38.21					5 m													
05	32.83	39.36					5 m													
06	38.44	84.28	4:40 PM	0.75	0.88	0.77	5 m													
07	39.47	55.26					5 m													
08	39.22	55.00					5 m													
09	37.90	56.86					5 m													
10	34.77	42.77					5 m													
11	33.24	40.01					5 m													
12	31.40	36.51					5 m													
13	31.45	38.02					5 m													
14	31.85	37.64					5 m													
15	31.04	37.15					5 m													
16	33.76	54.64	3:35 AM	0.75	0.31	0.26	5 m													
17	33.64	40.91					5 m													
18	35.97	56.09	2:30 AM	0.33	0.04	0.02	5 m													
19	36.21	42.93	3:10 PM	0.25	0.05	0.04	5 m													
20	35.47	44.14	9:55 AM	0.67	0.08	0.04	5 m													
21	32.52	39.66					5 m													
22	31.46	36.13					5 m													
23	31.25	35.84					5 m													
24	31.74	35.91					5 m													
25	43.42	97.32	3:05 AM	1.42	0.59	0.34	5 m													
26	70.33	101.01	5:55 AM	1.17	1.36	0.95	5 m	4:10 PM	M	1.08	M	0.006	M							
27	74.67	92.11	3:15 AM	1.00	0.42	0.36	5 m													
28	73.17	90.82	4:00 PM	0.08	0.01	0.01	5 m													
29	73.62	80.55	7:25 AM	0.08	0.01	0.01	5 m													
30	45.89	76.07	5:55 PM	0.33	0.08	0.05	5 m													
31	78.28	100.06	12:05 AM	3.17	0.69	0.22	5 m													
Totals:	1285.89			10.08	4.53			1	Days	1.08		0.006			Days					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	(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	08/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne							Page 8 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH]		7-2025								Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified													
Time	CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days						Days						Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period:		[MONTH]		7-2025				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28								CSO Outfall No. 48							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	38.10	44.05	3:55 AM	0.08	0.01	0.01	5 m																
02	36.94	41.95					5 m																
03	35.41	41.51					5 m																
04	32.43	38.21					5 m																
05	32.83	39.36					5 m																
06	38.44	84.28	4:30 PM	0.50	0.45	0.42	5 m																
07	39.47	55.26					5 m																
08	39.22	55.00					5 m																
09	37.90	56.86	6:15 PM	0.08	0.01	0.01	5 m																
10	34.77	42.77					5 m																
11	33.24	40.01					5 m																
12	31.40	36.51					5 m																
13	31.45	38.02					5 m																
14	31.85	37.64					5 m																
15	31.04	37.15					5 m																
16	33.76	54.64	7:35 PM	0.17	0.03	0.03	5 m																
17	33.64	40.91					5 m																
18	35.97	56.09	2:45 AM	0.17	0.02	0.01	5 m																
19	36.21	42.93	12:40 PM	0.42	0.10	0.04	5 m																
20	35.47	44.14	9:55 AM	0.83	0.10	0.05	5 m																
21	32.52	39.66					5 m																
22	31.46	36.13					5 m																
23	31.25	35.84					5 m																
24	31.74	35.91					5 m																
25	43.42	97.32	2:55 AM	1.67	0.80	0.58	5 m																
26	70.33	101.01	5:30 AM	1.17	0.52	0.39	5 m																
27	74.67	92.11	3:10 AM	1.17	0.21	0.08	5 m																
28	73.17	90.82	1:05 PM	0.08	0.01	0.01	5 m																
29	73.62	80.55					5 m																
30	45.89	76.07	6:00 PM	0.50	0.13	0.10	5 m																
31	78.28	100.06	12:50 AM	2.83	0.42	0.10	5 m																
Totals:	1285.89			9.67	2.81			0	Days	0.00		0.000		0	Days	0.00		0.000					

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone							
Jennifer E. Lash, Superintendent Maintenance								(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								08/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:		[MONTH]		7-2025				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y												
Monitoring Period:				[MONTH]		7-2025								Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					62			CSO Outfall No.					68			CSO Outfall No.					02			CSO Outfall No.					03		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y												
Monitoring Period:				[MONTH]		7-2025								Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					80			CSO Outfall No.					81			CSO Outfall No.								CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000									

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 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	7-2025						Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	38.10	44.05	3:45 AM	0.17	0.02	0.01	5 m												
02	36.94	41.95					5 m												
03	35.41	41.51					5 m												
04	32.43	38.21					5 m												
05	32.83	39.36					5 m												
06	38.44	84.28	4:25 PM	0.67	0.20	0.15	5 m												
07	39.47	55.26					5 m												
08	39.22	55.00					5 m												
09	37.90	56.86	6:10 PM	0.33	0.07	0.07	5 m												
10	34.77	42.77					5 m												
11	33.24	40.01					5 m												
12	31.40	36.51					5 m												
13	31.45	38.02					5 m												
14	31.85	37.64					5 m												
15	31.04	37.15					5 m												
16	33.76	54.64	7:30 PM	0.17	0.07	0.07	5 m												
17	33.64	40.91					5 m												
18	35.97	56.09	2:35 AM	0.17	0.02	0.02	5 m												
19	36.21	42.93	5:50 PM	0.33	0.06	0.03	5 m												
20	35.47	44.14	9:50 AM	0.83	0.10	0.05	5 m												
21	32.52	39.66					5 m												
22	31.46	36.13					5 m												
23	31.25	35.84					5 m												
24	31.74	35.91					5 m												
25	43.42	97.32	2:50 AM	1.67	1.36	1.09	5 m							7:33 PM	M	0.73	M	1.533	M
26	70.33	101.01	5:20 AM	1.42	0.46	0.24	5 m												
27	74.67	92.11	3:05 AM	1.33	0.54	0.29	5 m												
28	73.17	90.82					5 m												
29	73.62	80.55					5 m												
30	45.89	76.07	5:55 PM	0.42	0.16	0.10	5 m												
31	78.28	100.06	1:00 AM	3.83	0.76	0.29	5 m												
Totals:	1285.89			11.33	3.82			0	Days	0.00		0.000		1	Days	0.73		1.533	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	(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	08/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne											Page 11 of 12					Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP											Public Notification Requirements Met?					Y										
Monitoring Period:			[MONTH]		7-2025										Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days						



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

State Form 50546 (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] 7-2025		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	Wet Weather Day		
07			
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19	Wet Weather Day		
20			
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25	Wet Weather Day		
26	Wet Weather Day		
27	Wet Weather Day		
28			
29			
30			
31	Wet Weather Day		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone	
Jennifer E. Lash, Superintendent Maintenance		(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		08/18/25	

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2025_07.pdf	pdf	242451.0
IN0032191_002C_CSOMRO_2025_07.pdf	pdf	444072.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-08-18 14:25 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.11	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:18 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	4.17	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.836	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.11	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-08-18 14:18 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.11	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-08-18 14:18 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.27	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.405	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.11	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:18 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.11	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.09	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.181	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.95	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.0	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	3.236	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.47	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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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:

2025-08-18 14:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	26.58	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	10.748	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.47	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	5.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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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:

2025-08-18 14:17 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	15.5	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	7.89	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.47	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	4.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-08-18 14:18 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.83	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.268	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:15 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.124	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:15 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.33	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.054	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:15 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.33	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.561	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.73	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	1.533	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.59	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.034	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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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:

2025-08-18 14:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:22 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:22 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.58	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.099	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.08	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.006	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.53	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.42	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.008	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.52	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:16 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.11	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:19 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.17	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	6.15	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.14	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:14 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.49	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:14 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	1.25	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.062	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	4.14	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	2.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

2025-08-18 14:14 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:20 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 07/01/25 to 07/31/25

DMR Due Date:

08/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.81	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-08-18 14:21 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-08-18 14:26 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

September 18, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of August 2025. 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 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, 17, 18, 20, and 21
- 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

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) 427-1448.

Sincerely yours,

Jennifer E. Lash
Superintendent Maintenance – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]		8-2025				Check box if no CSO discharge occurred for the month:								X					
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.							CSO Outfall No.					60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	49.19	61.87					5 m														
02	46.35	52.21					5 m														
03	45.81	53.13					5 m														
04	46.38	52.49					5 m														
05	41.50	51.98					5 m														
06	40.28	50.01					5 m														
07	48.61	73.58					5 m														
08	36.80	50.33					5 m														
09	33.30	40.75					5 m														
10	33.08	41.05					5 m														
11	33.98	41.17					5 m														
12	33.40	40.07					5 m														
13	32.66	38.40					5 m														
14	32.17	37.15					5 m														
15	30.97	35.43					5 m														
16	31.79	40.99	6:50 PM	0.17	0.04	0.04	5 m														
17	31.83	38.44					5 m														
18	31.22	38.18					5 m														
19	45.64	88.03	6:35 AM	1.92	0.41	0.21	5 m														
20	34.97	43.92					5 m														
21	31.87	37.28					5 m														
22	30.56	35.11					5 m														
23	30.14	39.15					5 m														
24	30.99	41.24					5 m														
25	31.33	37.62					5 m														
26	29.90	34.16					5 m														
27	39.30	44.96					5 m														
28	40.13	49.38	7:25 AM	1.25	0.17	0.08	5 m														
29	36.73	46.06					5 m														
30	31.06	37.05					5 m														
31	29.64	36.64					5 m														
Totals:	1121.54			3.34	0.62				Da ys					0	Da ys	0.00		0.000			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	09/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 1 of 12					Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?										Y							
Monitoring Period: [MONTH] 8-2025																		Check box if no CSO discharge occurred for the month: X											
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified																	
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
01																													
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30																													
31																													
Totals:		Days						Days						Days						Days									

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y										
Monitoring Period:		[MONTH]		8-2025						Check box if no CSO discharge occurred for the month:						X						
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No.					57		CSO Outfall No.						64	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
Day of Month																						
01	49.19	61.87					5 m															
02	46.35	52.21					5 m															
03	45.81	53.13					5 m															
04	46.38	52.49					5 m															
05	41.50	51.98					5 m															
06	40.28	50.01	4:55 PM	0.17	0.02	0.01	5 m															
07	48.61	73.58					5 m															
08	36.80	50.33					5 m															
09	33.30	40.75					5 m															
10	33.08	41.05					5 m															
11	33.98	41.17					5 m															
12	33.40	40.07					5 m															
13	32.66	38.40					5 m															
14	32.17	37.15					5 m															
15	30.97	35.43					5 m															
16	31.79	40.99	6:40 PM	0.17	0.03	0.03	5 m															
17	31.83	38.44					5 m															
18	31.22	38.18					5 m															
19	45.64	88.03	6:20 AM	2.00	0.43	0.21	5 m															
20	34.97	43.92					5 m															
21	31.87	37.28					5 m															
22	30.56	35.11					5 m															
23	30.14	39.15					5 m															
24	30.99	41.24					5 m															
25	31.33	37.62					5 m															
26	29.90	34.16					5 m															
27	39.30	44.96					5 m															
28	40.13	49.38	7:25 AM	1.25	0.18	0.07	5 m															
29	36.73	46.06					5 m															
30	31.06	37.05					5 m															
31	29.64	36.64					5 m															
Totals:	1121.54			3.58	0.66			0	Days	0.00		0.000		0	Days	0.00		0.000				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	09/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne							Page 2 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH] 8-2025										Check box if no CSO discharge occurred for the month:						X					
Design Peak Hourly Flow (MGD):			85				Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191															
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y													
Monitoring Period:			[MONTH]		8-2025												Check box if no CSO discharge occurred for the month:						X				
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23										CSO Outfall No. 24									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E								
01	49.19	61.87					5 m																				
02	46.35	52.21					5 m																				
03	45.81	53.13					5 m																				
04	46.38	52.49					5 m																				
05	41.50	51.98					5 m																				
06	40.28	50.01	3:30 PM	0.50	0.09	0.06	5 m																				
07	48.61	73.58					5 m																				
08	36.80	50.33					5 m																				
09	33.30	40.75					5 m																				
10	33.08	41.05					5 m																				
11	33.98	41.17					5 m																				
12	33.40	40.07					5 m																				
13	32.66	38.40					5 m																				
14	32.17	37.15					5 m																				
15	30.97	35.43					5 m																				
16	31.79	40.99	6:35 PM	0.25	0.03	0.03	5 m																				
17	31.83	38.44					5 m																				
18	31.22	38.18					5 m																				
19	45.64	88.03	6:20 AM	1.92	0.50	0.27	5 m																				
20	34.97	43.92	7:55 AM	0.08	0.01	0.01	5 m																				
21	31.87	37.28					5 m																				
22	30.56	35.11					5 m																				
23	30.14	39.15					5 m																				
24	30.99	41.24					5 m																				
25	31.33	37.62					5 m																				
26	29.90	34.16					5 m																				
27	39.30	44.96					5 m																				
28	40.13	49.38	7:25 AM	1.33	0.20	0.08	5 m																				
29	36.73	46.06					5 m																				
30	31.06	37.05					5 m																				
31	29.64	36.64					5 m																				
Totals:	1121.54			4.08	0.83			0	Days	0.00		0.000		0	Days	0.00		0.000									

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone											
Jennifer E. Lash, Superintendent Maintenance								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												09/18/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 3 of 12				Permit Number: IN0032191																										
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y																								
Monitoring Period:			[MONTH]		8-2025												Check box if no CSO discharge occurred for the month:						X																			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																														
			CSO Outfall No. 25										CSO Outfall No. 29										CSO Outfall No. 32										CSO Outfall No. 39									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E												
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000												



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		8-2025								Check box if no CSO discharge occurred for the month:						X								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days								

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTW								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	8-2025					Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	49.19	61.87					5 m												
02	46.35	52.21					5 m												
03	45.81	53.13					5 m												
04	46.38	52.49					5 m												
05	41.50	51.98					5 m												
06	40.28	50.01	3:30 PM	0.42	0.06	0.02	5 m												
07	48.61	73.58					5 m												
08	36.80	50.33					5 m												
09	33.30	40.75					5 m												
10	33.08	41.05					5 m												
11	33.98	41.17					5 m												
12	33.40	40.07					5 m												
13	32.66	38.40					5 m												
14	32.17	37.15					5 m												
15	30.97	35.43					5 m												
16	31.79	40.99	6:40 PM	0.25	0.03	0.03	5 m												
17	31.83	38.44					5 m												
18	31.22	38.18					5 m												
19	45.64	88.03	6:30 AM	1.92	0.47	0.20	5 m												
20	34.97	43.92					5 m												
21	31.87	37.28					5 m												
22	30.56	35.11					5 m												
23	30.14	39.15					5 m												
24	30.99	41.24					5 m												
25	31.33	37.62					5 m												
26	29.90	34.16					5 m												
27	39.30	44.96					5 m												
28	40.13	49.38	7:20 AM	1.50	0.27	0.11	5 m												
29	36.73	46.06					5 m												
30	31.06	37.05					5 m												
31	29.64	36.64					5 m												
Totals:	1121.54			4.08	0.83			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Jennifer E. Lash, Superintendent Maintenance	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	09/18/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 5 of 12					Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y							
Monitoring Period: [MONTH] 8-2025																		Check box if no CSO discharge occurred for the month: X						
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18					CSO Outfall No. 20									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	49.19	61.87					5 m															
02	46.35	52.21					5 m															
03	45.81	53.13					5 m															
04	46.38	52.49					5 m															
05	41.50	51.98					5 m															
06	40.28	50.01	3:30 PM	0.67	0.20	0.14	5 m															
07	48.61	73.58					5 m															
08	36.80	50.33					5 m															
09	33.30	40.75					5 m															
10	33.08	41.05					5 m															
11	33.98	41.17					5 m															
12	33.40	40.07					5 m															
13	32.66	38.40					5 m															
14	32.17	37.15					5 m															
15	30.97	35.43					5 m															
16	31.79	40.99	6:40 PM	0.08	0.01	0.01	5 m															
17	31.83	38.44					5 m															
18	31.22	38.18					5 m															
19	45.64	88.03	6:25 AM	1.92	0.50	0.20	5 m															
20	34.97	43.92	8:05 AM	0.08	0.01	0.01	5 m															
21	31.87	37.28					5 m															
22	30.56	35.11					5 m															
23	30.14	39.15					5 m															
24	30.99	41.24					5 m															
25	31.33	37.62					5 m															
26	29.90	34.16	1:30 PM	0.08	0.01	0.01	5 m															
27	39.30	44.96					5 m															
28	40.13	49.38	7:25 AM	1.50	0.33	0.12	5 m															
29	36.73	46.06					5 m															
30	31.06	37.05					5 m															
31	29.64	36.64					5 m															
Totals:	1121.54			4.33	1.06			0	Days	0.00		0.000		0	Days	0.00		0.000				

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent										Telephone									
Jennifer E. Lash, Superintendent Maintenance										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										09/18/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 6 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				8-2025								Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified										
			CSO Outfall No. 21					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			Days					Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	49.19	61.87					5 m															
02	46.35	52.21					5 m															
03	45.81	53.13					5 m															
04	46.38	52.49					5 m															
05	41.50	51.98					5 m															
06	40.28	50.01	3:30 PM	0.67	0.24	0.19	5 m															
07	48.61	73.58					5 m															
08	36.80	50.33					5 m															
09	33.30	40.75					5 m															
10	33.08	41.05					5 m															
11	33.98	41.17					5 m															
12	33.40	40.07					5 m															
13	32.66	38.40					5 m															
14	32.17	37.15					5 m															
15	30.97	35.43					5 m															
16	31.79	40.99	6:35 PM	0.25	0.03	0.02	5 m															
17	31.83	38.44					5 m															
18	31.22	38.18					5 m															
19	45.64	88.03	6:20 AM	2.00	0.50	0.25	5 m															
20	34.97	43.92	8:05 AM	0.17	0.02	0.02	5 m															
21	31.87	37.28					5 m															
22	30.56	35.11					5 m															
23	30.14	39.15					5 m															
24	30.99	41.24					5 m															
25	31.33	37.62					5 m															
26	29.90	34.16					5 m															
27	39.30	44.96					5 m															
28	40.13	49.38	7:25 AM	1.42	0.27	0.11	5 m															
29	36.73	46.06					5 m															
30	31.06	37.05					5 m															
31	29.64	36.64					5 m															
Totals:	1121.54			4.50	1.06			0	Days	0.00		0.000		0	Days	0.00		0.000				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone									
Jennifer E. Lash, Superintendent Maintenance													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													09/18/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 7 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified													
			CSO Outfall No. 07					CSO Outfall No. 11					CSO Outfall No. 12					CSO Outfall No. 56							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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30																									
31																									
Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y									
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54								CSO Outfall No.							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	49.19	61.87					5 m																
02	46.35	52.21					5 m																
03	45.81	53.13					5 m																
04	46.38	52.49					5 m																
05	41.50	51.98					5 m																
06	40.28	50.01					5 m																
07	48.61	73.58					5 m																
08	36.80	50.33					5 m																
09	33.30	40.75					5 m																
10	33.08	41.05					5 m																
11	33.98	41.17					5 m																
12	33.40	40.07					5 m																
13	32.66	38.40					5 m																
14	32.17	37.15					5 m																
15	30.97	35.43					5 m																
16	31.79	40.99					5 m																
17	31.83	38.44					5 m																
18	31.22	38.18					5 m																
19	45.64	88.03	6:45 AM	1.58	0.37	0.14	5 m																
20	34.97	43.92					5 m																
21	31.87	37.28					5 m																
22	30.56	35.11					5 m																
23	30.14	39.15					5 m																
24	30.99	41.24					5 m																
25	31.33	37.62					5 m																
26	29.90	34.16					5 m																
27	39.30	44.96					5 m																
28	40.13	49.38	7:35 AM	1.42	0.24	0.09	5 m																
29	36.73	46.06					5 m																
30	31.06	37.05					5 m																
31	29.64	36.64					5 m																
Totals:	1121.54			3.00	0.61			0	Days	0.00		0.000			Days								
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Jennifer E. Lash, Superintendent Maintenance														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														09/18/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y							
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified													
Time		CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191															
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y													
Monitoring Period:		[MONTH]		8-2025						Check box if no CSO discharge occurred for the month: X																	
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28										CSO Outfall No. 48									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E								
01	49.19	61.87					5 m																				
02	46.35	52.21					5 m																				
03	45.81	53.13					5 m																				
04	46.38	52.49					5 m																				
05	41.50	51.98					5 m																				
06	40.28	50.01					5 m																				
07	48.61	73.58					5 m																				
08	36.80	50.33					5 m																				
09	33.30	40.75					5 m																				
10	33.08	41.05					5 m																				
11	33.98	41.17	2:30 PM	0.17	0.12	0.12	5 m																				
12	33.40	40.07					5 m																				
13	32.66	38.40					5 m																				
14	32.17	37.15					5 m																				
15	30.97	35.43					5 m																				
16	31.79	40.99	6:35 PM	0.17	0.08	0.08	5 m																				
17	31.83	38.44					5 m																				
18	31.22	38.18					5 m																				
19	45.64	88.03	6:15 AM	2.17	0.51	0.34	5 m																				
20	34.97	43.92					5 m																				
21	31.87	37.28					5 m																				
22	30.56	35.11					5 m																				
23	30.14	39.15	8:45 PM	0.25	0.09	0.08	5 m																				
24	30.99	41.24					5 m																				
25	31.33	37.62					5 m																				
26	29.90	34.16					5 m																				
27	39.30	44.96					5 m																				
28	40.13	49.38	7:35 AM	0.58	0.09	0.07	5 m																				
29	36.73	46.06					5 m																				
30	31.06	37.05					5 m																				
31	29.64	36.64					5 m																				
Totals:	1121.54			3.33	0.89			0	Days	0.00		0.000		0	Days	0.00		0.000									

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone											
Jennifer E. Lash, Superintendent Maintenance								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														09/18/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period:		[MONTH]		8-2025						Check box if no CSO discharge occurred for the month: X														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y											
Monitoring Period:				[MONTH]		8-2025								Check box if no CSO discharge occurred for the month:						X											
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 62														CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y											
Monitoring Period:				[MONTH]		8-2025								Check box if no CSO discharge occurred for the month:						X											
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 80														CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000								



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 11 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	49.19	61.87					5 m															
02	46.35	52.21					5 m															
03	45.81	53.13					5 m															
04	46.38	52.49					5 m															
05	41.50	51.98					5 m															
06	40.28	50.01	4:50 PM	0.08	0.01	0.01	5 m															
07	48.61	73.58					5 m															
08	36.80	50.33					5 m															
09	33.30	40.75					5 m															
10	33.08	41.05					5 m															
11	33.98	41.17	2:20 PM	0.17	0.19	0.19	5 m															
12	33.40	40.07					5 m															
13	32.66	38.40	8:05 AM	0.08	0.01	0.01	5 m															
14	32.17	37.15					5 m															
15	30.97	35.43					5 m															
16	31.79	40.99	6:30 PM	0.25	0.09	0.09	5 m															
17	31.83	38.44					5 m															
18	31.22	38.18					5 m															
19	45.64	88.03	6:15 AM	2.08	0.43	0.21	5 m															
20	34.97	43.92					5 m															
21	31.87	37.28					5 m															
22	30.56	35.11					5 m															
23	30.14	39.15	8:45 PM	0.17	0.10	0.10	5 m															
24	30.99	41.24					5 m															
25	31.33	37.62					5 m															
26	29.90	34.16	1:50 PM	0.17	0.02	0.01	5 m															
27	39.30	44.96					5 m															
28	40.13	49.38	7:20 AM	1.08	0.15	0.07	5 m															
29	36.73	46.06					5 m															
30	31.06	37.05					5 m															
31	29.64	36.64					5 m															
Totals:	1121.54			4.08	1.00			0	Days	0.00		0.000		0	Days	0.00		0.000				

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent										Telephone									
Jennifer E. Lash, Superintendent Maintenance										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										09/18/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period: [MONTH]				8-2025						Check box if no CSO discharge occurred for the month: X														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
			CSO Outfall No. 36					CSO Outfall No. 44					CSO Outfall No. 45					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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30																								
31																								
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]		Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 8-2025		Check box if no CSO discharge occurred for the month: X		
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				
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26				
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28				
29				
30				
31				
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent			Telephone	
Jennifer E. Lash, Superintendent Maintenance			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			09/18/25	

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Jennifer
Lash

Title:

Superintendent Maintenance

Telephone:

260-427-6213

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2025_08.pdf	pdf	284164.0
IN0032191_002C_CSOMRO_2025_08.pdf	pdf	451304.0

Report Last Saved By

FORT WAYNE WWTP

User: JETEFADMR

Name: Jennifer Lash

E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-09-18 10:15 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	JETEFADMR
Name:	Jennifer Lash
E-Mail:	jennifer.lash@cityoffortwayne.org
Date/Time:	2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:09 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.0	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.0	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.0	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-09-18 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.0	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.0	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:12 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.61	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:08 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:10 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.66	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:06 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.66	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:07 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

JETEFADMR
Jennifer Lash
jennifer.lash@cityoffortwayne.org
2025-09-18 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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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:

2025-09-18 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 08/01/25 to 08/31/25

DMR Due Date:

09/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.89	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

2025-09-18 10:11 (Time Zone: -04:00)

Report Last Signed By

User: JETEFADMR

Name: Jennifer Lash

E-Mail: jennifer.lash@cityoffortwayne.org

Date/Time: 2025-09-18 10:15 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

October 22, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of September 2025. 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 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, 17, 18, 20, and 21
- 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

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) 427-1448.

Sincerely yours,

Spencer Rossow

Spencer Rossow
Program Manager – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y							
Monitoring Period:		[MONTH]	9-2025					Check box if no CSO discharge occurred for the month: X													
Design Peak Hourly Flow (MGD):			85	Design Average Flow (MGD):			74	Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No.						60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	30.46	38.68					5 m														
02	35.18	43.95					5 m														
03	39.97	45.38	10:15 PM	1.08	0.27	0.25	5 m														
04	48.09	87.99	12:00 AM	0.75	0.12	0.09	5 m														
05	32.03	39.83					5 m														
06	29.63	37.43					5 m														
07	31.28	38.38					5 m														
08	35.55	41.09					5 m														
09	40.28	46.97					5 m														
10	36.56	47.76					5 m														
11	28.38	33.11					5 m														
12	28.19	39.82					5 m														
13	28.22	37.87	11:55 AM	0.08	0.01	0.01	5 m														
14	28.64	36.15					5 m														
15	29.10	36.52					5 m														
16	28.72	33.38					5 m														
17	27.84	33.28					5 m														
18	28.32	30.01					5 m														
19	28.73	30.02					5 m														
20	26.17	30.01					5 m														
21	36.41	49.89	6:20 AM	2.17	0.50	0.21	5 m														
22	31.76	38.56	11:15 AM	0.08	0.01	0.01	5 m														
23	29.37	35.12	5:45 PM	0.17	0.02	0.01	5 m														
24	30.14	35.91	5:05 AM	0.33	0.04	0.03	5 m														
25	28.96	33.76					5 m														
26	28.98	38.76					5 m														
27	28.15	34.16					5 m														
28	29.13	38.52					5 m														
29	29.44	37.57					5 m														
30	28.40	33.63					5 m														
Totals:	942.10			4.66	0.97				Da ys					0	Da ys	0.00		0.000			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												10/22/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 1 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y									
Monitoring Period:				[MONTH]		9-2025														Check box if no CSO discharge occurred for the month:						X	
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified													
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:		Days						Days						Days						Days							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period: [MONTH]				9-2025						Check box if no CSO discharge occurred for the month: X													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No. 57								CSO Outfall No. 64							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	30.46	38.68					5 m																
02	35.18	43.95					5 m																
03	39.97	45.38	8:40 PM	1.25	0.28	0.25	5 m																
04	48.09	87.99	12:00 AM	0.75	0.10	0.08	5 m																
05	32.03	39.83					5 m																
06	29.63	37.43					5 m																
07	31.28	38.38					5 m																
08	35.55	41.09					5 m																
09	40.28	46.97					5 m																
10	36.56	47.76					5 m																
11	28.38	33.11					5 m																
12	28.19	39.82					5 m																
13	28.22	37.87	11:45 AM	0.17	0.02	0.01	5 m																
14	28.64	36.15					5 m																
15	29.10	36.52					5 m																
16	28.72	33.38					5 m																
17	27.84	33.28					5 m																
18	28.32	30.01					5 m																
19	28.73	30.02					5 m																
20	26.17	30.01					5 m																
21	36.41	49.89	5:55 AM	2.08	0.32	0.09	5 m																
22	31.76	38.56	11:25 AM	0.08	0.01	0.01	5 m																
23	29.37	35.12	9:05 PM	0.08	0.01	0.01	5 m																
24	30.14	35.91	4:25 AM	0.33	0.04	0.02	5 m																
25	28.96	33.76	7:00 AM	0.25	0.03	0.03	5 m																
26	28.98	38.76					5 m																
27	28.15	34.16					5 m																
28	29.13	38.52					5 m																
29	29.44	37.57					5 m																
30	28.40	33.63					5 m																
Totals:	942.10			5.00	0.81			0	Days	0.00		0.000		0	Days	0.00		0.000					
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Spencer Rossow, Program Manager														260-427-1448									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																							
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)									
Spencer Rossow														10/22/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y									
Monitoring Period: [MONTH]				9-2025						Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified													
Time		CSO Outfall No.								CSO Outfall No.								CSO Outfall No.							
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		9-2025						Check box if no CSO discharge occurred for the month: X								
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23					CSO Outfall No. 24						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	30.46	38.68					5 m												
02	35.18	43.95					5 m												
03	39.97	45.38	10:00 PM	1.25	0.36	0.30	5 m												
04	48.09	87.99	12:00 AM	0.67	0.09	0.06	5 m												
05	32.03	39.83					5 m												
06	29.63	37.43					5 m												
07	31.28	38.38					5 m												
08	35.55	41.09					5 m												
09	40.28	46.97					5 m												
10	36.56	47.76					5 m												
11	28.38	33.11					5 m												
12	28.19	39.82					5 m												
13	28.22	37.87	11:40 AM	0.17	0.02	0.02	5 m												
14	28.64	36.15					5 m												
15	29.10	36.52					5 m												
16	28.72	33.38					5 m												
17	27.84	33.28					5 m												
18	28.32	30.01					5 m												
19	28.73	30.02					5 m												
20	26.17	30.01					5 m												
21	36.41	49.89	6:15 AM	1.83	0.26	0.07	5 m												
22	31.76	38.56	11:20 AM	0.08	0.01	0.01	5 m												
23	29.37	35.12	9:10 PM	0.08	0.01	0.01	5 m												
24	30.14	35.91	4:35 AM	0.25	0.03	0.02	5 m												
25	28.96	33.76	7:10 AM	0.08	0.01	0.01	5 m												
26	28.98	38.76					5 m												
27	28.15	34.16					5 m												
28	29.13	38.52					5 m												
29	29.44	37.57					5 m												
30	28.40	33.63					5 m												
Totals:	942.10			4.42	0.79			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone						
Spencer Rossow, Program Manager													260-427-1448						
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent													Date (mm/dd/yy)						
Spencer Rossow													10/22/25						



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:			[MONTH]		9-2025						Check box if no CSO discharge occurred for the month: X													
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
		CSO Outfall No. 25				CSO Outfall No. 29				CSO Outfall No. 32				CSO Outfall No. 39										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		9-2025								Check box if no CSO discharge occurred for the month:						X								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	9-2025						Check box if no CSO discharge occurred for the month:								X		
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	30.46	38.68					5 m												
02	35.18	43.95					5 m												
03	39.97	45.38	10:10 PM	1.25	0.29	0.26	5 m												
04	48.09	87.99	12:00 AM	0.75	0.11	0.09	5 m												
05	32.03	39.83					5 m												
06	29.63	37.43					5 m												
07	31.28	38.38					5 m												
08	35.55	41.09					5 m												
09	40.28	46.97					5 m												
10	36.56	47.76					5 m												
11	28.38	33.11					5 m												
12	28.19	39.82					5 m												
13	28.22	37.87	11:50 AM	0.08	0.01	0.01	5 m												
14	28.64	36.15					5 m												
15	29.10	36.52					5 m												
16	28.72	33.38					5 m												
17	27.84	33.28					5 m												
18	28.32	30.01					5 m												
19	28.73	30.02					5 m												
20	26.17	30.01					5 m												
21	36.41	49.89	6:10 AM	2.17	0.33	0.09	5 m												
22	31.76	38.56	11:10 AM	0.08	0.01	0.01	5 m												
23	29.37	35.12	6:00 PM	0.25	0.03	0.02	5 m												
24	30.14	35.91	4:45 AM	0.25	0.03	0.02	5 m												
25	28.96	33.76	7:25 AM	0.08	0.01	0.01	5 m												
26	28.98	38.76					5 m												
27	28.15	34.16					5 m												
28	29.13	38.52					5 m												
29	29.44	37.57	8:00 AM	0.08	0.01	0.01	5 m												
30	28.40	33.63					5 m												
Totals:	942.10			5.00	0.83			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Spencer Rossow, Program Manager	260-427-1448
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Spencer Rossow	10/22/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne							Page 5 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH]	9-2025									Check box if no CSO discharge occurred for the month:						X					
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74				Measured/Metered (M) or Estimated (E) must be specified											
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				9-2025						Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18					CSO Outfall No. 20									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	30.46	38.68					5 m															
02	35.18	43.95					5 m															
03	39.97	45.38	10:10 PM	1.33	0.32	0.28	5 m															
04	48.09	87.99	12:00 AM	0.83	0.12	0.10	5 m															
05	32.03	39.83					5 m															
06	29.63	37.43					5 m															
07	31.28	38.38					5 m															
08	35.55	41.09					5 m															
09	40.28	46.97					5 m															
10	36.56	47.76					5 m															
11	28.38	33.11					5 m															
12	28.19	39.82					5 m															
13	28.22	37.87	11:40 AM	0.17	0.02	0.02	5 m															
14	28.64	36.15					5 m															
15	29.10	36.52					5 m															
16	28.72	33.38					5 m															
17	27.84	33.28					5 m															
18	28.32	30.01					5 m															
19	28.73	30.02					5 m															
20	26.17	30.01					5 m															
21	36.41	49.89	6:10 AM	2.00	0.34	0.09	5 m															
22	31.76	38.56	11:05 AM	0.17	0.02	0.02	5 m															
23	29.37	35.12	5:55 PM	0.33	0.04	0.02	5 m															
24	30.14	35.91	4:50 AM	0.33	0.04	0.03	5 m															
25	28.96	33.76					5 m															
26	28.98	38.76	5:30 AM	0.08	0.01	0.01	5 m															
27	28.15	34.16					5 m															
28	29.13	38.52					5 m															
29	29.44	37.57					5 m															
30	28.40	33.63					5 m															
Totals:	942.10			5.25	0.91			0	Days	0.00		0.000		0	Days	0.00		0.000				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone								
Spencer Rossow, Program Manager														260-427-1448								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																						
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)								
Spencer Rossow														10/22/25								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 6 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				9-2025								Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified										
			CSO Outfall No. 21					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			Days					Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		9-2025				Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	30.46	38.68					5 m												
02	35.18	43.95					5 m												
03	39.97	45.38	8:35 PM	1.42	0.33	0.28	5 m												
04	48.09	87.99	12:00 AM	0.75	0.10	0.07	5 m												
05	32.03	39.83					5 m												
06	29.63	37.43					5 m												
07	31.28	38.38					5 m												
08	35.55	41.09					5 m												
09	40.28	46.97					5 m												
10	36.56	47.76					5 m												
11	28.38	33.11					5 m												
12	28.19	39.82					5 m												
13	28.22	37.87	11:40 AM	0.17	0.02	0.02	5 m												
14	28.64	36.15					5 m												
15	29.10	36.52					5 m												
16	28.72	33.38					5 m												
17	27.84	33.28					5 m												
18	28.32	30.01					5 m												
19	28.73	30.02					5 m												
20	26.17	30.01					5 m												
21	36.41	49.89	6:10 AM	2.08	0.26	0.08	5 m												
22	31.76	38.56	11:15 AM	0.08	0.01	0.01	5 m												
23	29.37	35.12	8:55 PM	0.17	0.02	0.01	5 m												
24	30.14	35.91	5:00 AM	0.17	0.02	0.02	5 m												
25	28.96	33.76	7:05 AM	0.17	0.02	0.02	5 m												
26	28.98	38.76					5 m												
27	28.15	34.16					5 m												
28	29.13	38.52					5 m												
29	29.44	37.57					5 m												
30	28.40	33.63					5 m												
Totals:	942.10			5.00	0.78			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														10/22/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 7 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period:		[MONTH]		9-2025				Check box if no CSO discharge occurred for the month:								X								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
			CSO Outfall No. 07					CSO Outfall No. 11					CSO Outfall No. 12					CSO Outfall No. 56						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period:			[MONTH]		9-2025						Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54								CSO Outfall No.							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	30.46	38.68					5 m																
02	35.18	43.95					5 m																
03	39.97	45.38	8:50 PM	1.08	0.24	0.22	5 m																
04	48.09	87.99	12:00 AM	0.75	0.11	0.09	5 m																
05	32.03	39.83					5 m																
06	29.63	37.43					5 m																
07	31.28	38.38					5 m																
08	35.55	41.09					5 m																
09	40.28	46.97					5 m																
10	36.56	47.76					5 m																
11	28.38	33.11					5 m																
12	28.19	39.82					5 m																
13	28.22	37.87	12:00 PM	0.08	0.01	0.01	5 m																
14	28.64	36.15					5 m																
15	29.10	36.52					5 m																
16	28.72	33.38					5 m																
17	27.84	33.28					5 m																
18	28.32	30.01					5 m																
19	28.73	30.02					5 m																
20	26.17	30.01					5 m																
21	36.41	49.89	6:10 AM	1.92	0.40	0.13	5 m																
22	31.76	38.56	11:10 AM	0.17	0.02	0.02	5 m																
23	29.37	35.12	5:50 PM	0.33	0.05	0.03	5 m																
24	30.14	35.91	5:00 AM	0.42	0.05	0.02	5 m																
25	28.96	33.76	7:45 AM	0.08	0.02	0.02	5 m																
26	28.98	38.76					5 m																
27	28.15	34.16					5 m																
28	29.13	38.52					5 m																
29	29.44	37.57					5 m																
30	28.40	33.63					5 m																
Totals:	942.10			4.83	0.90			0	Da ys	0.00		0.000			Da ys								
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Spencer Rossow, Program Manager														260-427-1448									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																							
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)									
Spencer Rossow														10/22/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191																				
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y																				
Monitoring Period:			[MONTH]		9-2025						Check box if no CSO discharge occurred for the month: X																									
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																										
Time	CSO Outfall No.												CSO Outfall No.												CSO Outfall No.											
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		9-2025				Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28					CSO Outfall No. 48						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	30.46	38.68					5 m												
02	35.18	43.95					5 m												
03	39.97	45.38	10:00 PM	1.33	0.43	0.28	5 m												
04	48.09	87.99	12:00 AM	0.75	0.12	0.08	5 m												
05	32.03	39.83					5 m												
06	29.63	37.43					5 m												
07	31.28	38.38					5 m												
08	35.55	41.09					5 m												
09	40.28	46.97					5 m												
10	36.56	47.76					5 m												
11	28.38	33.11					5 m												
12	28.19	39.82					5 m												
13	28.22	37.87	11:30 AM	0.17	0.02	0.02	5 m												
14	28.64	36.15					5 m												
15	29.10	36.52					5 m												
16	28.72	33.38					5 m												
17	27.84	33.28					5 m												
18	28.32	30.01					5 m												
19	28.73	30.02					5 m												
20	26.17	30.01					5 m												
21	36.41	49.89	6:15 AM	1.42	0.19	0.05	5 m												
22	31.76	38.56	11:30 AM	0.08	0.01	0.01	5 m												
23	29.37	35.12					5 m												
24	30.14	35.91	4:40 AM	0.17	0.02	0.01	5 m												
25	28.96	33.76					5 m												
26	28.98	38.76					5 m												
27	28.15	34.16					5 m												
28	29.13	38.52					5 m												
29	29.44	37.57					5 m												
30	28.40	33.63					5 m												
Totals:	942.10			3.92	0.79			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														10/22/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		9-2025				Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
CSO Outfall No. 51			CSO Outfall No. 52			CSO Outfall No. 61			CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 10 of 12						Permit Number: IN0032191						
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				9-2025								Check box if no CSO discharge occurred for the month:						X						
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. 62						CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12					Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?					Y								
Monitoring Period: [MONTH] 9-2025														Check box if no CSO discharge occurred for the month: X													
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74								Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 80							CSO Outfall No. 81							CSO Outfall No.						CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period: [MONTH]				9-2025						Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurment Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	30.46	38.68					5 m															
02	35.18	43.95					5 m															
03	39.97	45.38	9:55 PM	1.50	0.43	0.28	5 m															
04	48.09	87.99	12:00 AM	0.67	0.09	0.06	5 m															
05	32.03	39.83					5 m															
06	29.63	37.43					5 m															
07	31.28	38.38					5 m															
08	35.55	41.09					5 m															
09	40.28	46.97					5 m															
10	36.56	47.76					5 m															
11	28.38	33.11					5 m															
12	28.19	39.82					5 m															
13	28.22	37.87	11:35 AM	0.17	0.02	0.02	5 m															
14	28.64	36.15					5 m															
15	29.10	36.52					5 m															
16	28.72	33.38					5 m															
17	27.84	33.28					5 m															
18	28.32	30.01					5 m															
19	28.73	30.02					5 m															
20	26.17	30.01					5 m															
21	36.41	49.89	6:10 AM	1.75	0.23	0.09	5 m															
22	31.76	38.56					5 m															
23	29.37	35.12	9:15 PM	0.08	0.01	0.01	5 m															
24	30.14	35.91	4:20 AM	0.17	0.02	0.01	5 m															
25	28.96	33.76					5 m															
26	28.98	38.76					5 m															
27	28.15	34.16					5 m															
28	29.13	38.52					5 m															
29	29.44	37.57					5 m															
30	28.40	33.63					5 m															
Totals:	942.10			4.33	0.80			0	Days	0.00		0.000		0	Days	0.00		0.000				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone								
Spencer Rossow, Program Manager														260-427-1448								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																						
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)								
Spencer Rossow														10/22/25								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 11 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				9-2025						Check box if no CSO discharge occurred for the month: X														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
			CSO Outfall No. 36					CSO Outfall No. 44					CSO Outfall No. 45					CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



**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] 9-2025		Check box if no CSO discharge occurred for the month: X		
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				
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30				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone		
Spencer Rossow, Program Manager		260-427-1448		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)		
Spencer Rossow		10/22/25		

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Spencer
Rossow

Title:

Program Manager

Telephone:

260-427-1448

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2025_09.pdf	pdf	440899.0
IN0032191_002C_Letter_2025_09.pdf	pdf	237908.0

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2025-10-22 13:28 (Time Zone: -04:00)
Report Last Signed By	
User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:22 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-10-22 13:20 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-10-22 13:20 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:20 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-10-22 13:20 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:20 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.83	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.91	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail: spencer.rossow@cityoffortwayne.org

Date/Time: 2025-10-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.91	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.91	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:17 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:22 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:23 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:23 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:23 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.8	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:23 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:18 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.9	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.78	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:20 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:17 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.97	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:17 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:21 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:17 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:22 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:22 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 09/01/25 to 09/30/25

DMR Due Date:

10/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.79	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-10-22 13:22 (Time Zone: -04:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-10-22 13:28 (Time Zone: -04:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

November 07, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of October 2025. 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 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, 17, 18, 20, and 21
- 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

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) 427-1448.

Sincerely yours,

Spencer Rossow

Spencer Rossow
Program Manager – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y							
Monitoring Period:		[MONTH]		10-2025				Check box if no CSO discharge occurred for the month:										X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.							CSO Outfall No.					60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	27.98	32.43					5 m														
02	28.20	32.04					5 m														
03	27.14	32.08					5 m														
04	26.57	32.71					5 m														
05	27.52	34.37					5 m														
06	28.04	34.14					5 m														
07	27.85	32.93	11:35 AM	0.08	0.01	0.01	5 m														
08	27.55	32.44					5 m														
09	27.38	32.01					5 m														
10	27.51	31.74					5 m														
11	26.70	33.03					5 m														
12	26.98	34.13					5 m														
13	26.96	32.24					5 m														
14	26.12	30.72					5 m														
15	27.00	31.72	7:10 AM	0.17	0.02	0.01	5 m														
16	33.34	40.97					5 m														
17	35.87	50.62					5 m														
18	27.47	34.91	6:35 PM	0.42	0.05	0.01	5 m														
19	47.45	69.30	12:25 AM	2.83	0.56	0.16	5 m														
20	33.75	43.49					5 m														
21	35.93	46.28	3:45 PM	0.17	0.02	0.02	5 m														
22	30.53	36.26					5 m														
23	30.25	36.05					5 m														
24	30.28	35.53					5 m														
25	28.98	36.22					5 m														
26	29.79	37.61					5 m														
27	30.57	36.56					5 m														
28	30.41	35.49					5 m														
29	30.22	35.62					5 m														
30	29.88	34.99	1:15 AM	0.42	0.05	0.03	5 m														
31	29.11	35.35					5 m														
Totals:	923.33			4.09	0.71				Da ys					0	Da ys	0.00		0.000			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												11/07/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 1 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y									
Monitoring Period:			[MONTH]		10-2025														Check box if no CSO discharge occurred for the month:					X		
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?					Y								
Monitoring Period:		[MONTH]	10-2025					Check box if no CSO discharge occurred for the month:							X						
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No.				57				CSO Outfall No.				64	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	27.98	32.43					5 m														
02	28.20	32.04					5 m														
03	27.14	32.08					5 m														
04	26.57	32.71					5 m														
05	27.52	34.37					5 m														
06	28.04	34.14					5 m														
07	27.85	32.93	4:35 AM	0.08	0.01	0.01	5 m														
08	27.55	32.44					5 m														
09	27.38	32.01					5 m														
10	27.51	31.74					5 m														
11	26.70	33.03					5 m														
12	26.98	34.13					5 m														
13	26.96	32.24					5 m														
14	26.12	30.72					5 m														
15	27.00	31.72	7:10 AM	0.17	0.02	0.01	5 m														
16	33.34	40.97					5 m														
17	35.87	50.62					5 m														
18	27.47	34.91	7:40 PM	0.50	0.06	0.04	5 m														
19	47.45	69.30	12:25 AM	3.00	0.56	0.16	5 m														
20	33.75	43.49					5 m														
21	35.93	46.28	3:55 PM	0.08	0.01	0.01	5 m														
22	30.53	36.26					5 m														
23	30.25	36.05					5 m														
24	30.28	35.53					5 m														
25	28.98	36.22					5 m														
26	29.79	37.61					5 m														
27	30.57	36.56					5 m														
28	30.41	35.49					5 m														
29	30.22	35.62					5 m														
30	29.88	34.99	1:20 AM	0.50	0.06	0.03	5 m														
31	29.11	35.35					5 m														
Totals:	923.33			4.33	0.72			0	D a y s	0.00		0.000		0	D a y s	0.00		0.000			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Spencer Rossow, Program Manager	260-427-1448
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Spencer Rossow	11/07/25



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne													Page 2 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP													Public Notification Requirements Met?					Y						
Monitoring Period: [MONTH] 10-2025																			Check box if no CSO discharge occurred for the month: X					
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		10-2025			Check box if no CSO discharge occurred for the month:								X					
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23					CSO Outfall No. 24								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	27.98	32.43					5 m														
02	28.20	32.04					5 m														
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14	26.12	30.72					5 m														
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18	27.47	34.91	8:00 PM	0.42	0.05	0.03	5 m														
19	47.45	69.30	12:30 AM	2.58	0.49	0.13	5 m														
20	33.75	43.49					5 m														
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29	30.22	35.62					5 m														
30	29.88	34.99	1:25 AM	0.42	0.05	0.02	5 m														
31	29.11	35.35					5 m														
Totals:	923.33			3.83	0.64			0	Days	0.00		0.000		0	Days	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent													Telephone								
Spencer Rossow, Program Manager													260-427-1448								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																					
Signature of Principal Executive Officer or Authorized Agent													Date (mm/dd/yy)								
Spencer Rossow													11/07/25								



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City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:			[MONTH]		10-2025			Check box if no CSO discharge occurred for the month:								X					
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified									
CSO Outfall No. 25			CSO Outfall No. 29			CSO Outfall No. 32			CSO Outfall No. 39												
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000				



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City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		10-2025								Check box if no CSO discharge occurred for the month:						X								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days								



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191															
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y													
Monitoring Period:			[MONTH]		10-2025												Check box if no CSO discharge occurred for the month:						X				
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																	
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13										CSO Outfall No. 17									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E								
01	27.98	32.43					5 m																				
02	28.20	32.04					5 m																				
03	27.14	32.08					5 m																				
04	26.57	32.71					5 m																				
05	27.52	34.37					5 m																				
06	28.04	34.14					5 m																				
07	27.85	32.93	11:25 AM	0.08	0.01	0.01	5 m																				
08	27.55	32.44					5 m																				
09	27.38	32.01					5 m																				
10	27.51	31.74					5 m																				
11	26.70	33.03					5 m																				
12	26.98	34.13					5 m																				
13	26.96	32.24					5 m																				
14	26.12	30.72					5 m																				
15	27.00	31.72	7:05 AM	0.25	0.03	0.02	5 m																				
16	33.34	40.97					5 m																				
17	35.87	50.62					5 m																				
18	27.47	34.91	7:15 PM	0.42	0.06	0.04	5 m																				
19	47.45	69.30	12:20 AM	2.58	0.54	0.15	5 m																				
20	33.75	43.49					5 m																				
21	35.93	46.28	3:50 PM	0.08	0.01	0.01	5 m																				
22	30.53	36.26					5 m																				
23	30.25	36.05					5 m																				
24	30.28	35.53					5 m																				
25	28.98	36.22					5 m																				
26	29.79	37.61					5 m																				
27	30.57	36.56					5 m																				
28	30.41	35.49					5 m																				
29	30.22	35.62					5 m																				
30	29.88	34.99	1:20 AM	0.42	0.05	0.03	5 m																				
31	29.11	35.35					5 m																				
Totals:	923.33			3.83	0.70			0	Days	0.00		0.000		0	Days	0.00		0.000									
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone													
Spencer Rossow, Program Manager														260-427-1448													
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																											
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)													
Spencer Rossow														11/07/25													



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191																		
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y																
Monitoring Period:			[MONTH]		10-2025												Check box if no CSO discharge occurred for the month:						X							
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified																				
Time	CSO Outfall No.										CSO Outfall No.										CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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Totals:		Days						Days						Days						Days										



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH]		10-2025			Check box if no CSO discharge occurred for the month: X																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18					CSO Outfall No. 20												
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
01	27.98	32.43					5 m																		
02	28.20	32.04					5 m																		
03	27.14	32.08					5 m																		
04	26.57	32.71					5 m																		
05	27.52	34.37					5 m																		
06	28.04	34.14					5 m																		
07	27.85	32.93	11:20 AM	0.08	0.01	0.01	5 m																		
08	27.55	32.44	2:55 AM	0.08	0.01	0.01	5 m																		
09	27.38	32.01					5 m																		
10	27.51	31.74					5 m																		
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13	26.96	32.24					5 m																		
14	26.12	30.72					5 m																		
15	27.00	31.72	7:00 AM	0.33	0.04	0.02	5 m																		
16	33.34	40.97					5 m																		
17	35.87	50.62					5 m																		
18	27.47	34.91	7:10 PM	0.42	0.05	0.02	5 m																		
19	47.45	69.30	12:25 AM	2.92	0.62	0.16	5 m																		
20	33.75	43.49					5 m																		
21	35.93	46.28	3:45 PM	0.17	0.02	0.01	5 m																		
22	30.53	36.26					5 m																		
23	30.25	36.05					5 m																		
24	30.28	35.53					5 m																		
25	28.98	36.22					5 m																		
26	29.79	37.61					5 m																		
27	30.57	36.56	6:35 AM	0.08	0.01	0.01	5 m																		
28	30.41	35.49					5 m																		
29	30.22	35.62					5 m																		
30	29.88	34.99	1:15 AM	0.50	0.06	0.03	5 m																		
31	29.11	35.35					5 m																		
Totals:	923.33			4.58	0.82			0	Days	0.00		0.000		0	Days	0.00		0.000							

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												11/07/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH]		10-2025			Check box if no CSO discharge occurred for the month: X																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
		CSO Outfall No. 21				CSO Outfall No.				CSO Outfall No.				CSO Outfall No.				CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			Days					Days					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y								
Monitoring Period:			[MONTH]		10-2025						Check box if no CSO discharge occurred for the month: X											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	27.98	32.43					5 m															
02	28.20	32.04					5 m															
03	27.14	32.08					5 m															
04	26.57	32.71					5 m															
05	27.52	34.37					5 m															
06	28.04	34.14					5 m															
07	27.85	32.93	1:30 AM	0.25	0.03	0.01	5 m															
08	27.55	32.44					5 m															
09	27.38	32.01					5 m															
10	27.51	31.74					5 m															
11	26.70	33.03					5 m															
12	26.98	34.13					5 m															
13	26.96	32.24					5 m															
14	26.12	30.72					5 m															
15	27.00	31.72	7:00 AM	0.25	0.03	0.02	5 m															
16	33.34	40.97					5 m															
17	35.87	50.62					5 m															
18	27.47	34.91	7:55 PM	0.42	0.05	0.02	5 m															
19	47.45	69.30	12:25 AM	2.83	0.52	0.13	5 m															
20	33.75	43.49					5 m															
21	35.93	46.28	3:35 AM	0.17	0.02	0.01	5 m															
22	30.53	36.26					5 m															
23	30.25	36.05					5 m															
24	30.28	35.53					5 m															
25	28.98	36.22					5 m															
26	29.79	37.61					5 m															
27	30.57	36.56					5 m															
28	30.41	35.49					5 m															
29	30.22	35.62					5 m															
30	29.88	34.99	1:20 AM	0.42	0.05	0.03	5 m															
31	29.11	35.35	11:40 PM	0.08	0.01	0.01	5 m															
Totals:	923.33			4.42	0.71			0	Days	0.00		0.000		0	Days	0.00		0.000				

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent										Telephone									
Spencer Rossow, Program Manager										260-427-1448									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent										Date (mm/dd/yy)									
Spencer Rossow										11/07/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y										
Monitoring Period:			[MONTH]		10-2025						Check box if no CSO discharge occurred for the month: X													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
		CSO Outfall No. 07				CSO Outfall No. 11				CSO Outfall No. 12				CSO Outfall No. 56										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period:		[MONTH]	10-2025					Check box if no CSO discharge occurred for the month:												X					
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.				54				CSO Outfall No.									
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
Day of Month																									
01	27.98	32.43					5 m																		
02	28.20	32.04					5 m																		
03	27.14	32.08					5 m																		
04	26.57	32.71					5 m																		
05	27.52	34.37					5 m																		
06	28.04	34.14					5 m																		
07	27.85	32.93					5 m																		
08	27.55	32.44					5 m																		
09	27.38	32.01					5 m																		
10	27.51	31.74					5 m																		
11	26.70	33.03					5 m																		
12	26.98	34.13					5 m																		
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27	30.57	36.56					5 m																		
28	30.41	35.49					5 m																		
29	30.22	35.62					5 m																		
30	29.88	34.99	1:10 AM	0.33	0.04	0.03	5 m																		
31	29.11	35.35					5 m																		
Totals:	923.33			4.33	0.72			0	Da ys	0.00		0.000			Da ys										

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
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Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												11/07/25							



National Pollutant Discharge Elimination System (NPDES)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne													Page 8 of 12					Permit Number: IN0032191														
Facility: Fort Wayne - P.L. Brunner WWTP													Public Notification Requirements Met?										Y									
Monitoring Period: [MONTH]						10-2025															Check box if no CSO discharge occurred for the month:										X	
Design Peak Hourly Flow (MGD):						85		Design Average Flow (MGD):						74		Measured/Metered (M) or Estimated (E) must be specified																
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.													
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E								
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period: [MONTH]			10-2025					Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28								CSO Outfall No. 48							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	27.98	32.43					5 m																
02	28.20	32.04					5 m																
03	27.14	32.08					5 m																
04	26.57	32.71					5 m																
05	27.52	34.37					5 m																
06	28.04	34.14					5 m																
07	27.85	32.93	5:20 PM	0.08	0.01	0.01	5 m																
08	27.55	32.44					5 m																
09	27.38	32.01					5 m																
10	27.51	31.74					5 m																
11	26.70	33.03					5 m																
12	26.98	34.13					5 m																
13	26.96	32.24					5 m																
14	26.12	30.72					5 m																
15	27.00	31.72	6:50 AM	0.25	0.03	0.02	5 m																
16	33.34	40.97					5 m																
17	35.87	50.62					5 m																
18	27.47	34.91	7:15 PM	0.58	0.07	0.05	5 m																
19	47.45	69.30	12:30 AM	3.08	0.58	0.13	5 m																
20	33.75	43.49					5 m																
21	35.93	46.28	1:25 PM	0.08	0.01	0.01	5 m																
22	30.53	36.26					5 m																
23	30.25	36.05					5 m																
24	30.28	35.53					5 m																
25	28.98	36.22					5 m																
26	29.79	37.61					5 m																
27	30.57	36.56					5 m																
28	30.41	35.49					5 m																
29	30.22	35.62					5 m																
30	29.88	34.99	1:20 AM	0.42	0.05	0.03	5 m																
31	29.11	35.35	11:35 PM	0.08	0.01	0.01	5 m																
Totals:	923.33			4.58	0.76			0	Days	0.00		0.000		0	Days	0.00		0.000					

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent								Telephone							
Spencer Rossow, Program Manager								260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.															
Signature of Principal Executive Officer or Authorized Agent								Date (mm/dd/yy)							
Spencer Rossow								11/07/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			10-2025					Check box if no CSO discharge occurred for the month: X											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y											
Monitoring Period:				[MONTH]		10-2025								Check box if no CSO discharge occurred for the month:						X											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 62														CSO Outfall No. 68						CSO Outfall No. 02						CSO Outfall No. 03					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
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31																															
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y											
Monitoring Period:				[MONTH]		10-2025								Check box if no CSO discharge occurred for the month:						X											
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 80														CSO Outfall No. 81						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000								



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 11 of 12			Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y																
Monitoring Period: [MONTH]		10-2025					Check box if no CSO discharge occurred for the month: X												
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	27.98	32.43					5 m												
02	28.20	32.04					5 m												
03	27.14	32.08					5 m												
04	26.57	32.71					5 m												
05	27.52	34.37					5 m												
06	28.04	34.14					5 m												
07	27.85	32.93	4:15 PM	0.08	0.01	0.01	5 m												
08	27.55	32.44					5 m												
09	27.38	32.01					5 m												
10	27.51	31.74					5 m												
11	26.70	33.03					5 m												
12	26.98	34.13					5 m												
13	26.96	32.24					5 m												
14	26.12	30.72					5 m												
15	27.00	31.72	7:05 AM	0.17	0.02	0.01	5 m												
16	33.34	40.97					5 m												
17	35.87	50.62					5 m												
18	27.47	34.91	8:45 PM	0.42	0.05	0.02	5 m												
19	47.45	69.30	12:30 AM	3.17	0.60	0.14	5 m												
20	33.75	43.49					5 m												
21	35.93	46.28	1:20 PM	0.08	0.01	0.01	5 m												
22	30.53	36.26					5 m												
23	30.25	36.05					5 m												
24	30.28	35.53					5 m												
25	28.98	36.22					5 m												
26	29.79	37.61					5 m												
27	30.57	36.56					5 m												
28	30.41	35.49					5 m												
29	30.22	35.62					5 m												
30	29.88	34.99	1:25 AM	0.42	0.05	0.03	5 m												
31	29.11	35.35	11:40 PM	0.17	0.02	0.02	5 m												
Totals:	923.33			4.50	0.76			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone	
Spencer Rossow, Program Manager		260-427-1448	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Spencer Rossow		11/07/25	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne			Page 11 of 12			Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP			Public Notification Requirements Met? Y															
Monitoring Period: [MONTH]		10-2025					Check box if no CSO discharge occurred for the month: X											
Design Peak Hourly Flow (MGD):		85		Design Average Flow (MGD):		74		Measured/Metered (M) or Estimated (E) must be specified										
CSO Outfall No. 36			CSO Outfall No. 44			CSO Outfall No. 45			CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



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

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page: [12] of [12]		Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		
Monitoring Period: [MONTH] 10-2025		Check box if no CSO discharge occurred for the month: X		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74		
Day of Month	Comments (further explanation as to why each CSO event occurred)			
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31				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone		
Spencer Rossow, Program Manager		260-427-1448		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)		
Spencer Rossow		11/07/25		

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:
From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Spencer
Rossow

Title:

Telephone:

260-427-1448

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2025_10.pdf	pdf	442076.0
IN0032191_002C_Letter_2025_10.pdf	pdf	237919.0

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2025-11-07 13:11 (Time Zone: -05:00)
<i>Report Last Signed By</i>	
User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2025-11-07 13:11 (Time Zone: -05:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:02 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:01 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:01 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.7	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.7	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.82	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:00 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail: spencer.rossow@cityoffortwayne.org

Date/Time: 2025-11-07 12:58 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:58 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-11-07 13:01 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail: spencer.rossow@cityoffortwayne.org

Date/Time: 2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:01 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:02 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:02 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:01 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:59 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW

Spencer Rossow

spencer.rossow@cityoffortwayne.org

2025-11-07 13:01 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:58 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.71	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:58 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:02 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Opt Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:02 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 12:58 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-11-07 13:02 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 10/01/25 to 10/31/25

DMR Due Date:

11/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-11-07 13:03 (Time Zone: -05:00)

Report Last Signed By

User:SPENCERROSSOW

Name:Spencer Rossow

E-Mail:spencer.rossow@cityoffortwayne.org

Date/Time:2025-11-07 13:11 (Time Zone: -05:00)



CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

December 15, 2025

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 2025

We are pleased to enclose a completed CSO MRO form for the month of November 2025. 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 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, 17, 18, 20, and 21
- 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

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) 427-1448.

Sincerely yours,

A handwritten signature in cursive script that reads "Spencer Rossow".

Spencer Rossow
Program Manager – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met? Y											
Monitoring Period: [MONTH] 11-2025				Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.					CSO Outfall No. 60						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	28.27	36.54					5 m												
02	30.36	37.52					5 m												
03	28.95	35.85					5 m												
04	29.25	34.95					5 m												
05	30.25	35.48					5 m												
06	30.07	35.37					5 m												
07	31.40	36.83	6:55 AM	0.75	0.13	0.09	5 m												
08	27.86	34.32	9:40 PM	1.25	0.16	0.08	5 m												
09	54.20	60.03	2:25 AM	3.42	0.48	0.12	5 m												
10	38.24	50.01	10:50 AM	0.50	0.06	0.02	5 m												
11	35.67	40.41					5 m												
12	36.26	51.47	6:35 AM	0.58	0.07	0.02	5 m												
13	32.29	37.41					5 m												
14	30.86	38.52					5 m												
15	30.60	38.32					5 m												
16	31.09	38.96					5 m												
17	37.02	44.68					5 m												
18	35.80	58.96	8:30 AM	0.50	0.06	0.04	5 m												
19	30.73	35.24					5 m												
20	30.89	35.59					5 m												
21	30.88	35.81	6:40 AM	0.25	0.03	0.01	5 m												
22	30.95	37.97	12:00 AM	0.08	0.01	0.01	5 m												
23	30.70	38.20					5 m												
24	31.19	36.68					5 m												
25	39.74	61.71	3:30 AM	2.17	0.28	0.07	5 m												
26	33.86	48.31	3:40 AM	0.08	0.01	0.01	5 m												
27	31.66	39.61					5 m												
28	30.33	37.13					5 m												
29	30.54	37.07					5 m												
30	34.46	43.38	2:30 AM	1.83	0.25	0.15	5 m												
Totals:	984.37			11.41	1.54				Days					0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														12/15/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 1 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met? Y												
Monitoring Period: [MONTH] 11-2025				Check box if no CSO discharge occurred for the month: X																				
Design Peak Hourly Flow (MGD): 85				Design Average Flow (MGD): 74				Measured/Metered (M) or Estimated (E) must be specified																
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days							Days					Days						Days				

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]		11-2025				Check box if no CSO discharge occurred for the month:								X					
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No.				57		CSO Outfall No.						64	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	28.27	36.54					5 m														
02	30.36	37.52					5 m														
03	28.95	35.85					5 m														
04	29.25	34.95					5 m														
05	30.25	35.48					5 m														
06	30.07	35.37					5 m														
07	31.40	36.83	6:00 AM	0.92	0.14	0.06	5 m														
08	27.86	34.32	9:30 PM	1.25	0.15	0.07	5 m														
09	54.20	60.03	1:35 AM	3.50	0.46	0.12	5 m														
10	38.24	50.01	10:45 AM	0.42	0.05	0.02	5 m														
11	35.67	40.41	11:25 AM	0.17	0.02	0.01	5 m														
12	36.26	51.47	6:50 AM	1.58	0.19	0.07	5 m														
13	32.29	37.41					5 m														
14	30.86	38.52					5 m														
15	30.60	38.32					5 m														
16	31.09	38.96					5 m														
17	37.02	44.68					5 m														
18	35.80	58.96	7:45 AM	0.50	0.07	0.05	5 m														
19	30.73	35.24					5 m														
20	30.89	35.59					5 m														
21	30.88	35.81	6:55 PM	0.25	0.03	0.01	5 m														
22	30.95	37.97	12:35 AM	0.08	0.01	0.01	5 m														
23	30.70	38.20					5 m														
24	31.19	36.68					5 m														
25	39.74	61.71	3:20 AM	2.17	0.27	0.06	5 m														
26	33.86	48.31	3:15 AM	0.17	0.02	0.01	5 m														
27	31.66	39.61					5 m														
28	30.33	37.13					5 m														
29	30.54	37.07					5 m														
30	34.46	43.38	2:20 AM	1.67	0.20	0.09	5 m														
Totals:	984.37			12.67	1.61			0	Days	0.00		0.000		0	Days	0.00		0.000			
Typed or Printed Name and Title of																					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne							Page 2 of 12						Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met?						Y											
Monitoring Period:			[MONTH]	11-2025								Check box if no CSO discharge occurred for the month:						X						
Design Peak Hourly Flow (MGD):				85			Design Average Flow (MGD):				74			Measured/Metered (M) or Estimated (E) must be specified										
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y										
Monitoring Period:			[MONTH]		11-2025										Check box if no CSO discharge occurred for the month: X							
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23					CSO Outfall No. 24									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
01	28.27	36.54					5 m															
02	30.36	37.52					5 m															
03	28.95	35.85					5 m															
04	29.25	34.95					5 m															
05	30.25	35.48					5 m															
06	30.07	35.37					5 m															
07	31.40	36.83	6:00 AM	0.92	0.22	0.14	5 m															
08	27.86	34.32	9:25 PM	1.33	0.16	0.08	5 m															
09	54.20	60.03	12:00 AM	3.92	0.52	0.13	5 m															
10	38.24	50.01	1:15 PM	0.50	0.06	0.03	5 m															
11	35.67	40.41	12:15 PM	0.17	0.02	0.01	5 m															
12	36.26	51.47	5:30 AM	1.00	0.12	0.06	5 m															
13	32.29	37.41					5 m															
14	30.86	38.52					5 m															
15	30.60	38.32					5 m															
16	31.09	38.96					5 m															
17	37.02	44.68					5 m															
18	35.80	58.96	8:15 AM	0.50	0.06	0.03	5 m															
19	30.73	35.24					5 m															
20	30.89	35.59					5 m															
21	30.88	35.81	9:15 PM	0.25	0.03	0.02	5 m															
22	30.95	37.97	12:25 AM	0.08	0.01	0.01	5 m															
23	30.70	38.20					5 m															
24	31.19	36.68					5 m															
25	39.74	61.71	2:55 AM	2.25	0.28	0.07	5 m															
26	33.86	48.31	3:05 AM	0.17	0.02	0.02	5 m															
27	31.66	39.61					5 m															
28	30.33	37.13					5 m															
29	30.54	37.07					5 m															
30	34.46	43.38	3:40 AM	0.42	0.05	0.02	5 m															
Totals:	984.37			11.50	1.55			0	Days	0.00		0.000		0	Days	0.00		0.000				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone								
Spencer Rossow, Program Manager														260-427-1448								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																						
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)								
Spencer Rossow														12/15/25								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 3 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period:			[MONTH]		11-2025										Check box if no CSO discharge occurred for the month: X									
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 25			CSO Outfall No. 29			CSO Outfall No. 32			CSO Outfall No. 39															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		11-2025								Check box if no CSO discharge occurred for the month:						X								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		11-2025				Check box if no CSO discharge occurred for the month: X										
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurment Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	28.27	36.54					5 m												
02	30.36	37.52					5 m												
03	28.95	35.85					5 m												
04	29.25	34.95					5 m												
05	30.25	35.48					5 m												
06	30.07	35.37					5 m												
07	31.40	36.83	6:00 AM	1.00	0.17	0.08	5 m												
08	27.86	34.32	9:35 PM	1.25	0.15	0.08	5 m												
09	54.20	60.03	2:25 AM	3.58	0.51	0.13	5 m												
10	38.24	50.01	2:35 AM	0.42	0.05	0.02	5 m												
11	35.67	40.41					5 m												
12	36.26	51.47					5 m												
13	32.29	37.41					5 m												
14	30.86	38.52					5 m												
15	30.60	38.32					5 m												
16	31.09	38.96					5 m												
17	37.02	44.68					5 m												
18	35.80	58.96	8:45 AM	0.33	0.04	0.03	5 m												
19	30.73	35.24					5 m												
20	30.89	35.59					5 m												
21	30.88	35.81	7:45 AM	0.25	0.03	0.01	5 m												
22	30.95	37.97	12:00 AM	0.08	0.01	0.01	5 m												
23	30.70	38.20					5 m												
24	31.19	36.68					5 m												
25	39.74	61.71	5:15 AM	2.17	0.28	0.07	5 m												
26	33.86	48.31	3:05 AM	0.08	0.01	0.01	5 m												
27	31.66	39.61					5 m												
28	30.33	37.13					5 m												
29	30.54	37.07	12:00 PM	2.17	0.26	0.04	5 m												
30	34.46	43.38	12:00 AM	1.00	0.12	0.06	5 m												
Totals:	984.37			12.33	1.63			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														12/15/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period:			[MONTH]		11-2025				Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
Time		CSO Outfall No.					CSO Outfall No.					CSO Outfall No.					CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days						Days						Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period: [MONTH]			11-2025					Check box if no CSO discharge occurred for the month: X															
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18								CSO Outfall No. 20							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
01	28.27	36.54					5 m																
02	30.36	37.52					5 m																
03	28.95	35.85					5 m																
04	29.25	34.95					5 m																
05	30.25	35.48					5 m																
06	30.07	35.37					5 m																
07	31.40	36.83	6:00 AM	0.92	0.16	0.08	5 m																
08	27.86	34.32	9:25 PM	1.50	0.18	0.08	5 m																
09	54.20	60.03	2:25 AM	3.25	0.53	0.16	5 m																
10	38.24	50.01	11:25 AM	0.92	0.11	0.06	5 m																
11	35.67	40.41	12:45 PM	0.08	0.01	0.01	5 m																
12	36.26	51.47	5:45 AM	0.08	0.01	0.01	5 m																
13	32.29	37.41					5 m																
14	30.86	38.52					5 m																
15	30.60	38.32					5 m																
16	31.09	38.96					5 m																
17	37.02	44.68					5 m																
18	35.80	58.96	5:45 AM	0.75	0.09	0.04	5 m																
19	30.73	35.24					5 m																
20	30.89	35.59					5 m																
21	30.88	35.81	4:40 AM	0.33	0.04	0.01	5 m																
22	30.95	37.97	12:00 AM	0.08	0.01	0.01	5 m																
23	30.70	38.20					5 m																
24	31.19	36.68					5 m																
25	39.74	61.71	5:15 AM	2.33	0.31	0.08	5 m																
26	33.86	48.31	3:10 AM	0.08	0.01	0.01	5 m																
27	31.66	39.61					5 m																
28	30.33	37.13	11:00 AM	0.08	0.01	0.01	5 m																
29	30.54	37.07					5 m																
30	34.46	43.38	2:25 AM	2.08	0.25	0.09	5 m																
Totals:	984.37			12.50	1.72			0	Days	0.00		0.000		0	Days	0.00		0.000					
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone									
Spencer Rossow, Program Manager														260-427-1448									
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																							
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)									
Spencer Rossow														12/15/25									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y													
Monitoring Period: [MONTH]			11-2025					Check box if no CSO discharge occurred for the month: X																	
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified															
		CSO Outfall No. 21								CSO Outfall No.								CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			Days					Days					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH]			11-2025					Check box if no CSO discharge occurred for the month: X											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04				CSO Outfall No. 05							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	28.27	36.54					5 m												
02	30.36	37.52					5 m												
03	28.95	35.85					5 m												
04	29.25	34.95					5 m												
05	30.25	35.48					5 m												
06	30.07	35.37					5 m												
07	31.40	36.83	6:00 AM	0.75	0.19	0.12	5 m												
08	27.86	34.32	9:25 PM	1.33	0.16	0.08	5 m												
09	54.20	60.03	12:00 AM	3.92	0.51	0.11	5 m												
10	38.24	50.01	1:10 AM	0.50	0.06	0.01	5 m												
11	35.67	40.41					5 m												
12	36.26	51.47					5 m												
13	32.29	37.41					5 m												
14	30.86	38.52					5 m												
15	30.60	38.32					5 m												
16	31.09	38.96					5 m												
17	37.02	44.68					5 m												
18	35.80	58.96	5:55 AM	0.67	0.08	0.05	5 m												
19	30.73	35.24					5 m												
20	30.89	35.59					5 m												
21	30.88	35.81	8:10 PM	0.25	0.03	0.01	5 m												
22	30.95	37.97					5 m												
23	30.70	38.20					5 m												
24	31.19	36.68					5 m												
25	39.74	61.71	2:35 AM	2.33	0.29	0.07	5 m												
26	33.86	48.31	3:05 AM	0.17	0.02	0.01	5 m												
27	31.66	39.61					5 m												
28	30.33	37.13					5 m												
29	30.54	37.07	11:50 AM	0.42	0.06	0.02	5 m												
30	34.46	43.38	3:20 AM	2.92	0.36	0.08	5 m												
Totals:	984.37			13.25	1.76			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														12/15/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y												
Monitoring Period: [MONTH]			11-2025					Check box if no CSO discharge occurred for the month: X																
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified														
		CSO Outfall No. 07				CSO Outfall No. 11				CSO Outfall No. 12				CSO Outfall No. 56										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:			[MONTH]		11-2025			Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No. 54				CSO Outfall No.							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	28.27	36.54					5 m												
02	30.36	37.52					5 m												
03	28.95	35.85					5 m												
04	29.25	34.95					5 m												
05	30.25	35.48					5 m												
06	30.07	35.37					5 m												
07	31.40	36.83	7:00 AM	0.58	0.16	0.14	5 m												
08	27.86	34.32	9:40 PM	1.17	0.14	0.08	5 m												
09	54.20	60.03	2:25 AM	2.50	0.36	0.10	5 m												
10	38.24	50.01	1:05 PM	0.25	0.03	0.02	5 m												
11	35.67	40.41	12:25 PM	0.17	0.02	0.01	5 m												
12	36.26	51.47	9:35 AM	0.08	0.01	0.01	5 m												
13	32.29	37.41					5 m												
14	30.86	38.52					5 m												
15	30.60	38.32					5 m												
16	31.09	38.96					5 m												
17	37.02	44.68					5 m												
18	35.80	58.96	8:30 AM	0.58	0.07	0.04	5 m												
19	30.73	35.24					5 m												
20	30.89	35.59					5 m												
21	30.88	35.81	6:35 PM	0.25	0.03	0.01	5 m												
22	30.95	37.97					5 m												
23	30.70	38.20					5 m												
24	31.19	36.68					5 m												
25	39.74	61.71	3:20 AM	2.17	0.27	0.07	5 m												
26	33.86	48.31	3:00 AM	0.25	0.03	0.03	5 m												
27	31.66	39.61					5 m												
28	30.33	37.13					5 m												
29	30.54	37.07					5 m												
30	34.46	43.38	2:40 AM	1.75	0.22	0.09	5 m												
Totals:	984.37			9.75	1.34			0	Da ys	0.00		0.000			Da ys				
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														12/15/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?				Y								
Monitoring Period:			[MONTH]		11-2025			Check box if no CSO discharge occurred for the month:								X								
Design Peak Hourly Flow (MGD):			85			Design Average Flow (MGD):			74			Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		11-2025				Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28					CSO Outfall No. 48						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
01	28.27	36.54					5 m												
02	30.36	37.52					5 m												
03	28.95	35.85					5 m												
04	29.25	34.95					5 m												
05	30.25	35.48					5 m												
06	30.07	35.37					5 m												
07	31.40	36.83	6:50 AM	0.83	0.16	0.07	5 m												
08	27.86	34.32	9:30 PM	1.42	0.17	0.08	5 m												
09	54.20	60.03	12:35 AM	3.92	0.54	0.13	5 m												
10	38.24	50.01	12:35 AM	0.67	0.08	0.02	5 m												
11	35.67	40.41					5 m												
12	36.26	51.47					5 m												
13	32.29	37.41					5 m												
14	30.86	38.52					5 m												
15	30.60	38.32					5 m												
16	31.09	38.96					5 m												
17	37.02	44.68					5 m												
18	35.80	58.96	8:35 AM	0.33	0.04	0.02	5 m												
19	30.73	35.24					5 m												
20	30.89	35.59					5 m												
21	30.88	35.81	6:55 PM	0.42	0.05	0.02	5 m												
22	30.95	37.97					5 m												
23	30.70	38.20					5 m												
24	31.19	36.68					5 m												
25	39.74	61.71	2:55 AM	2.58	0.34	0.09	5 m												
26	33.86	48.31	3:20 AM	0.08	0.01	0.01	5 m												
27	31.66	39.61					5 m												
28	30.33	37.13					5 m												
29	30.54	37.07	11:50 AM	1.92	0.23	0.04	5 m												
30	34.46	43.38	12:10 AM	2.58	0.37	0.16	5 m												
Totals:	984.37			14.75	1.99			0	Days	0.00		0.000		0	Days	0.00		0.000	
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														12/15/25					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		11-2025				Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
CSO Outfall No. 51			CSO Outfall No. 52			CSO Outfall No. 61			CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y												
Monitoring Period:				[MONTH]		11-2025								Check box if no CSO discharge occurred for the month:						X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																				
	CSO Outfall No.					62			CSO Outfall No.					68			CSO Outfall No.					02			CSO Outfall No.					03		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12						Permit Number: IN0032191												
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y												
Monitoring Period:				[MONTH]		11-2025								Check box if no CSO discharge occurred for the month:						X												
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																				
	CSO Outfall No.					80			CSO Outfall No.					81			CSO Outfall No.								CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000		0	D:ys	0.00		0.000									



National Pollutant Discharge Elimination System (NPDES)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]		11-2025				Check box if no CSO discharge occurred for the month:								X					
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27								CSO Outfall No. 33					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	28.27	36.54					5 m														
02	30.36	37.52					5 m														
03	28.95	35.85					5 m														
04	29.25	34.95					5 m														
05	30.25	35.48					5 m														
06	30.07	35.37					5 m														
07	31.40	36.83	6:50 AM	0.67	0.11	0.06	5 m														
08	27.86	34.32	9:30 PM	1.33	0.16	0.08	5 m														
09	54.20	60.03	2:25 AM	2.83	0.37	0.12	5 m														
10	38.24	50.01	11:25 AM	0.42	0.05	0.02	5 m														
11	35.67	40.41	12:00 PM	0.08	0.01	0.01	5 m														
12	36.26	51.47	9:15 AM	1.42	0.17	0.06	5 m														
13	32.29	37.41					5 m														
14	30.86	38.52					5 m														
15	30.60	38.32					5 m														
16	31.09	38.96					5 m														
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22	30.95	37.97					5 m														
23	30.70	38.20					5 m														
24	31.19	36.68					5 m														
25	39.74	61.71	2:55 AM	2.50	0.32	0.08	5 m														
26	33.86	48.31					5 m														
27	31.66	39.61					5 m														
28	30.33	37.13	11:25 AM	0.08	0.01	0.01	5 m														
29	30.54	37.07					5 m														
30	34.46	43.38	3:15 AM	1.00	0.12	0.03	5 m														
Totals:	984.37			11.08	1.41			0	Days	0.00		0.000		0	Days	0.00		0.000			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone							
Spencer Rossow, Program Manager														260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																					
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)							
Spencer Rossow														12/15/25							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]		11-2025				Check box if no CSO discharge occurred for the month:								X			
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified							
CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		



**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] 11-2025		Check box if no CSO discharge occurred for the month: X			
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 74			
Day of Month	Comments (further explanation as to why each CSO event occurred)				
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Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent				Telephone	
Spencer Rossow, Program Manager				260-427-1448	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					
Signature of Principal Executive Officer or Authorized Agent				Date (mm/dd/yy)	
Spencer Rossow				12/15/25	

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Spencer
Rossow

Title:

Program Manager

Telephone:

260-427-1448

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_Letter_2025_11.pdf	pdf	218508.0
IN0032191_002C_CSOMRO_2025_11.pdf	pdf	441229.0

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2025-12-15 10:21 (Time Zone: -05:00)
<i>Report Last Signed By</i>	
User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2025-12-15 10:22 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:16 (Time Zone: -05:00)

Report Last Signed By

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

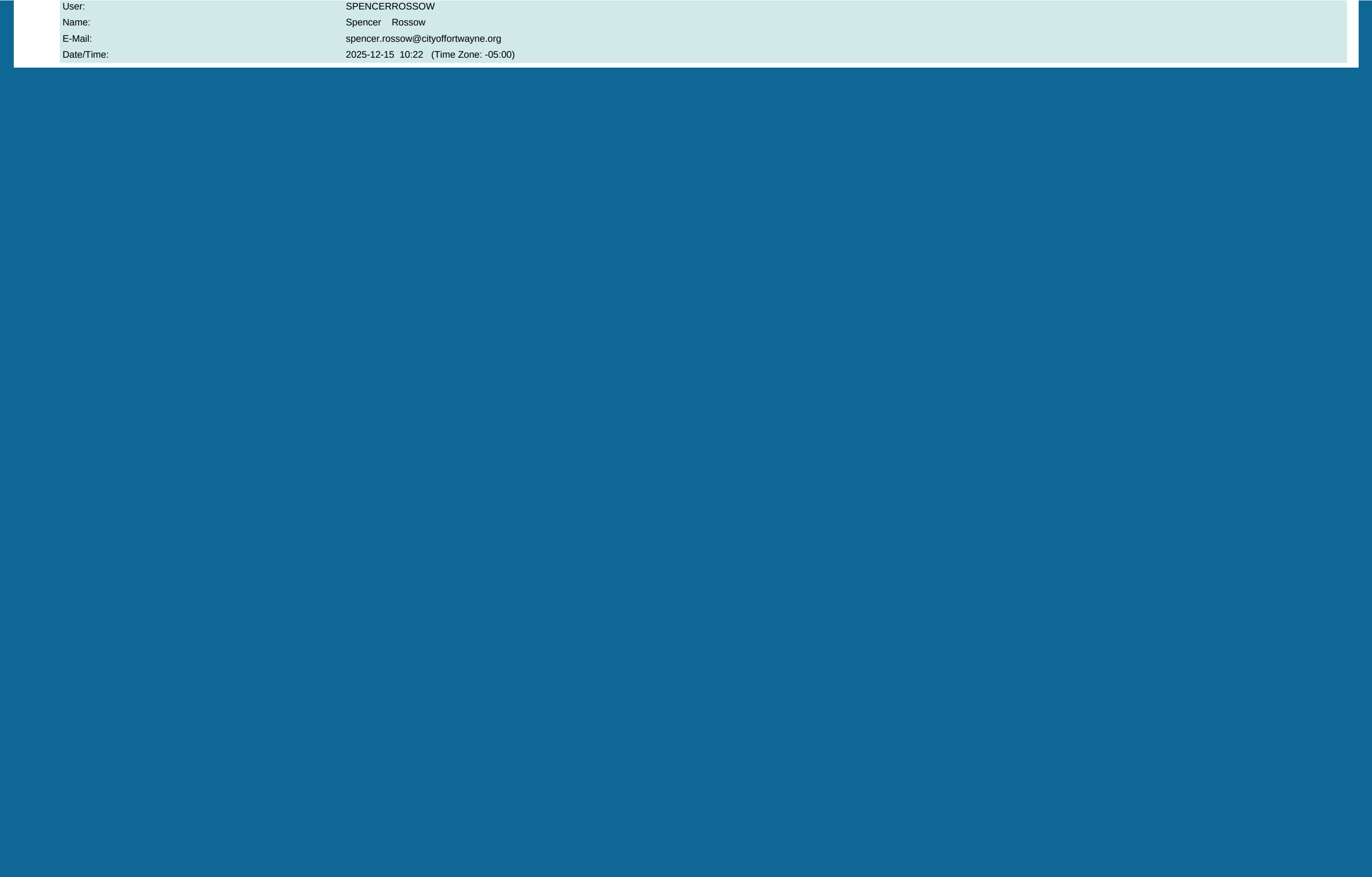
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

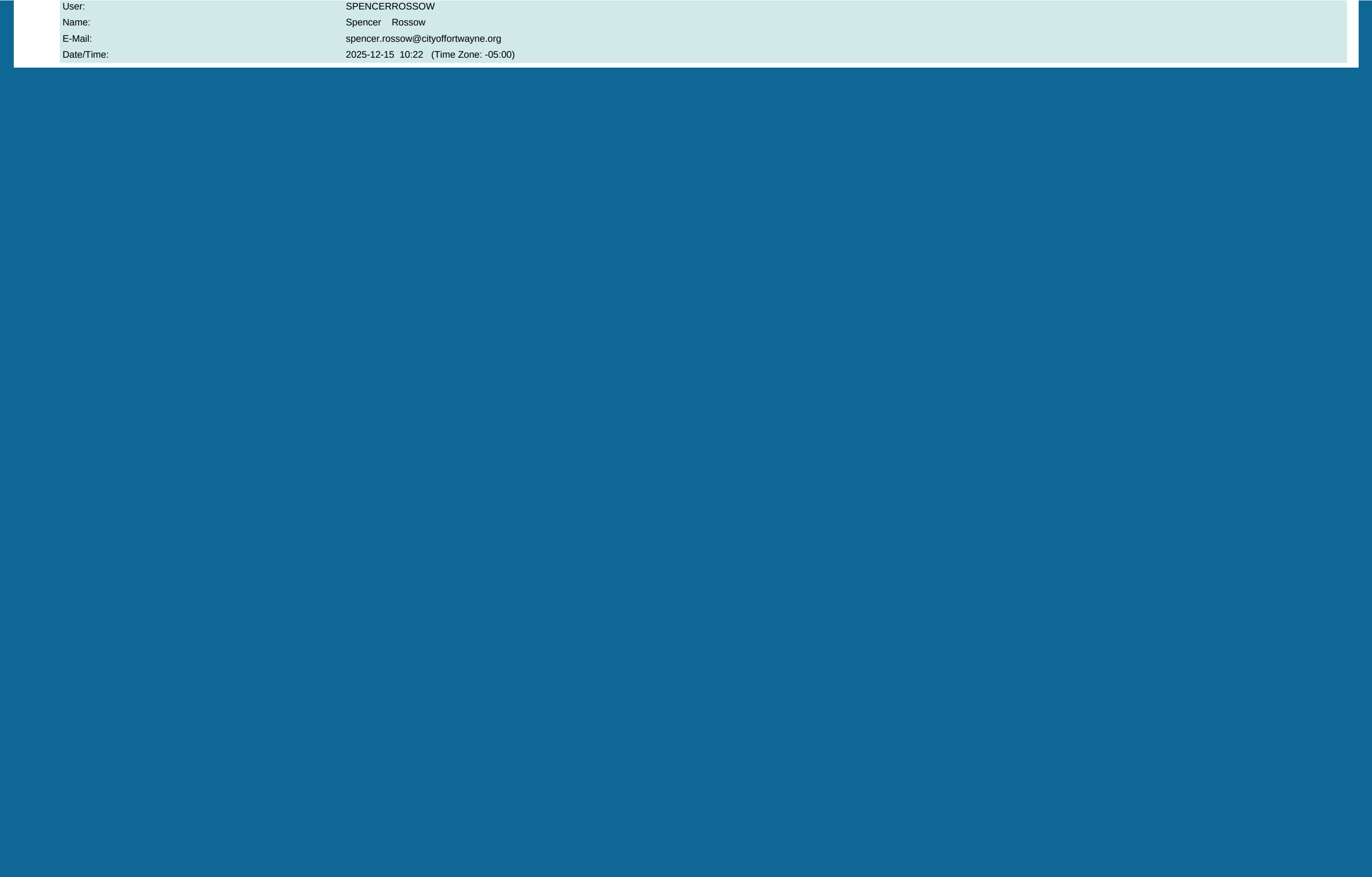
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

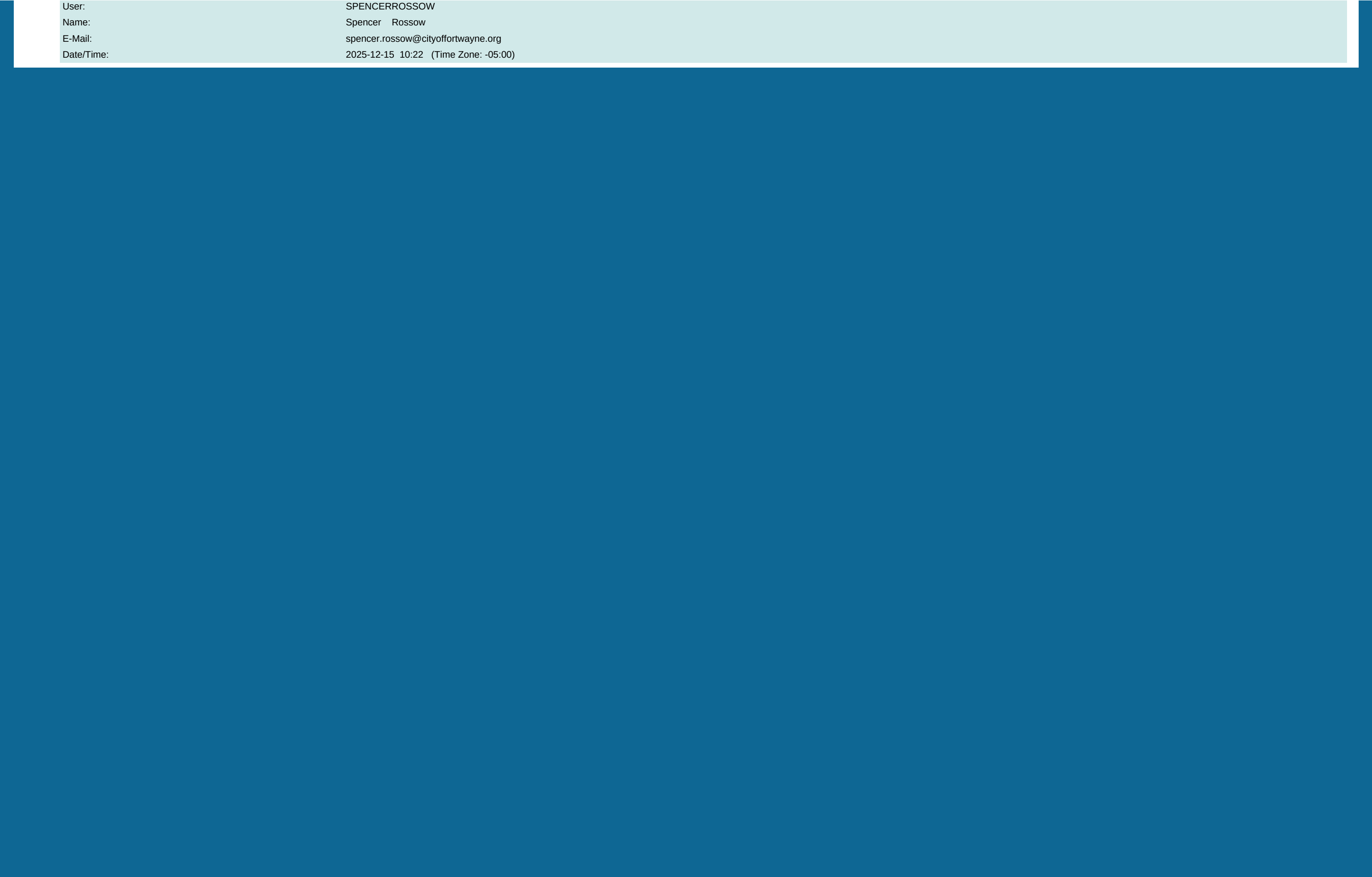
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

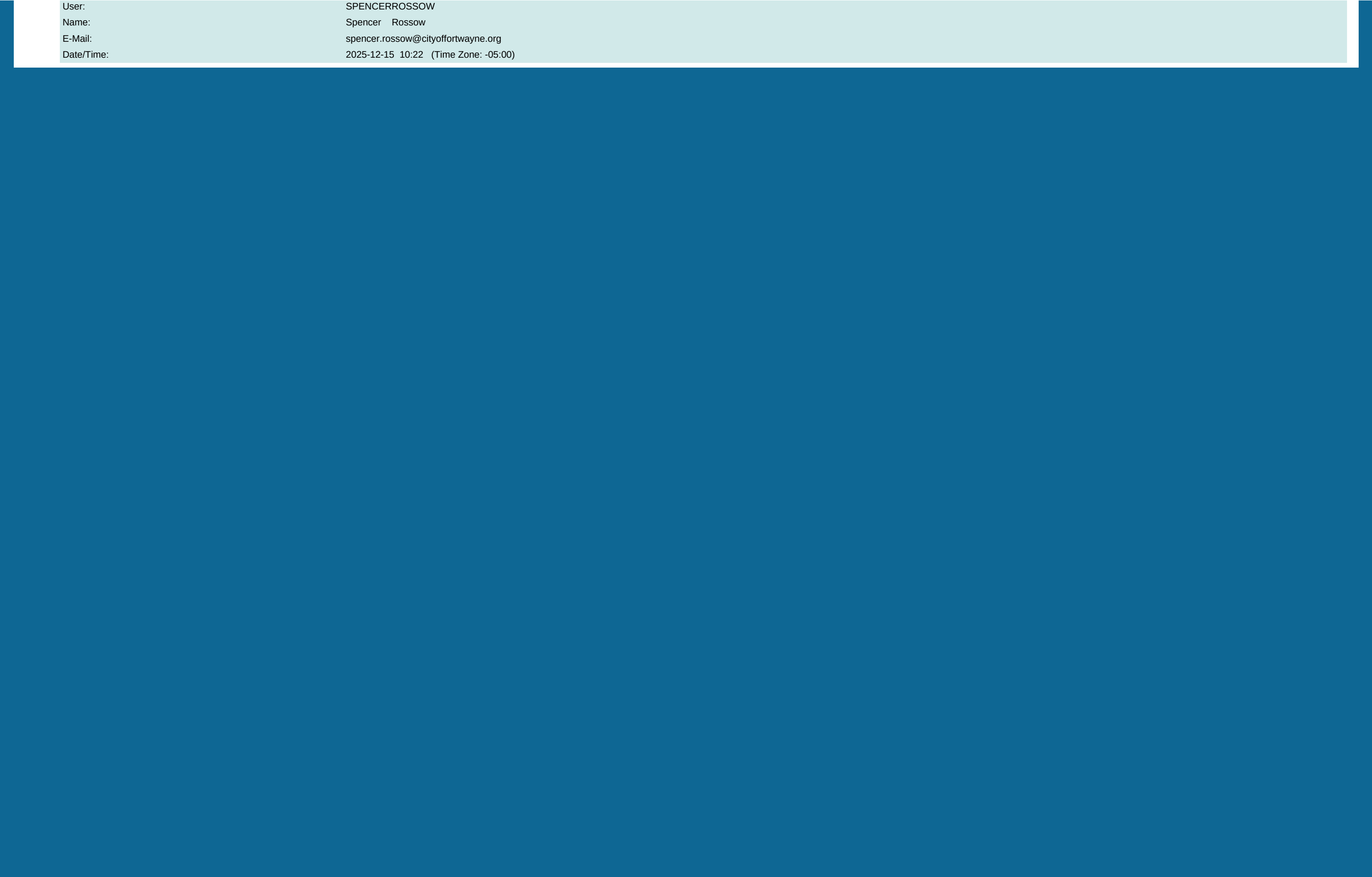
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo			
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

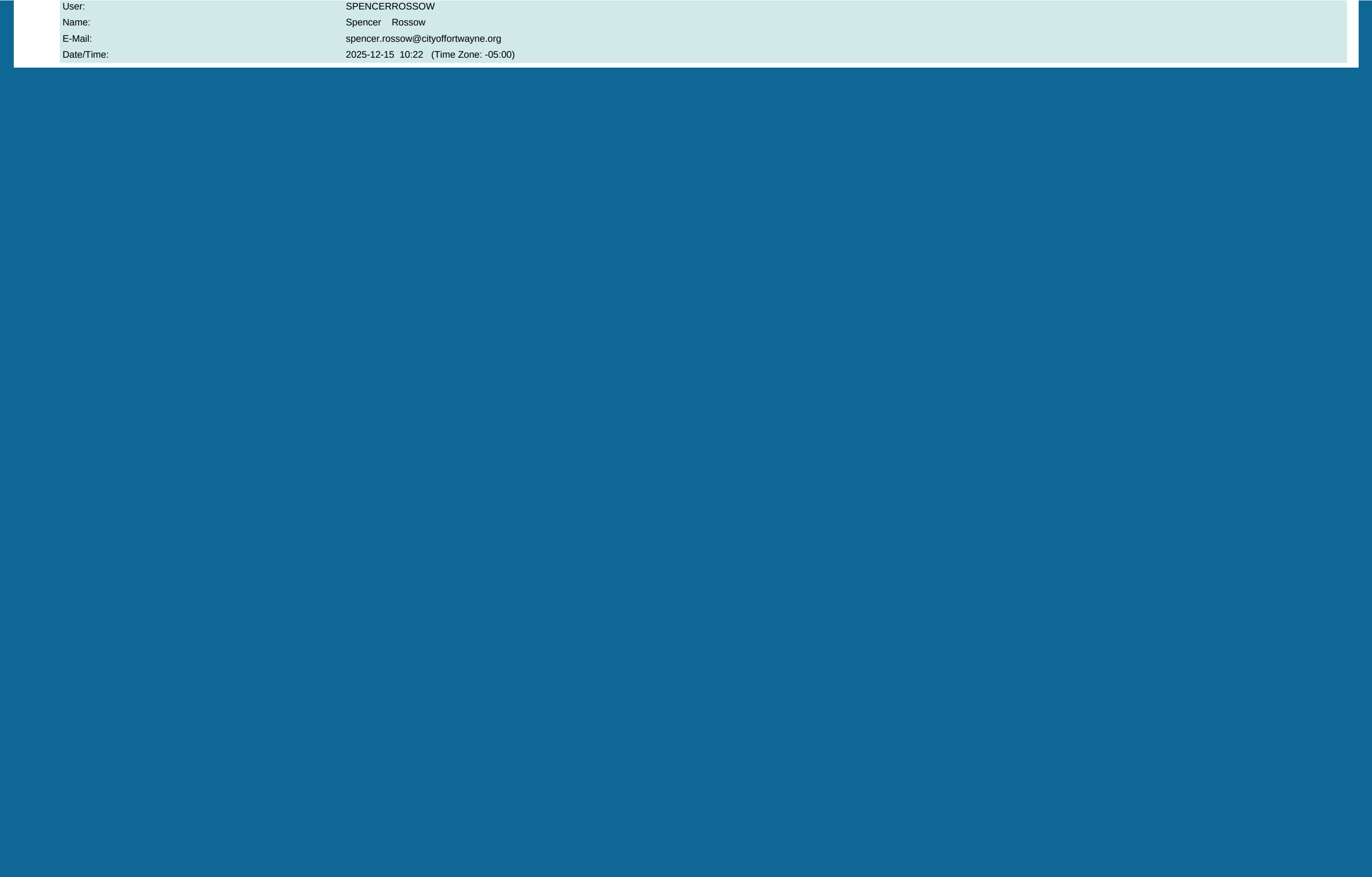
User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail: spencer.rossow@cityoffortwayne.org

Date/Time: 2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.63	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

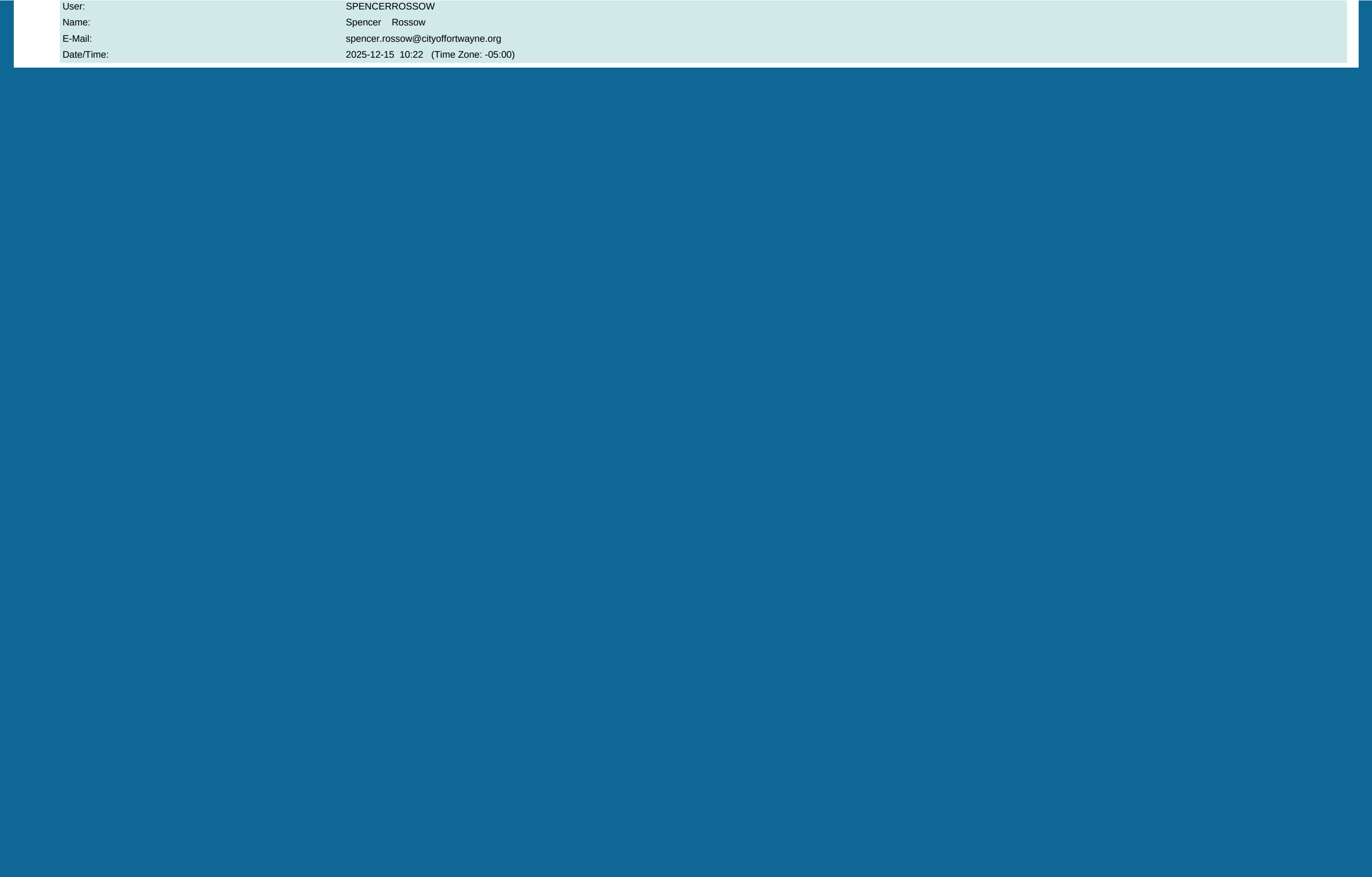
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:13 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.63	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

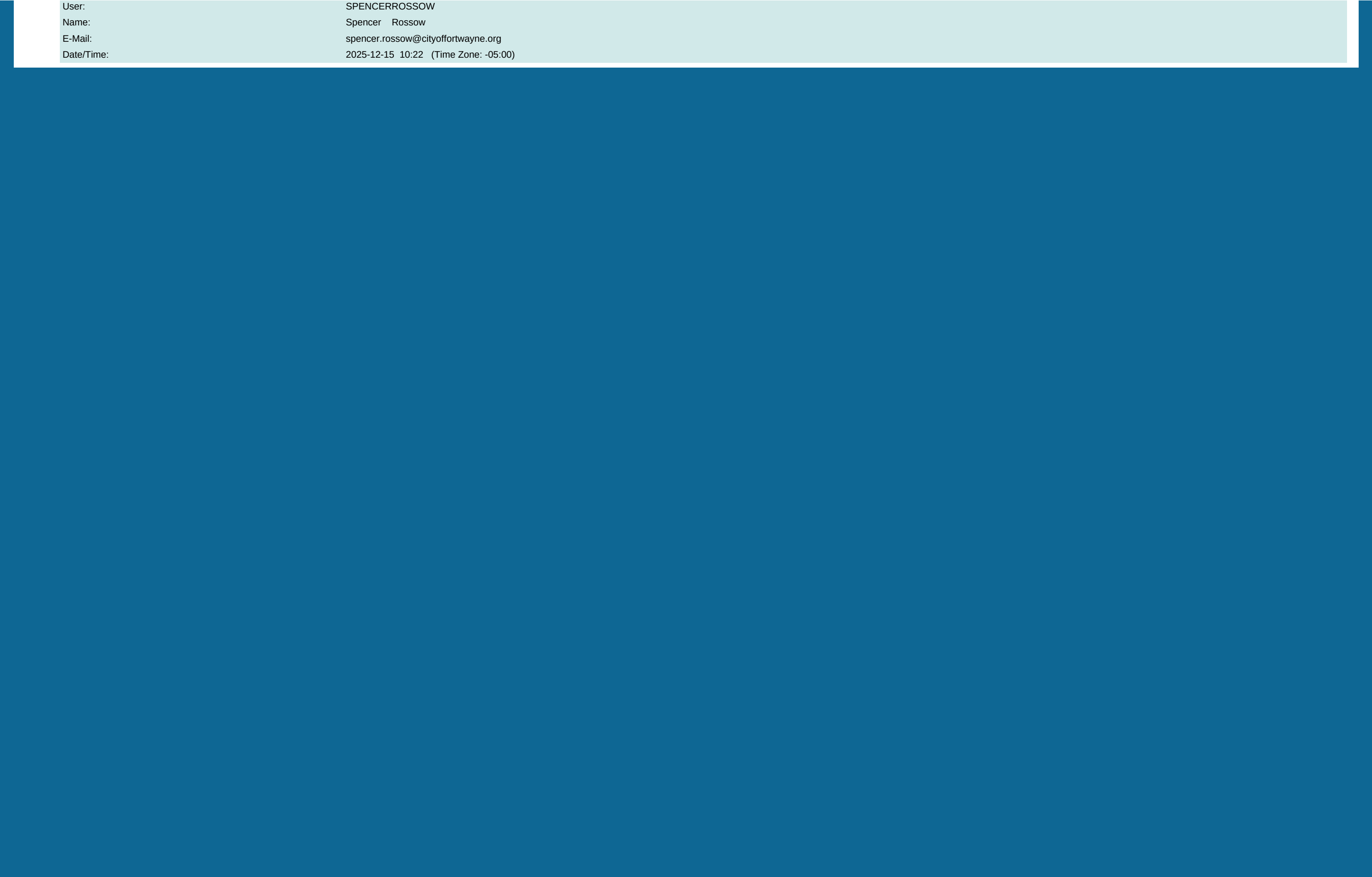
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

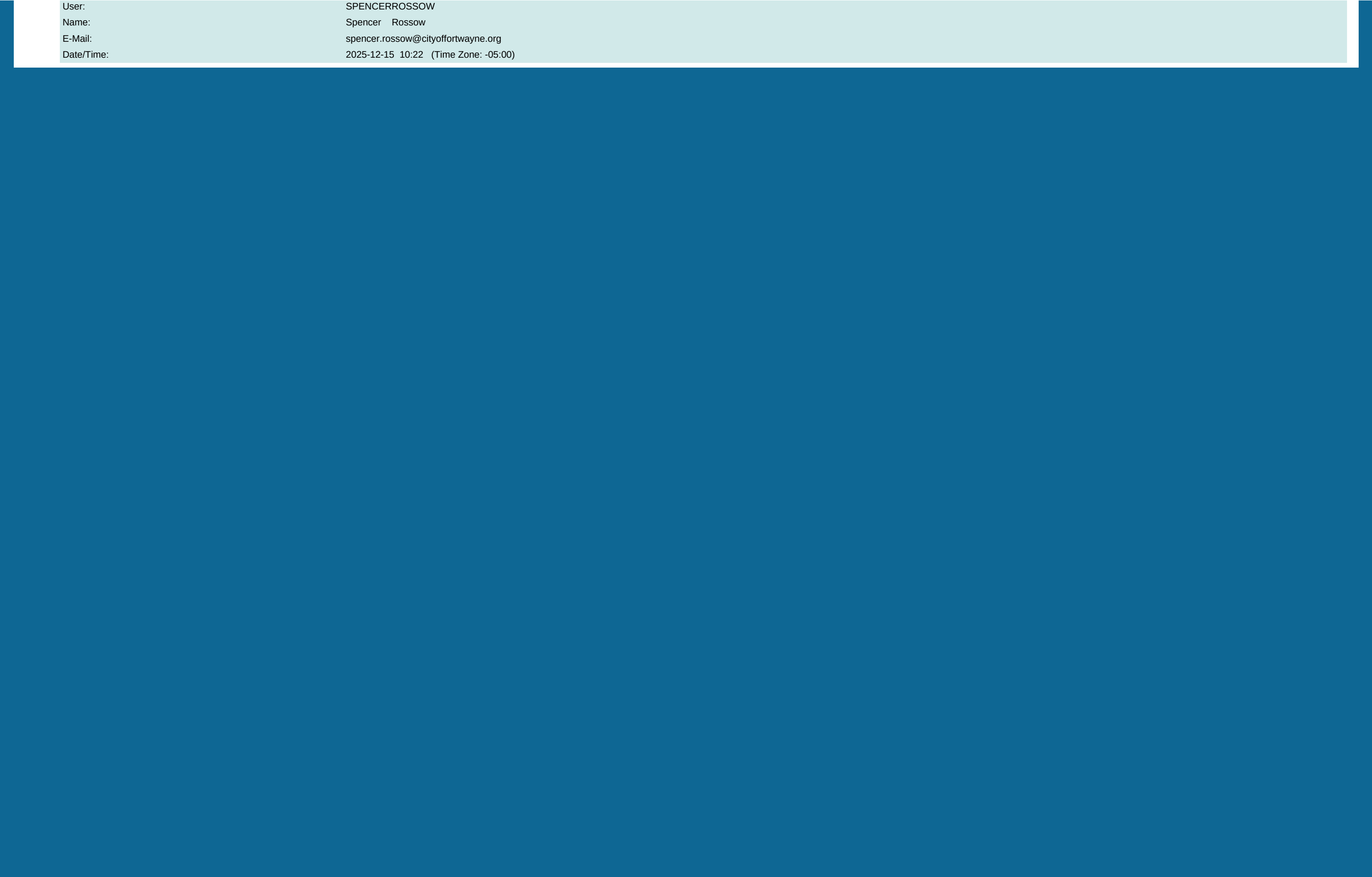
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

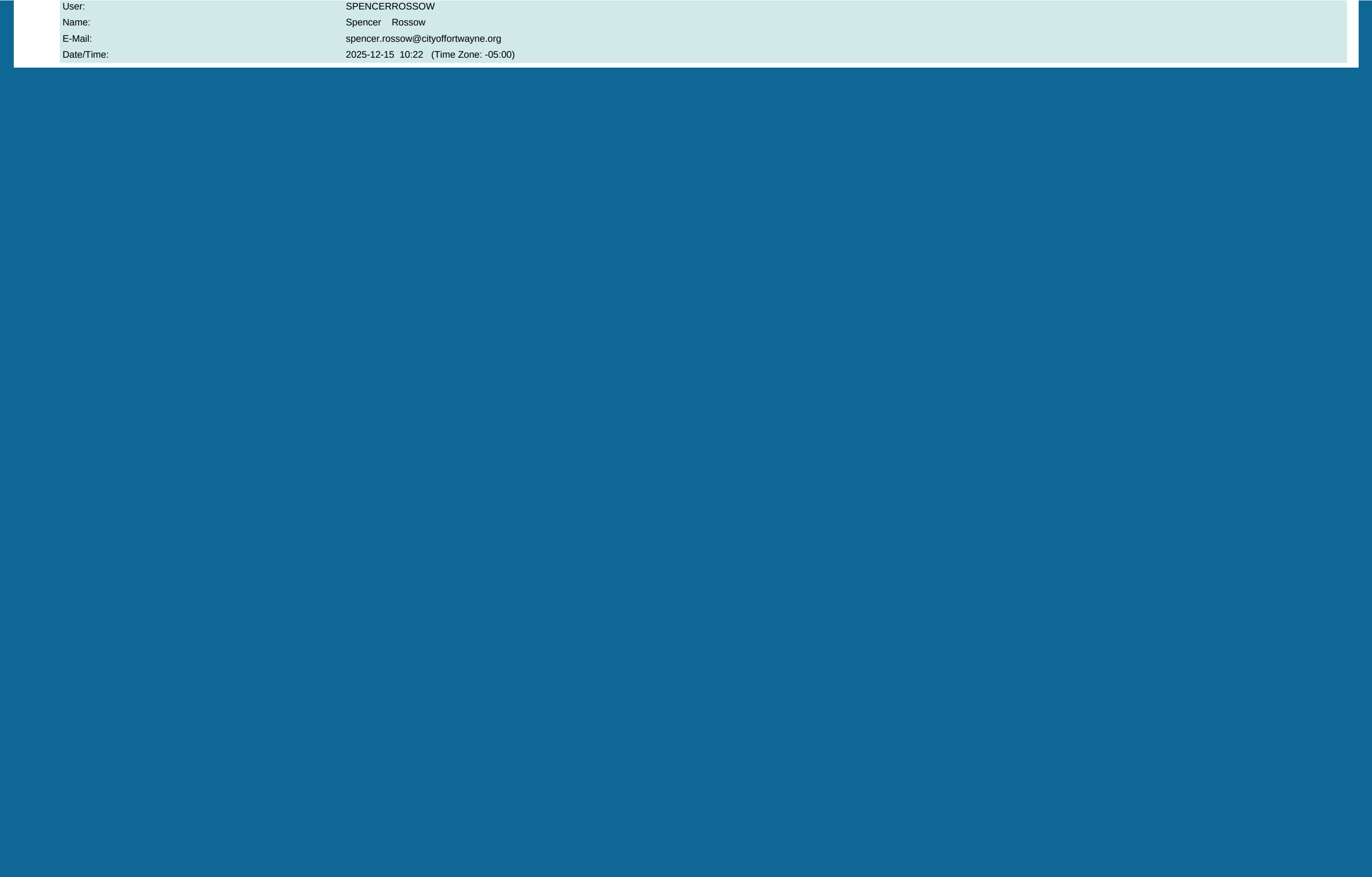
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.72	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

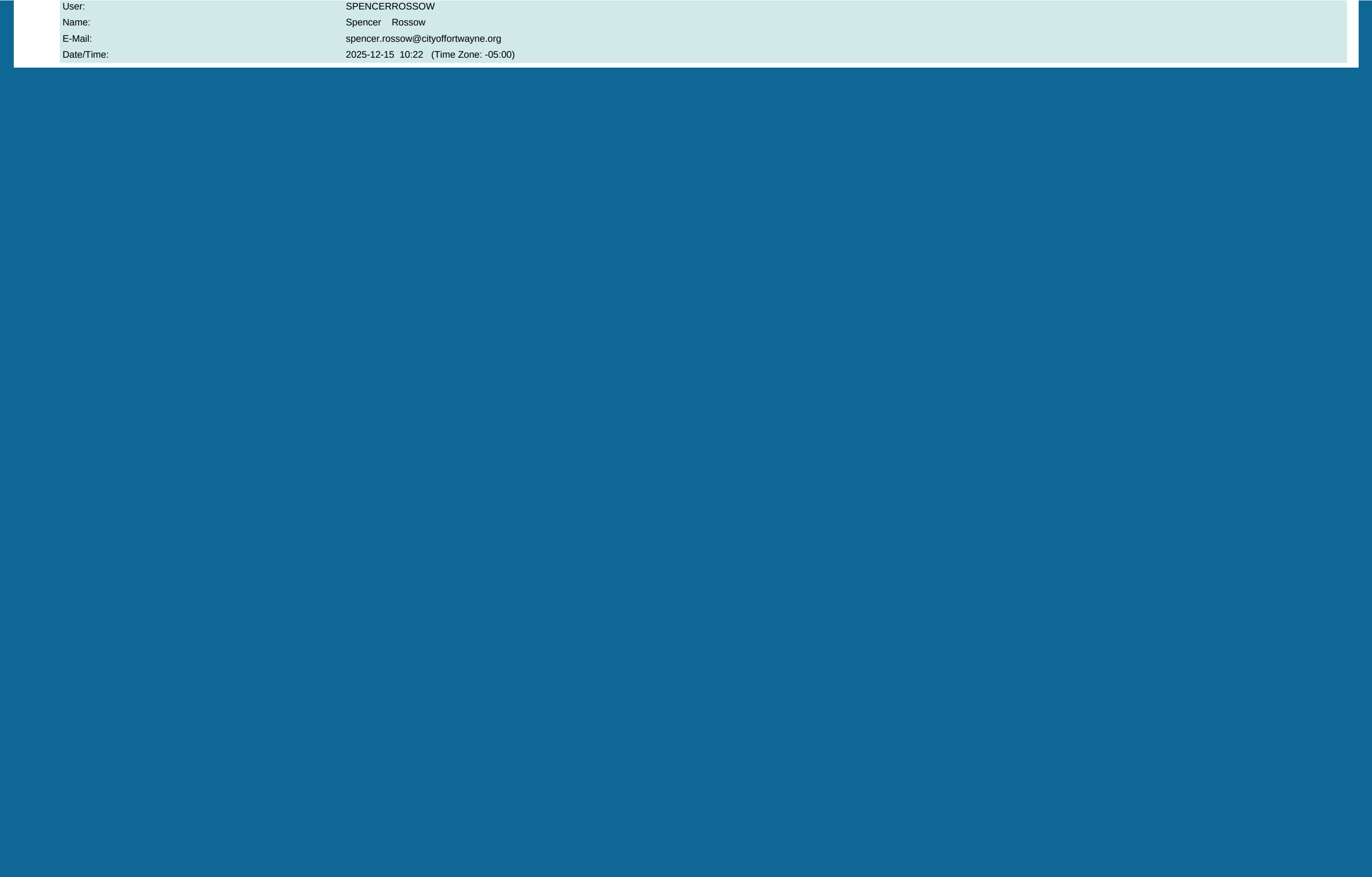
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

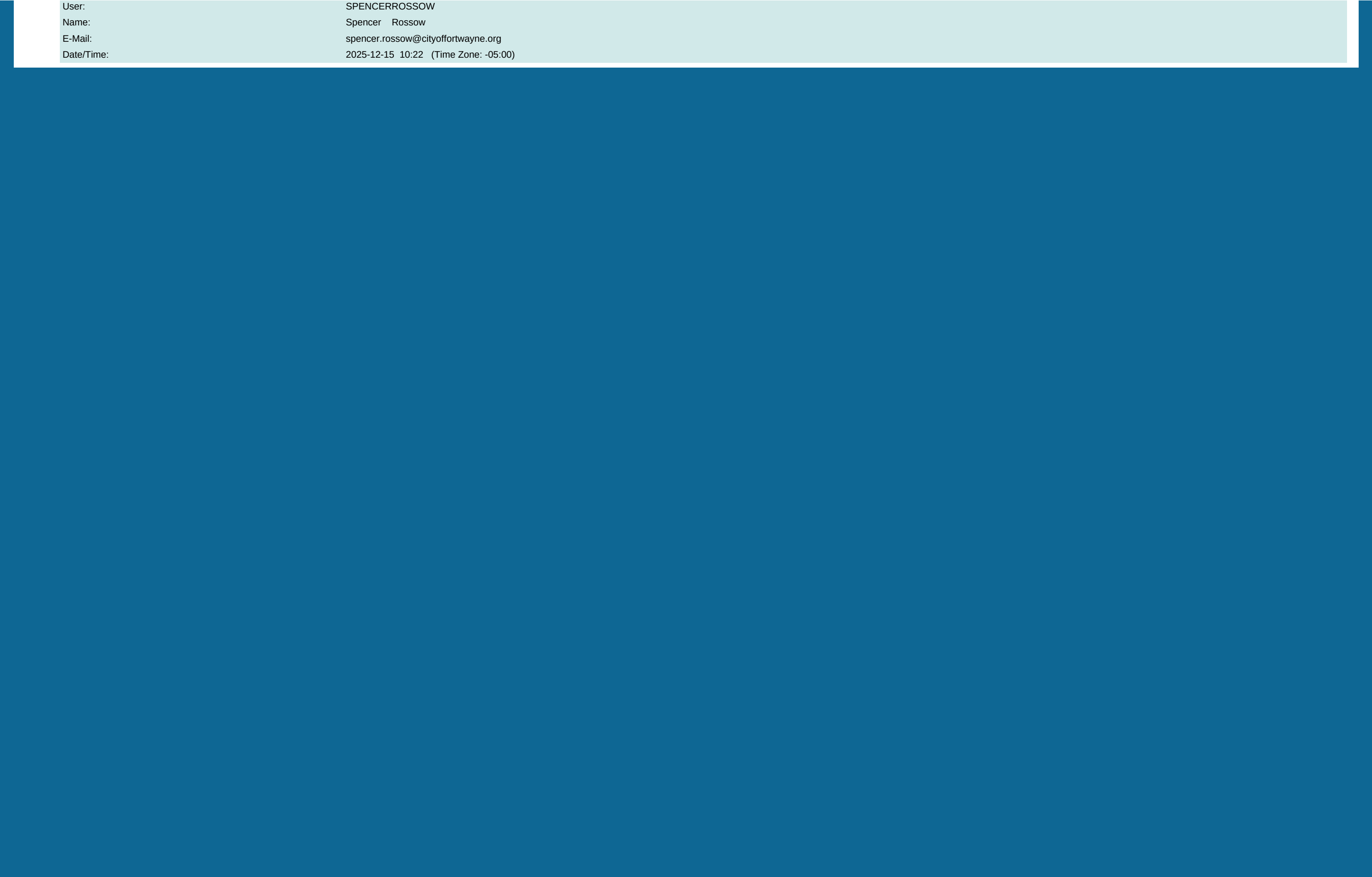
User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail: spencer.rossow@cityoffortwayne.org

Date/Time: 2025-12-15 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

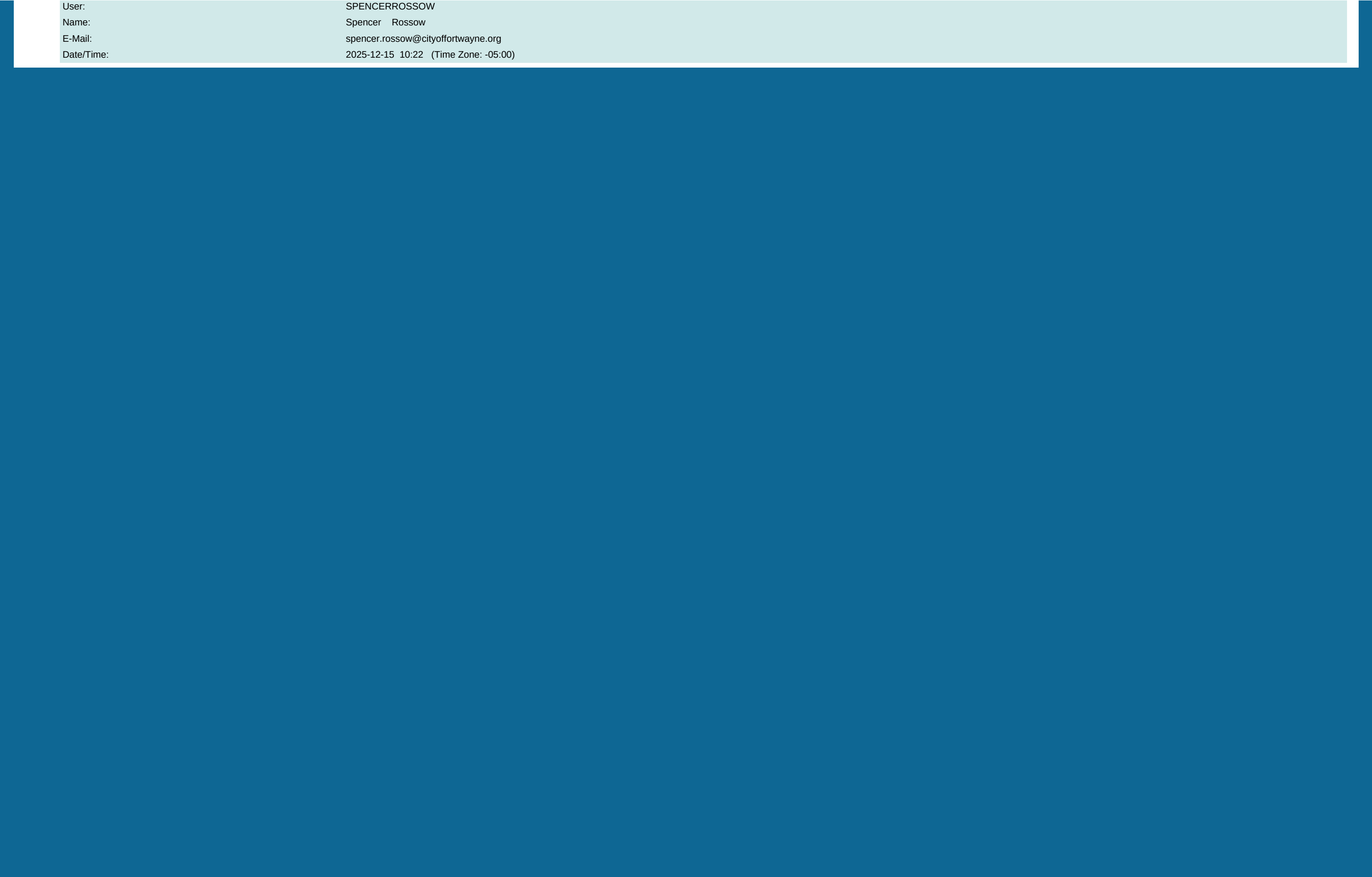
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:14 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

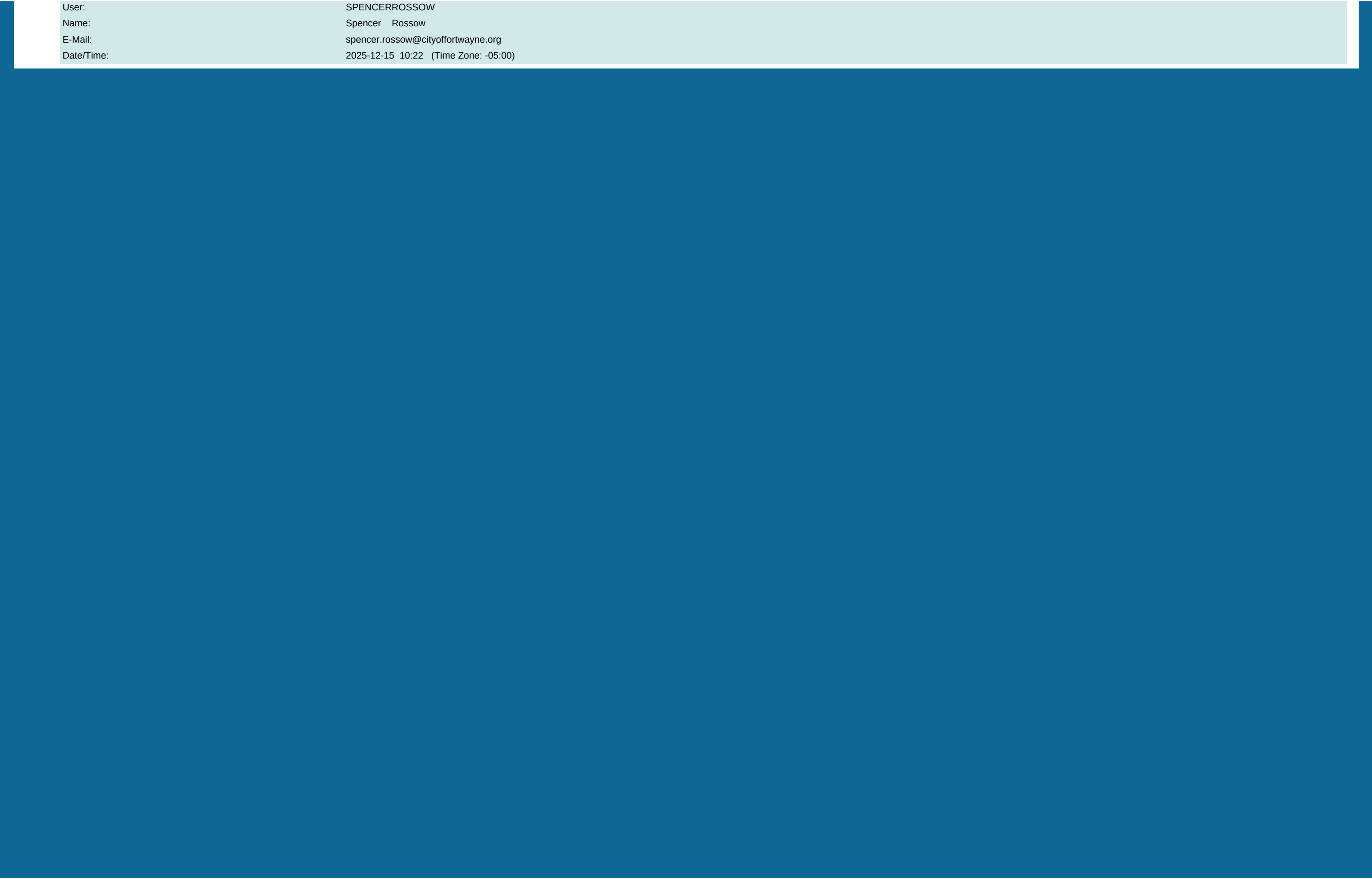
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.41	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

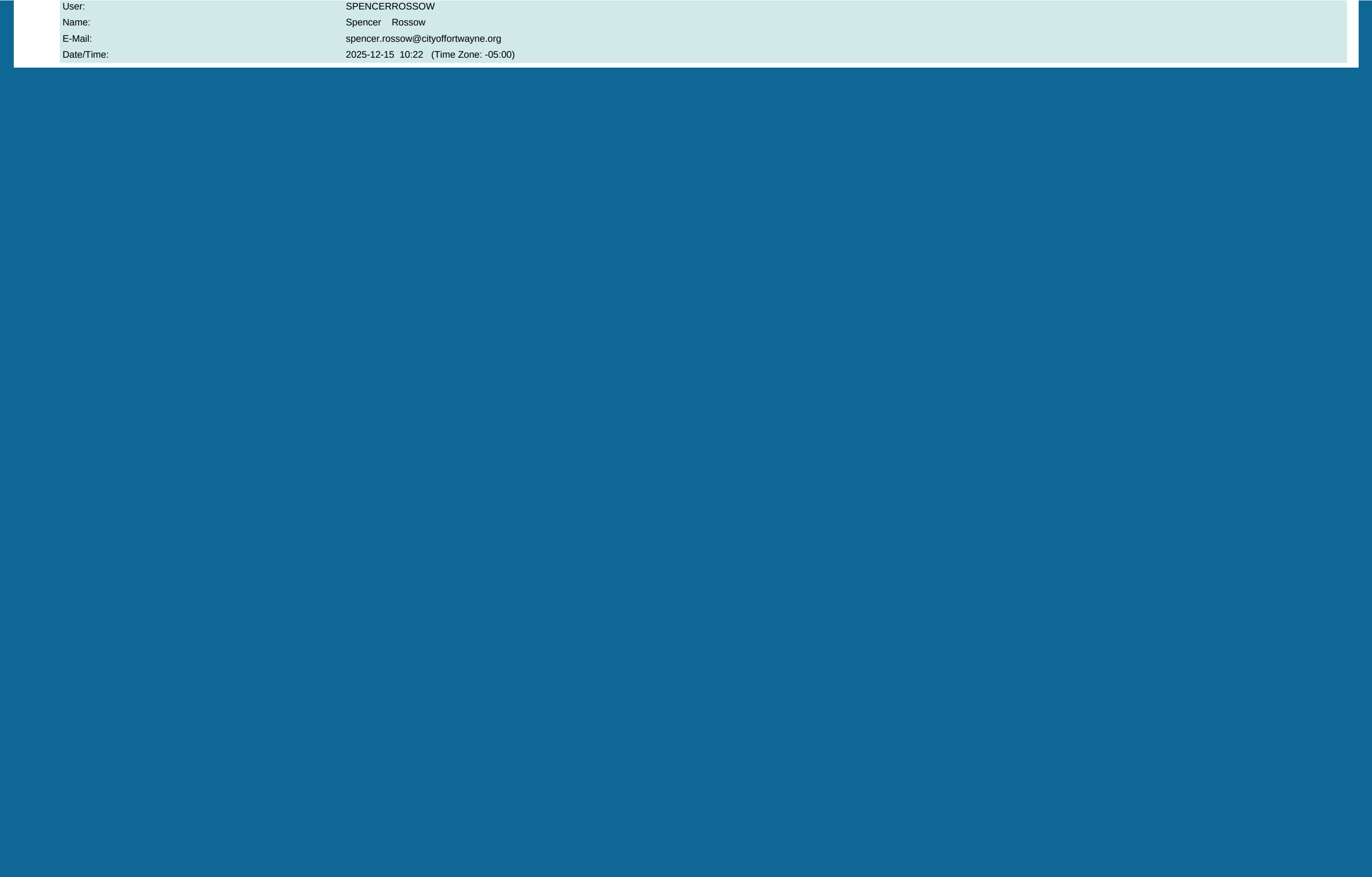
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:17 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

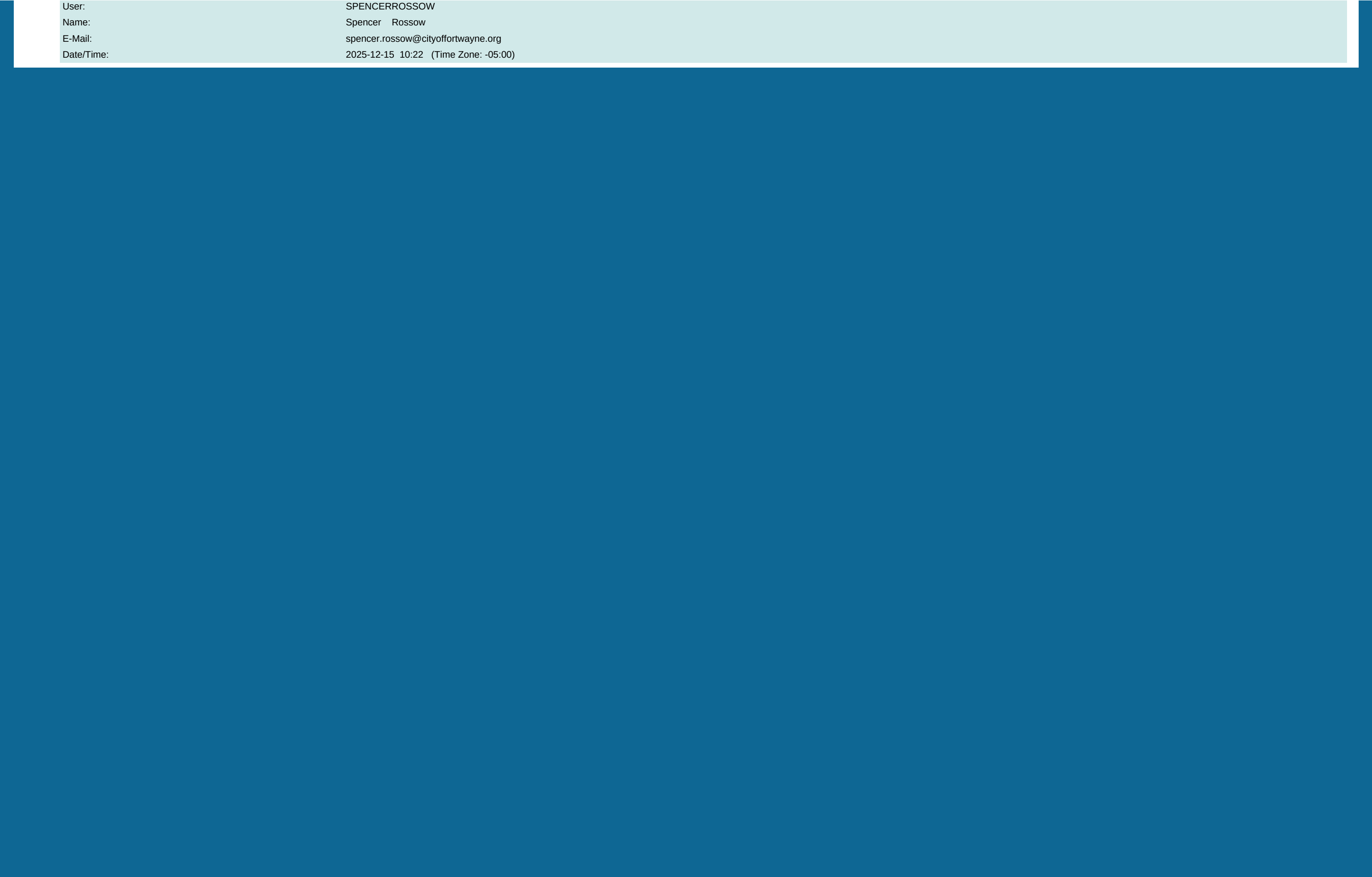
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

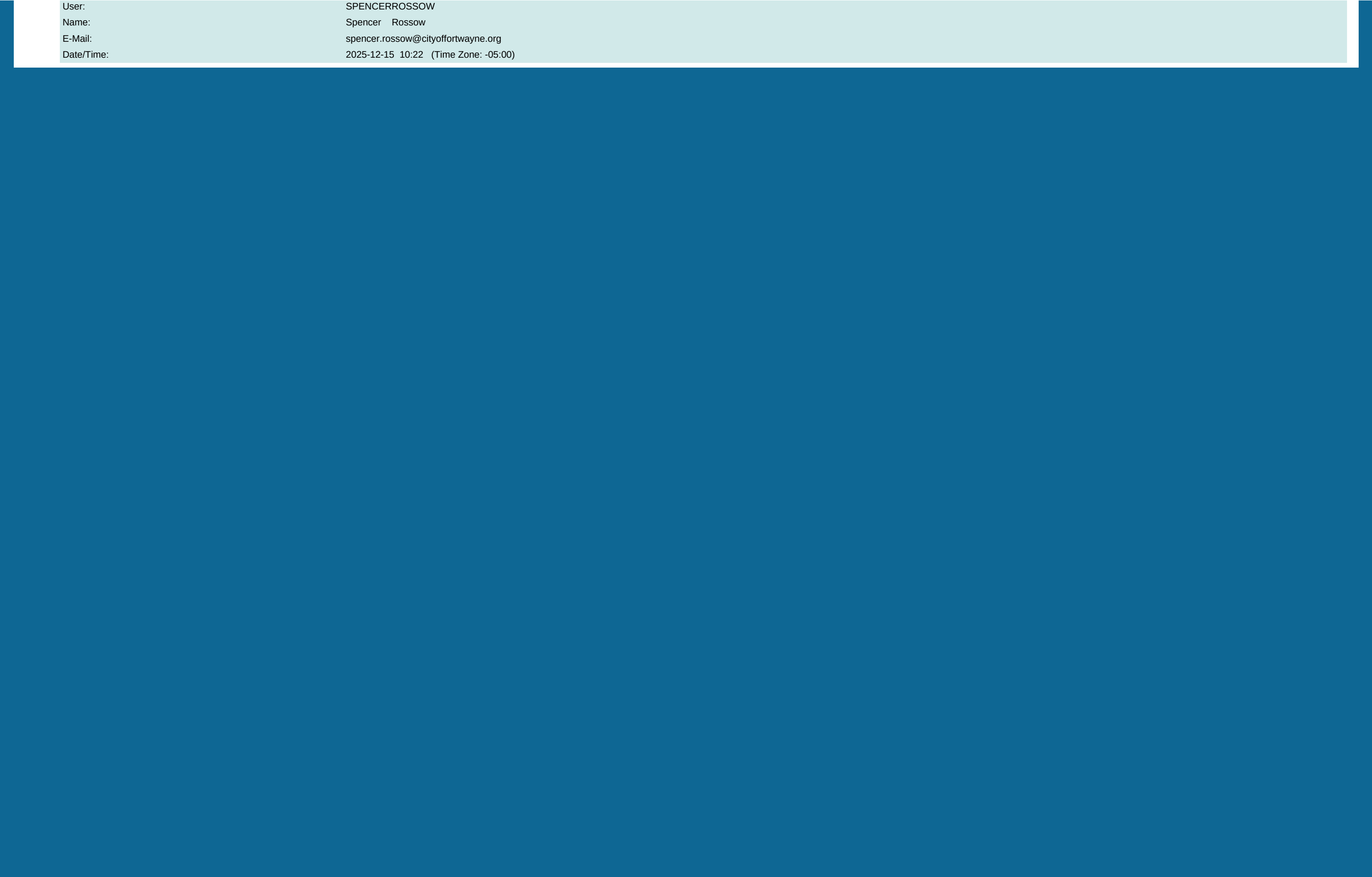
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:13 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

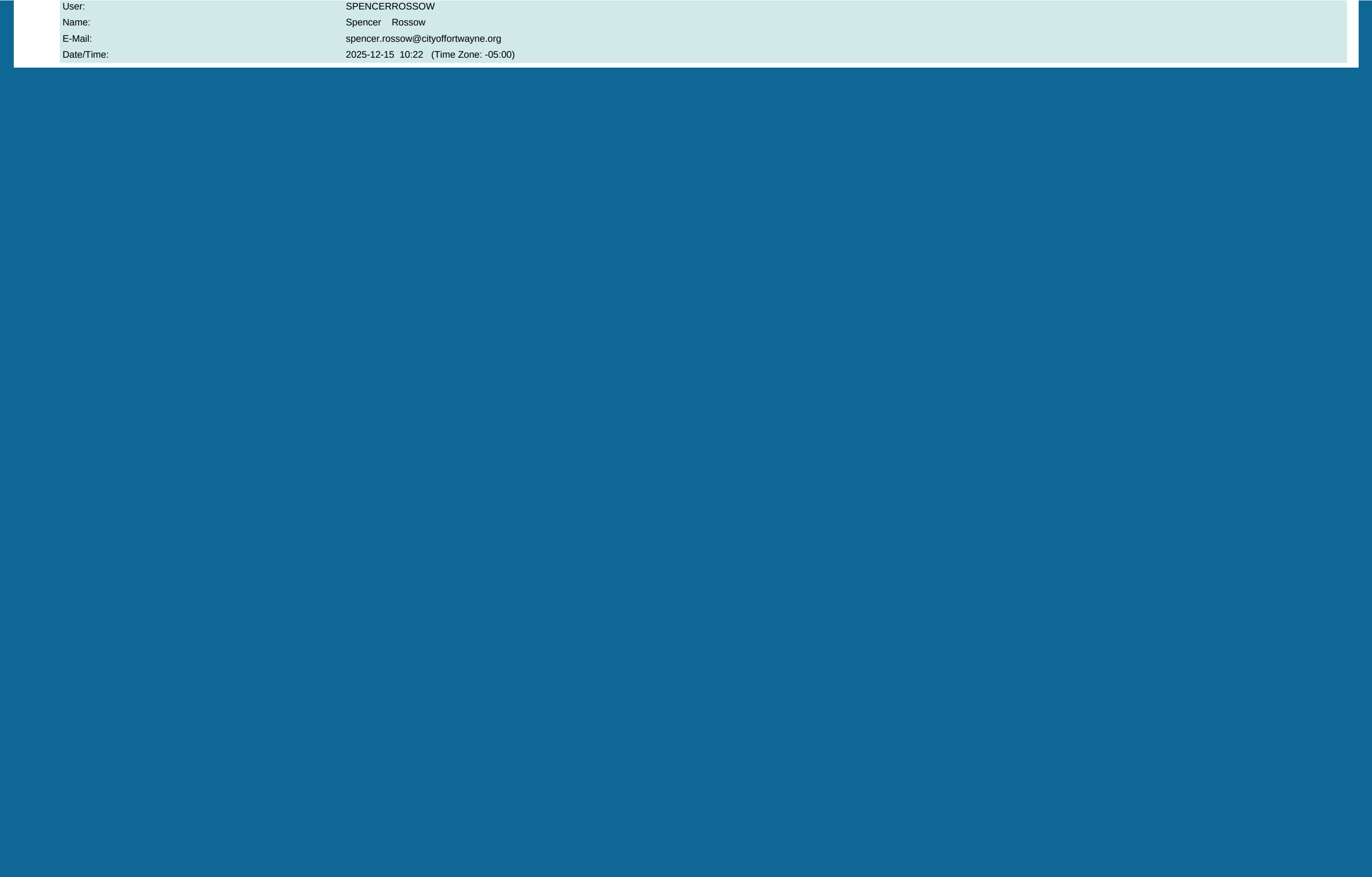
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:13 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.41	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

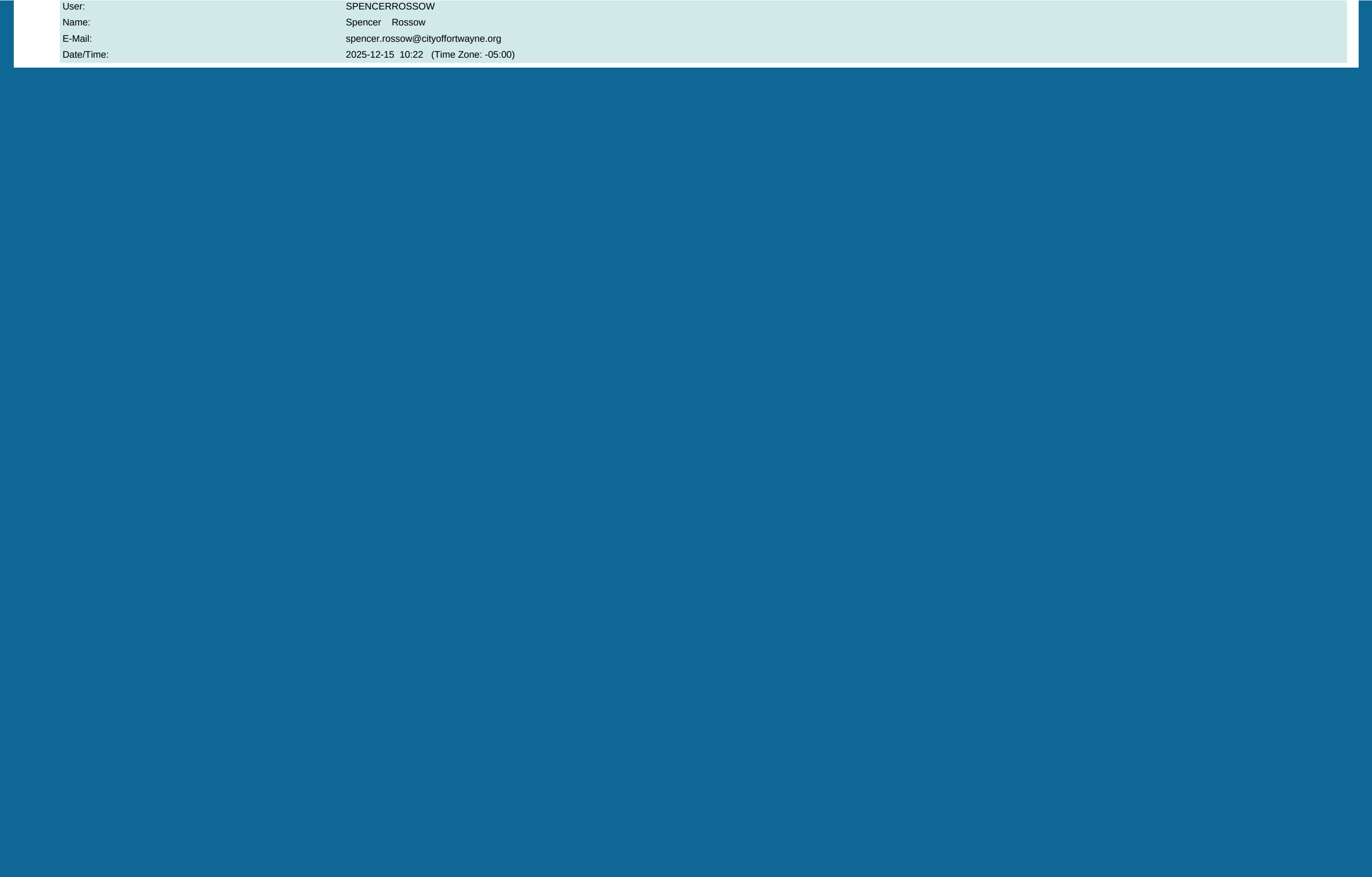
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:17 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.41	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

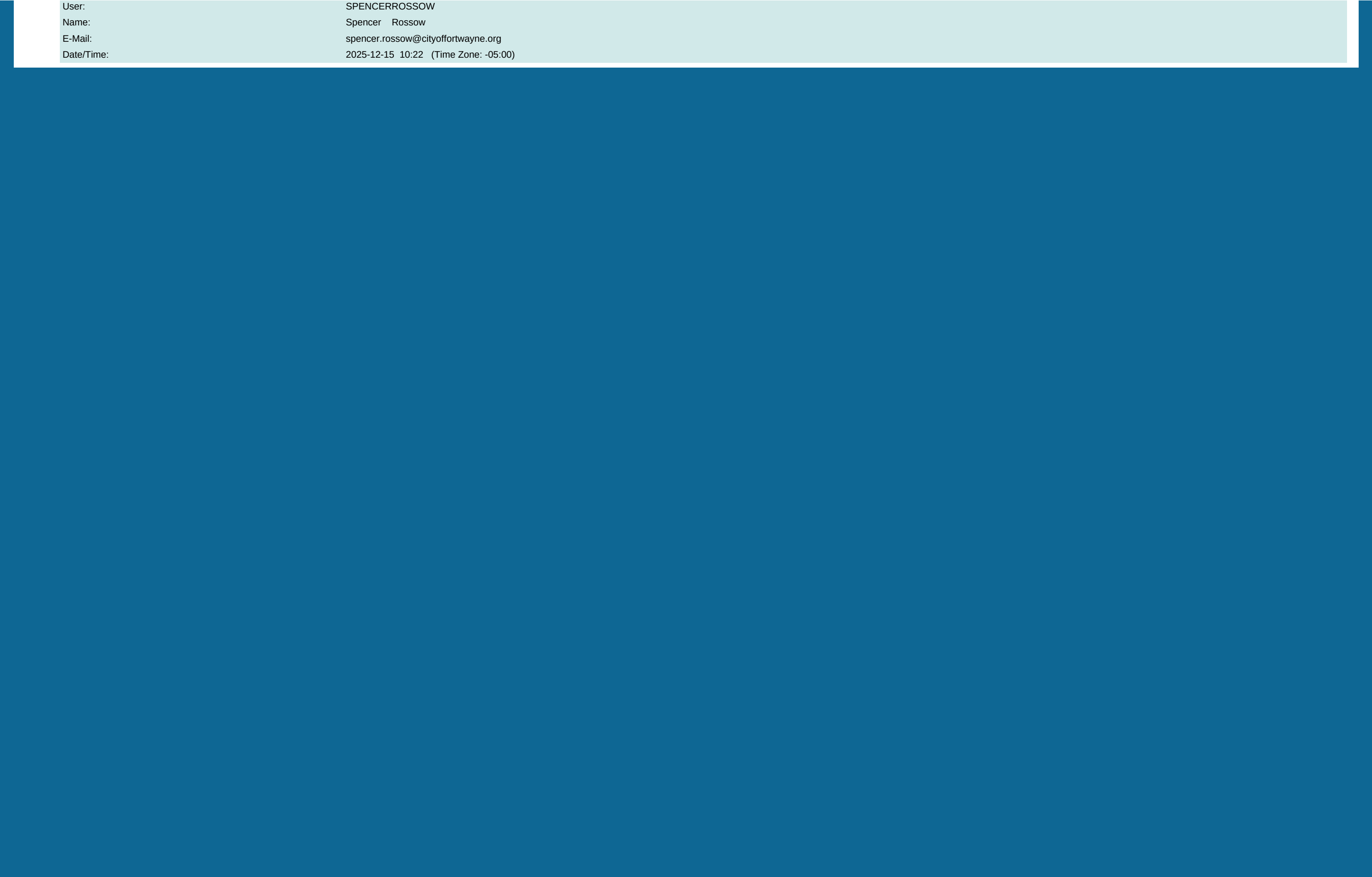
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-12-15 10:17 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:13 (Time Zone: -05:00)

Report Last Signed By

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.41	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

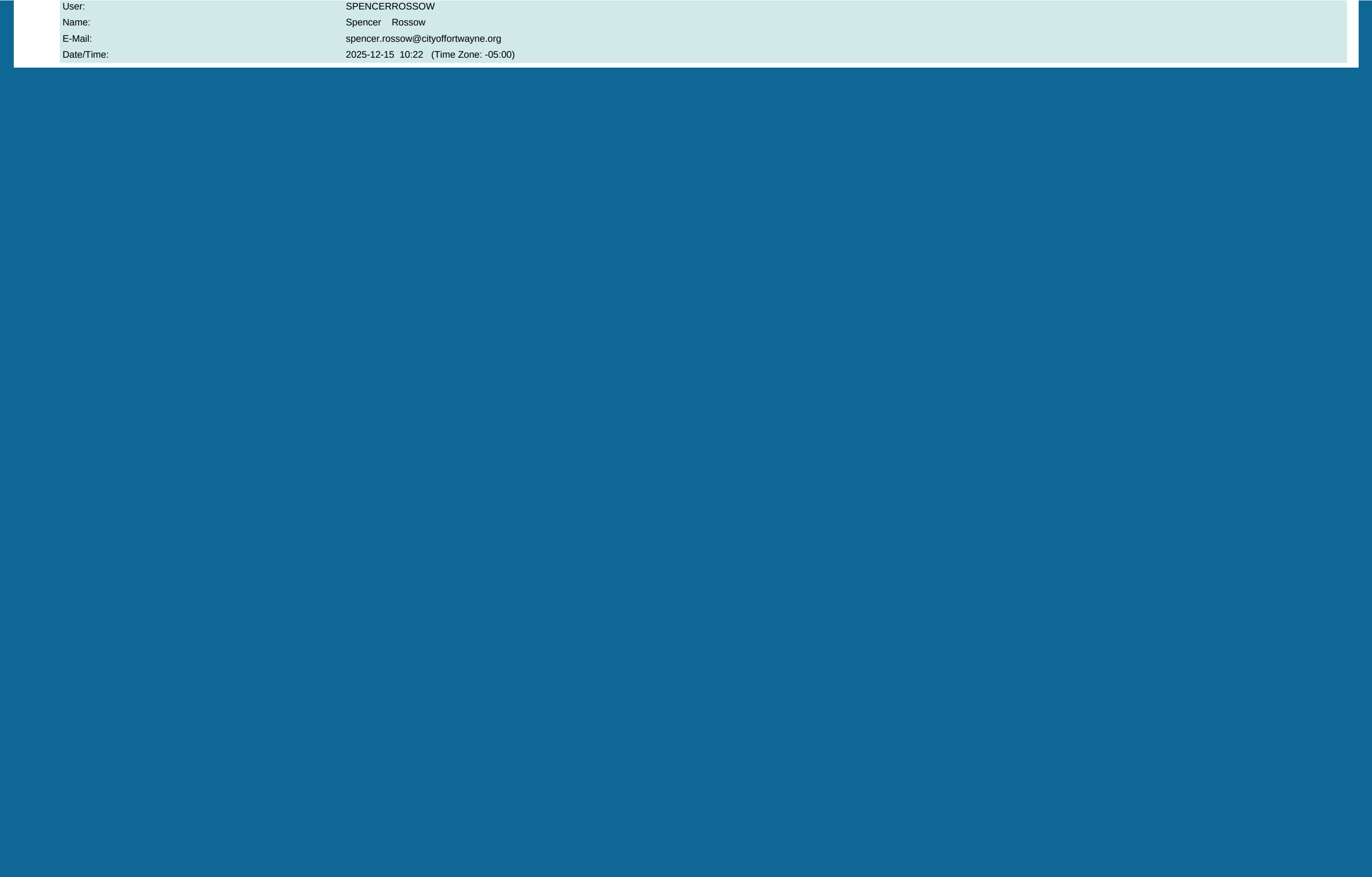
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:17 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.41	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

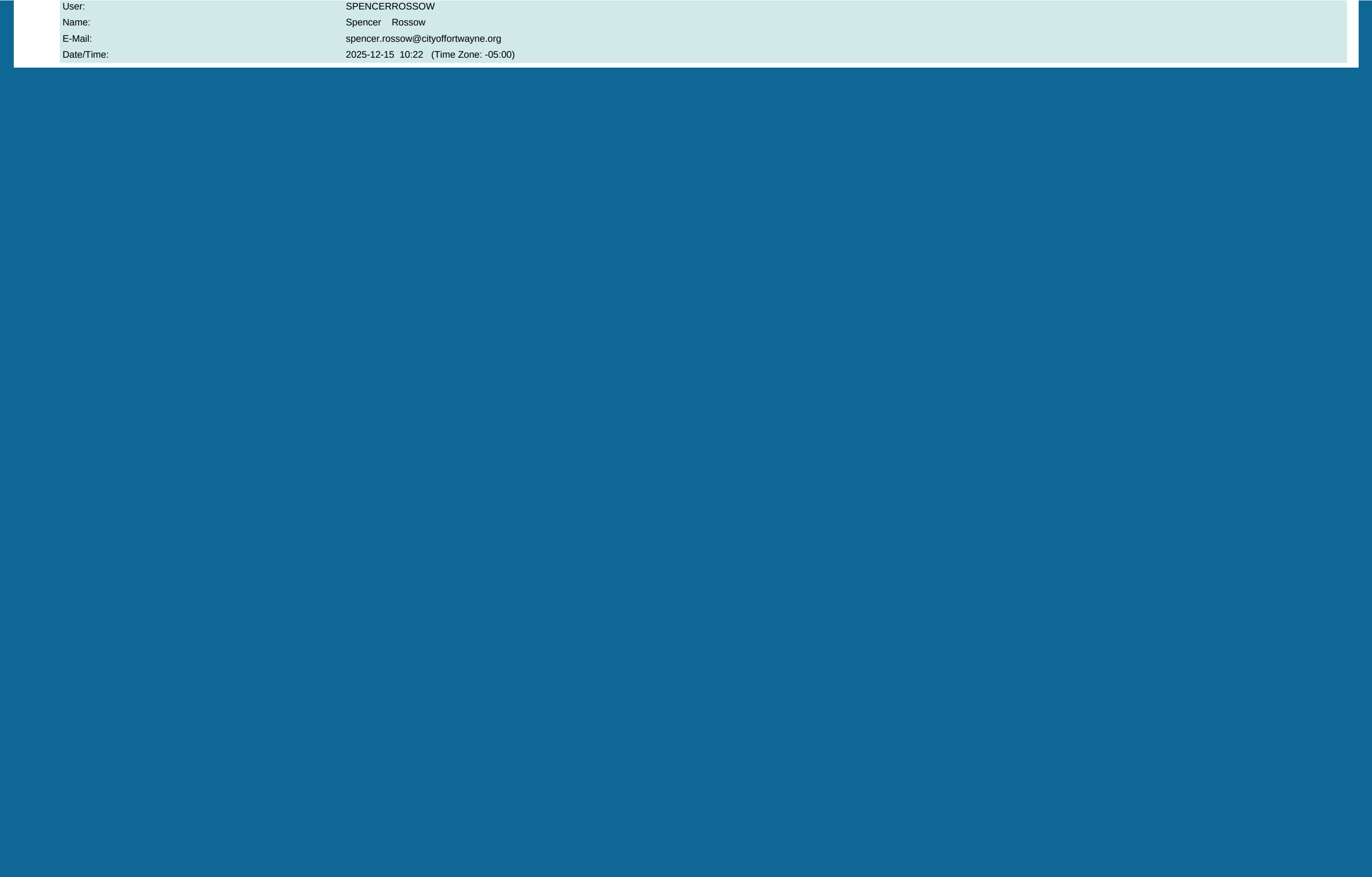
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:18 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

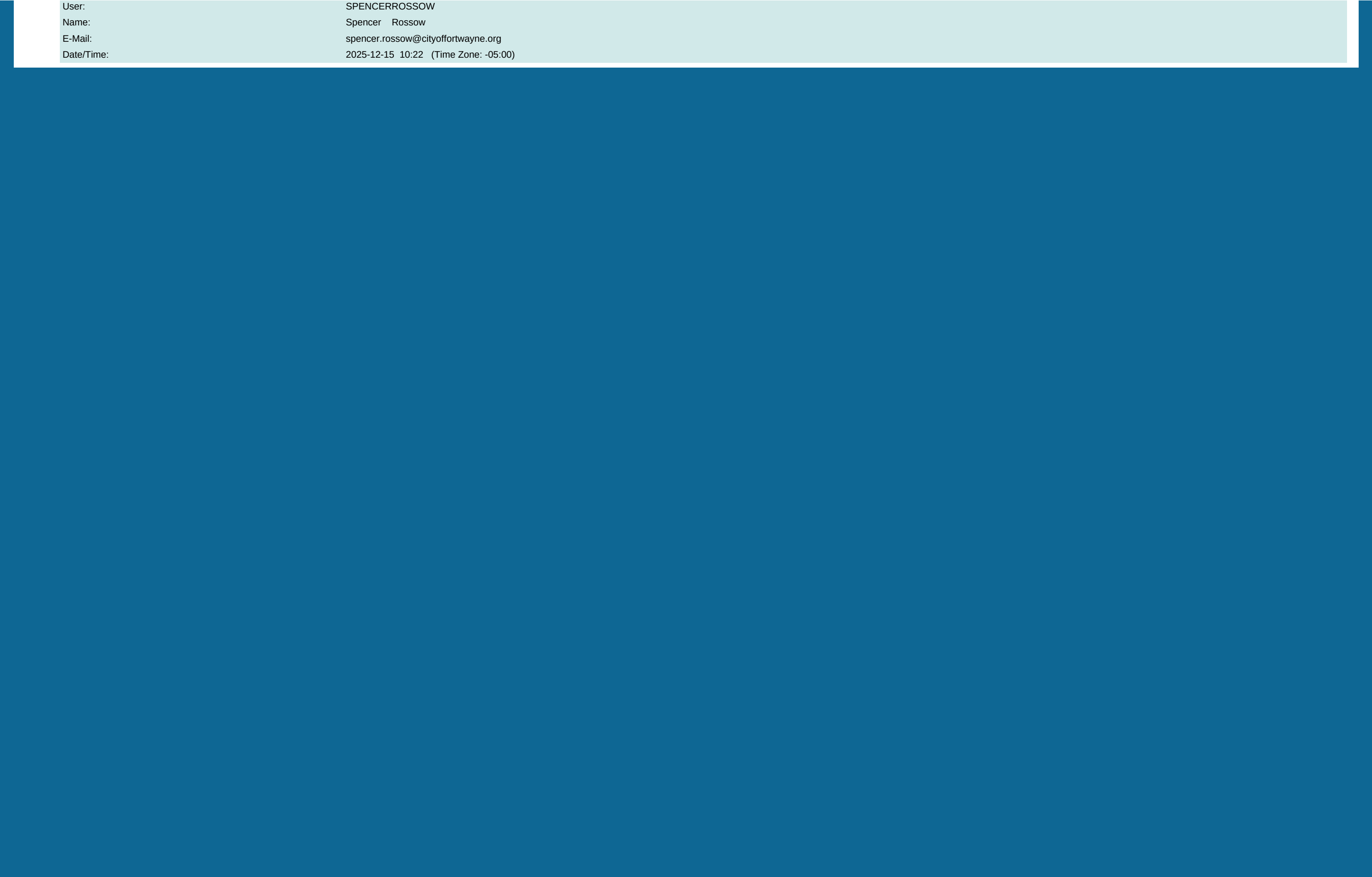
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

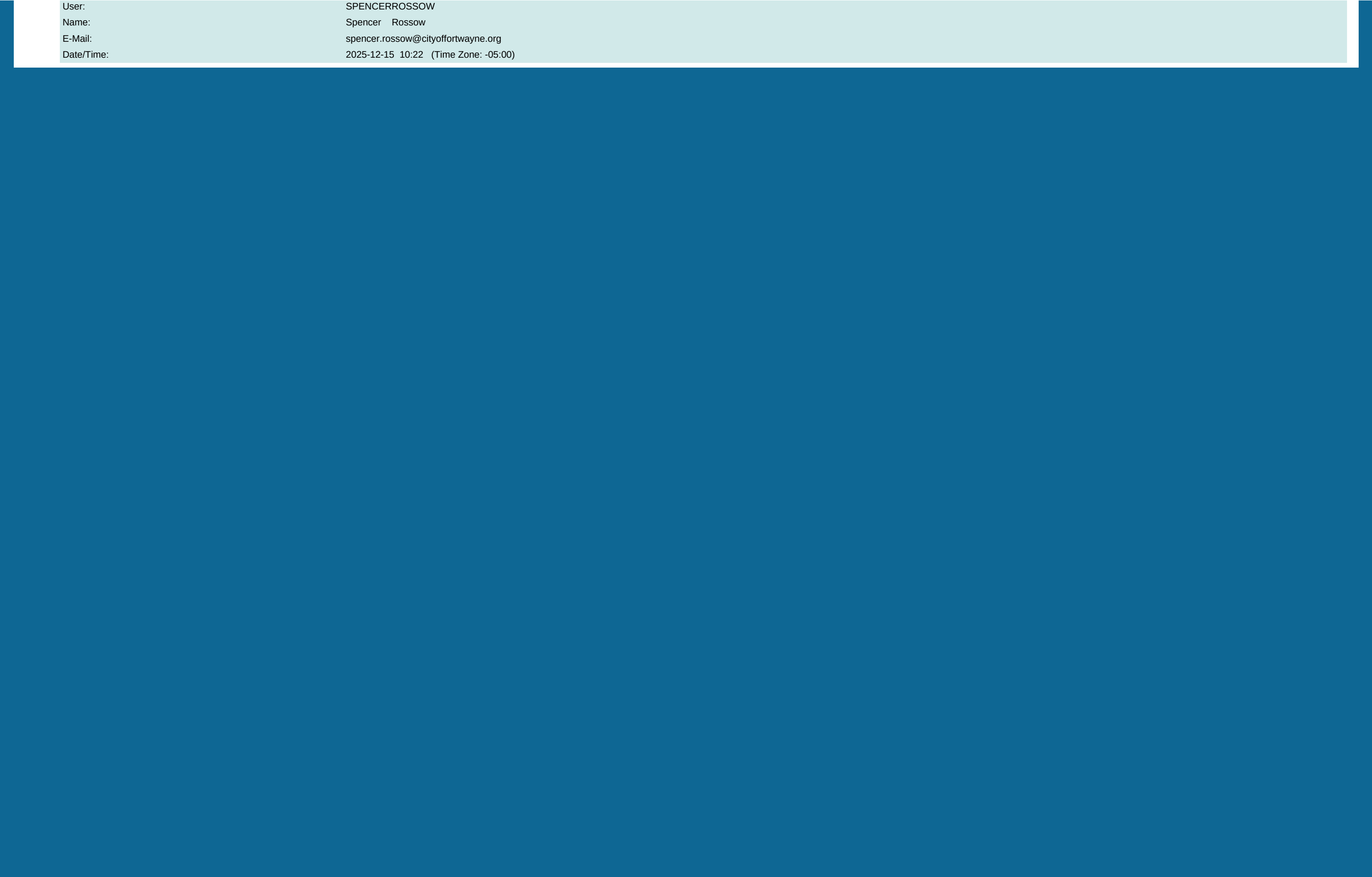
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:13 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

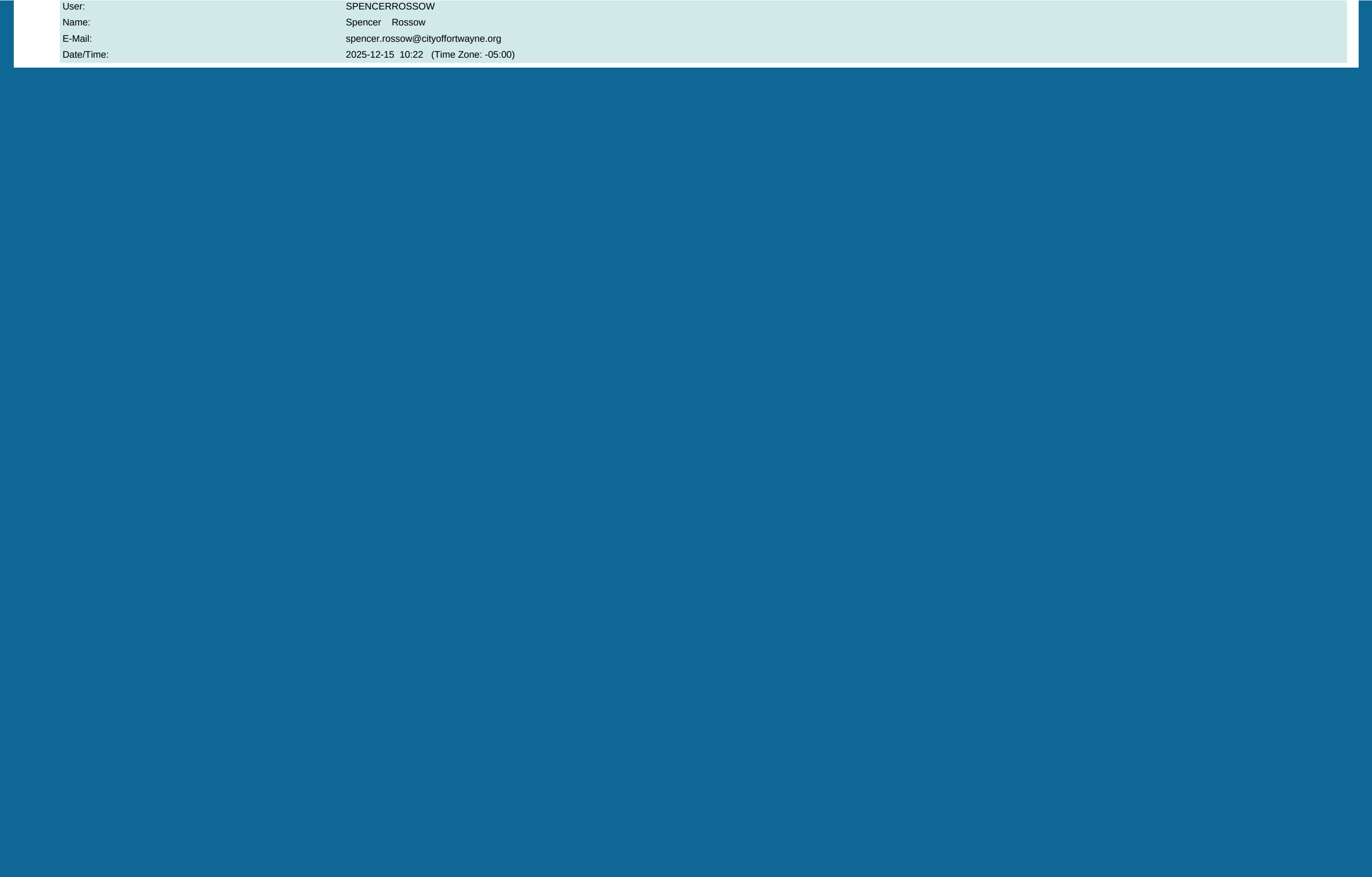
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-12-15 10:16 (Time Zone: -05:00)

Report Last Signed By



EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

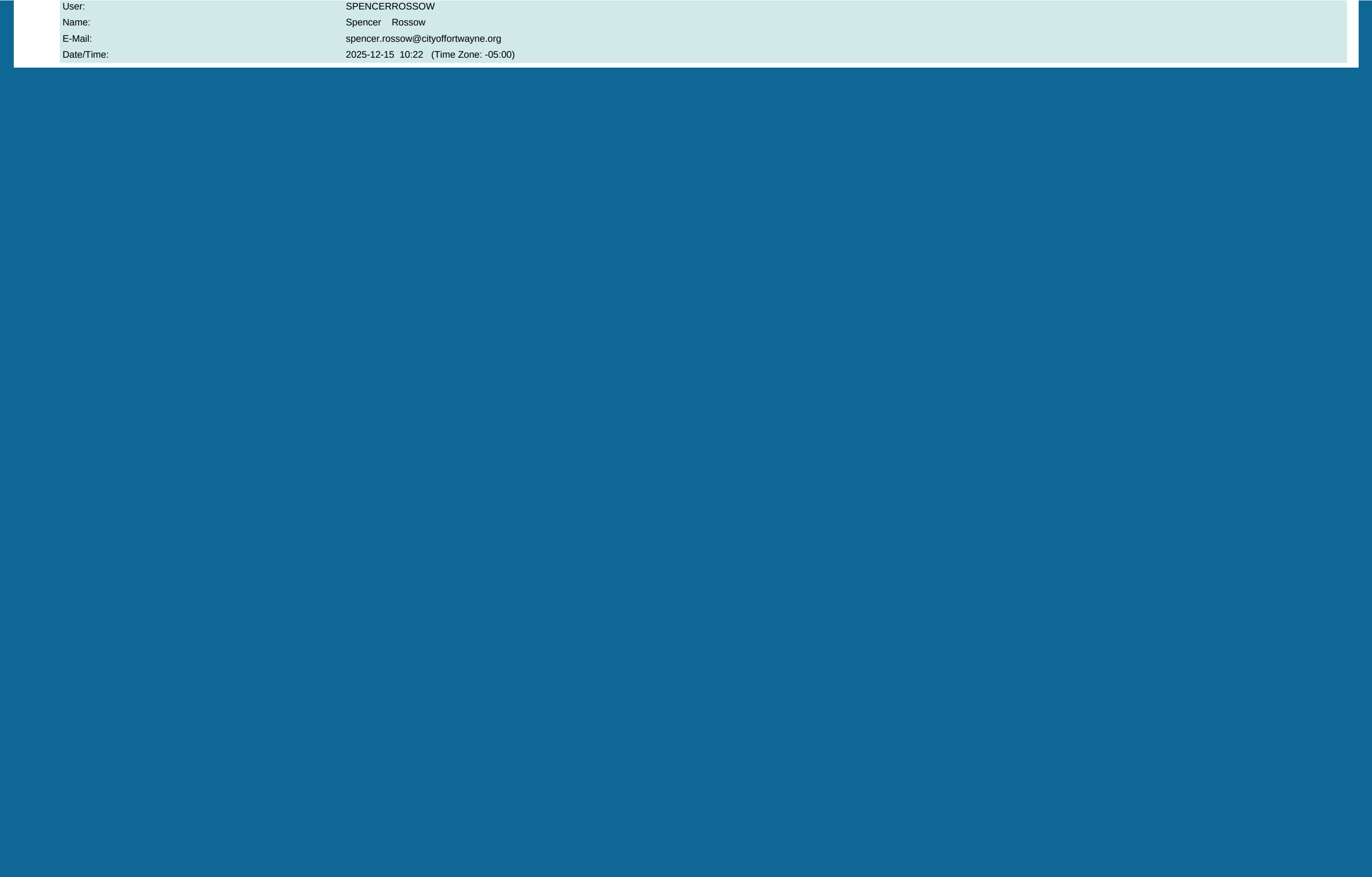
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2025-12-15 10:16 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.34	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

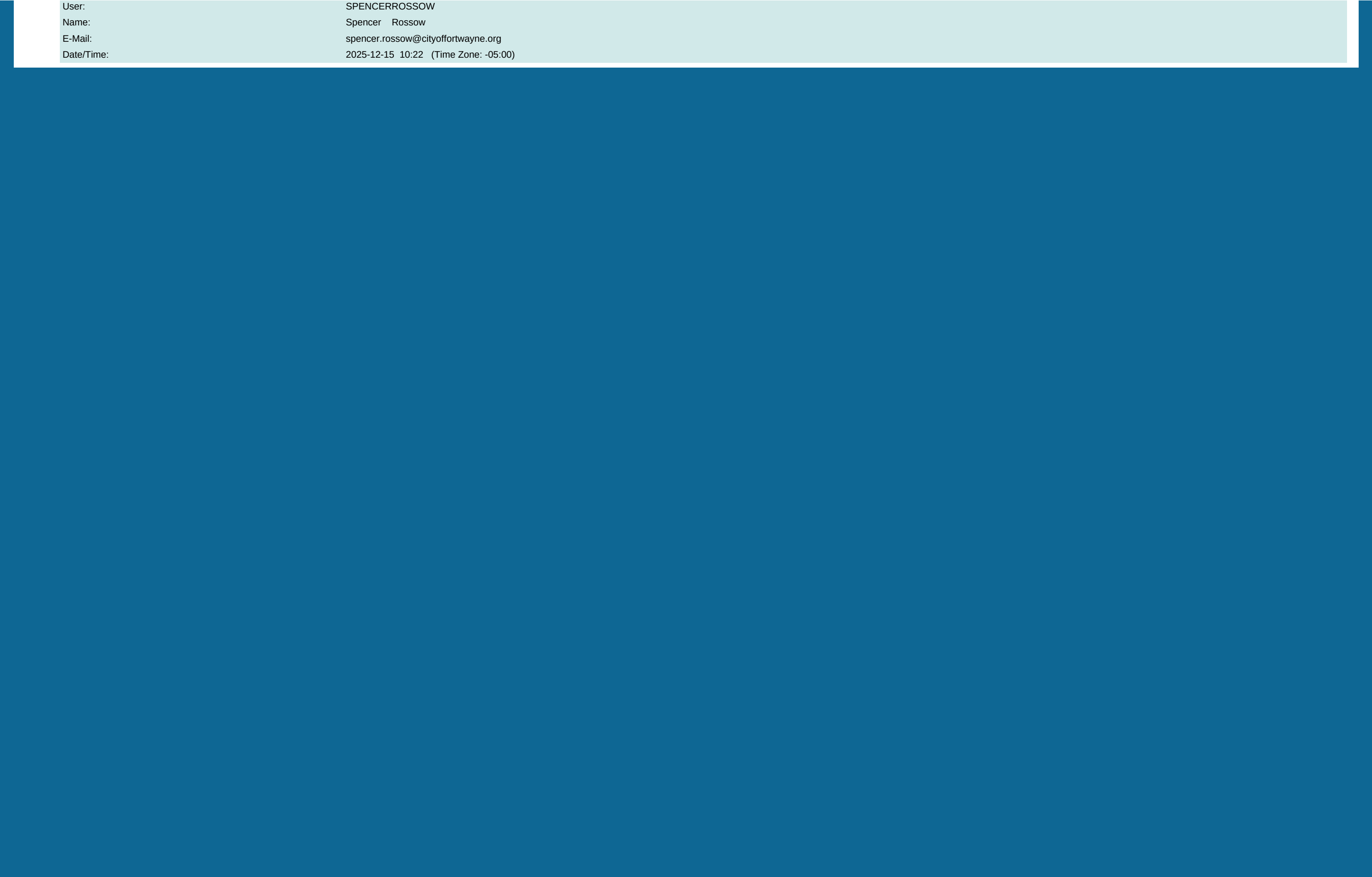
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.55	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

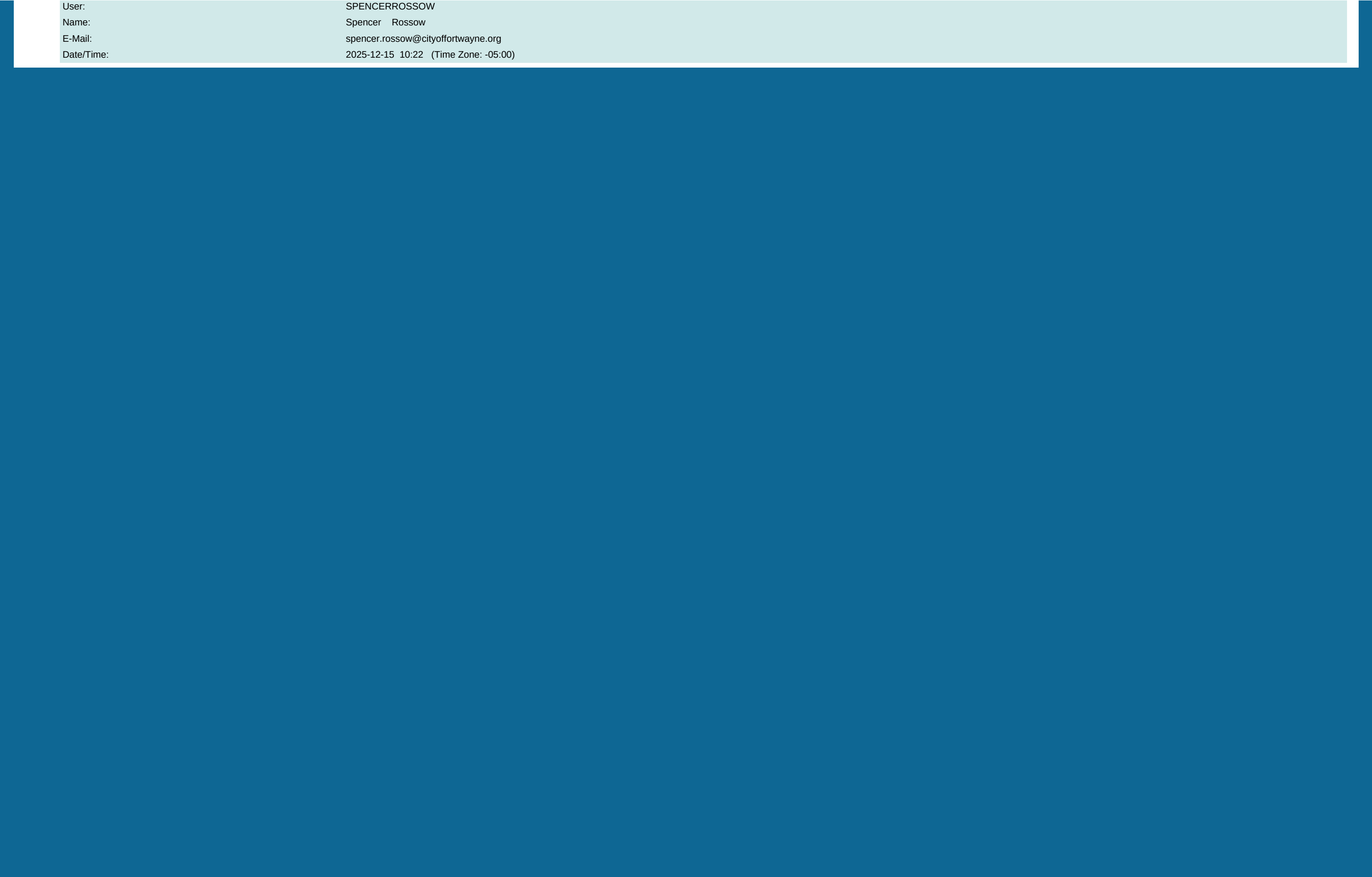
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:13 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

Permittee Address:

FORT WAYNE WWTP

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

Facility Location:

FORT WAYNE WWTP

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

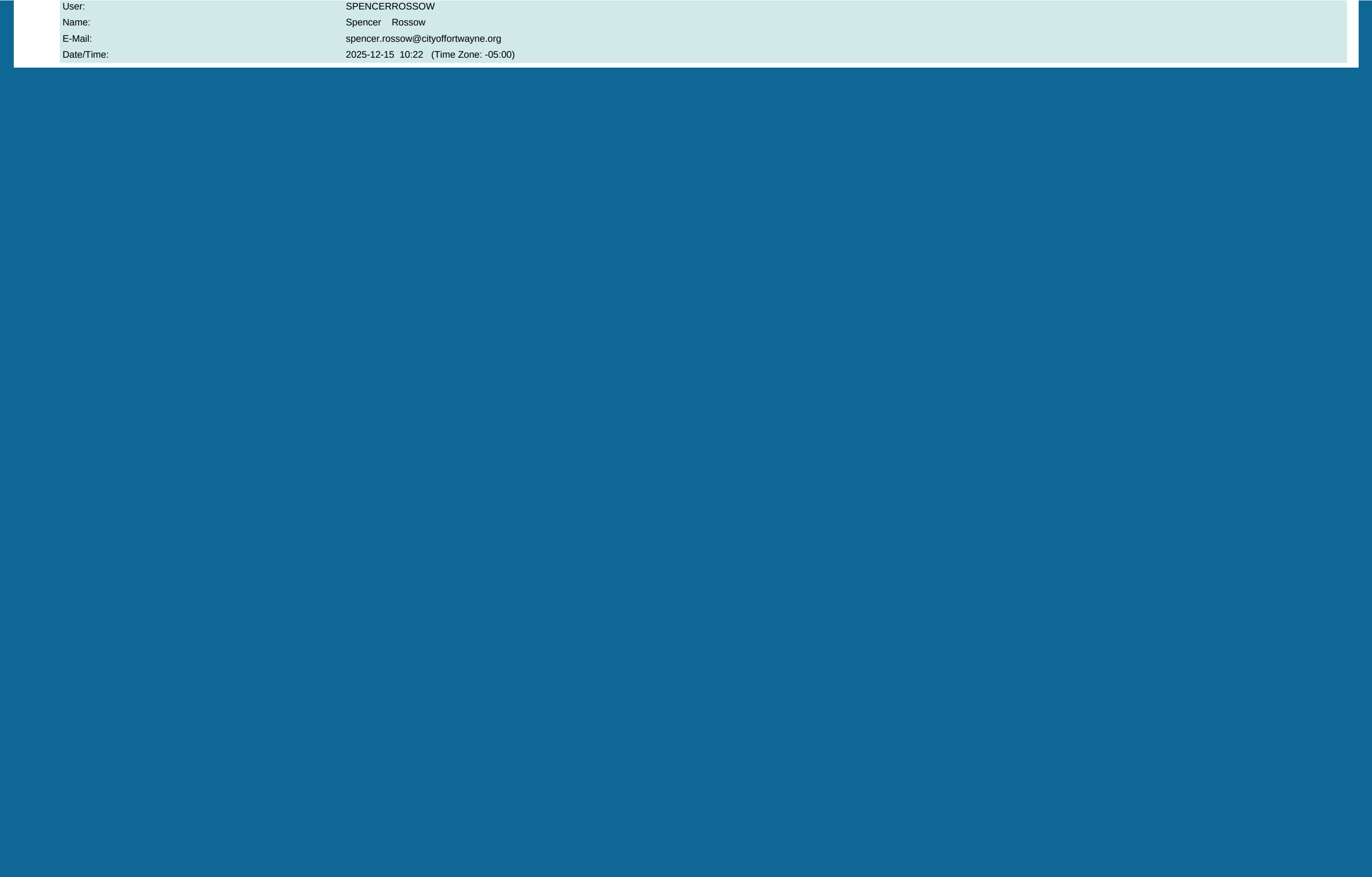
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:15 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

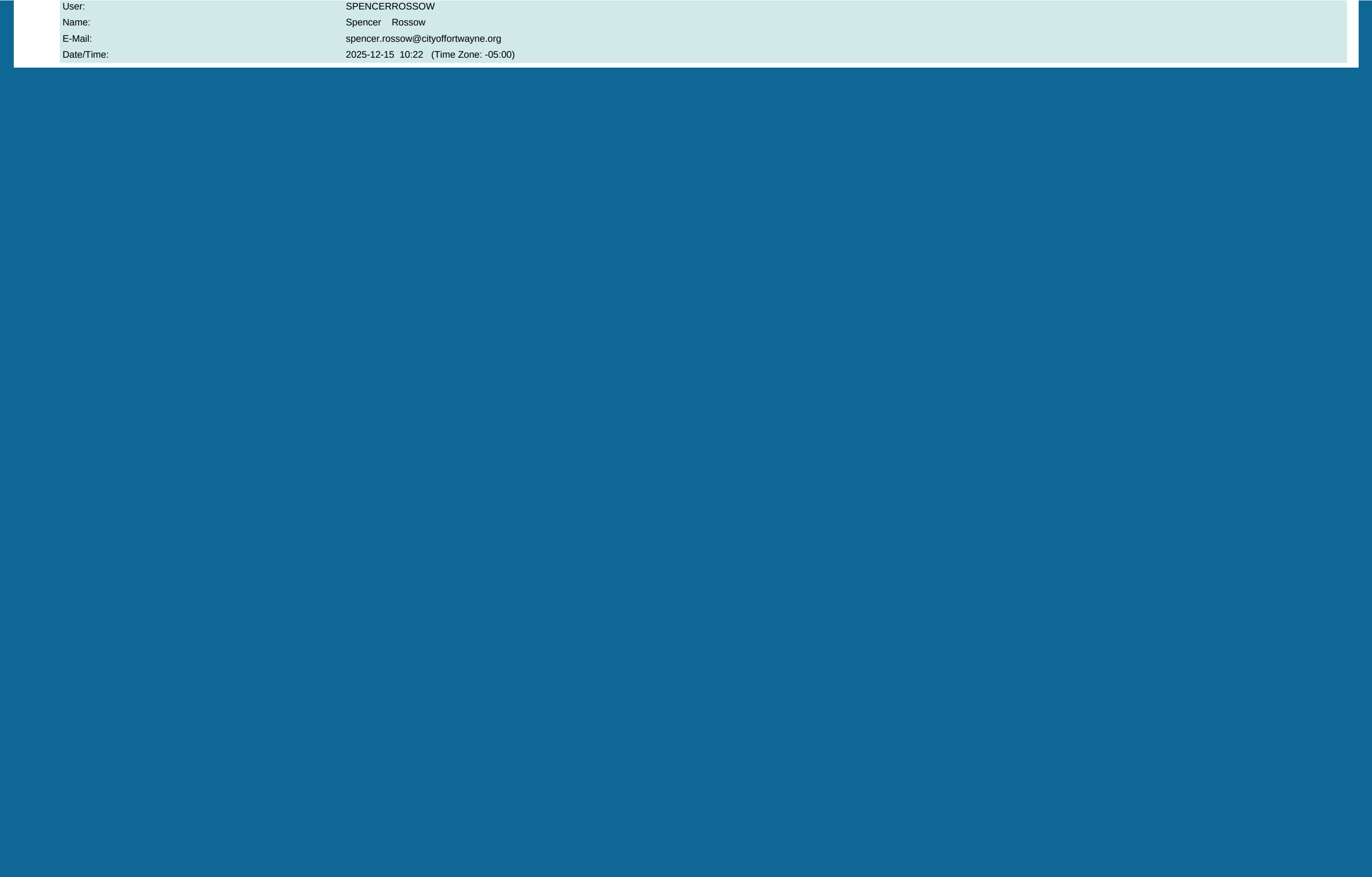
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.54	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

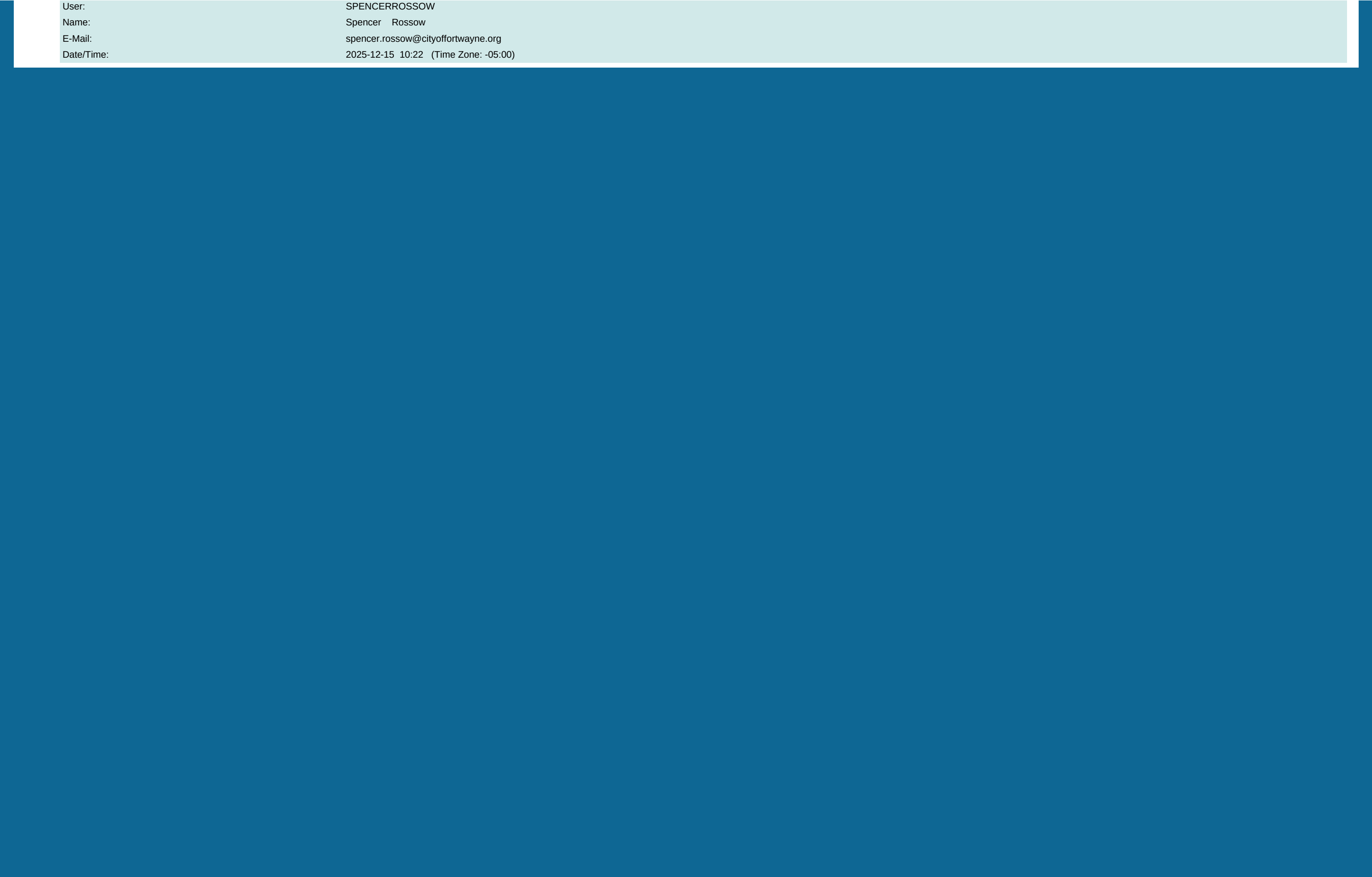
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:11 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

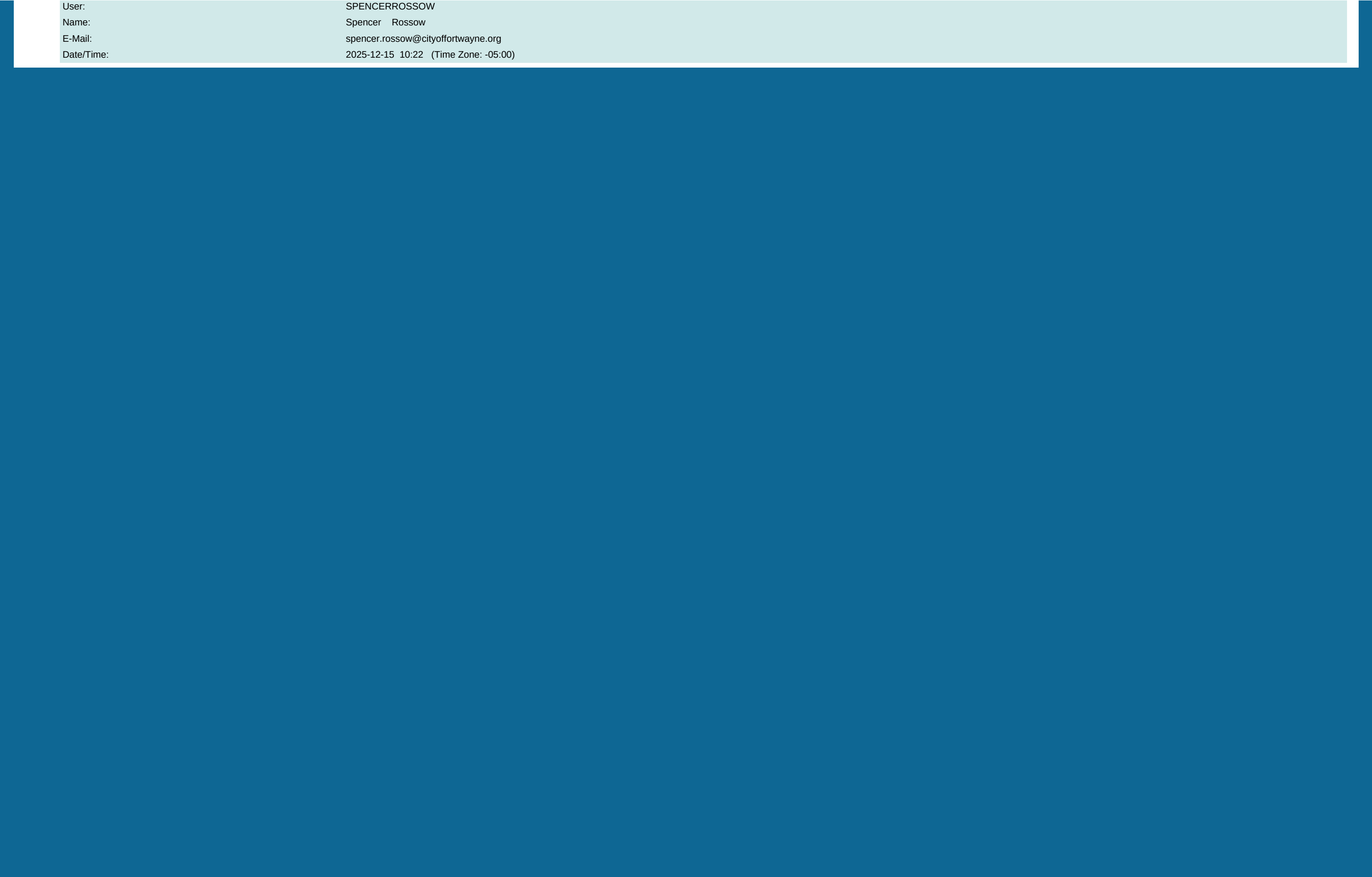
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:16 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

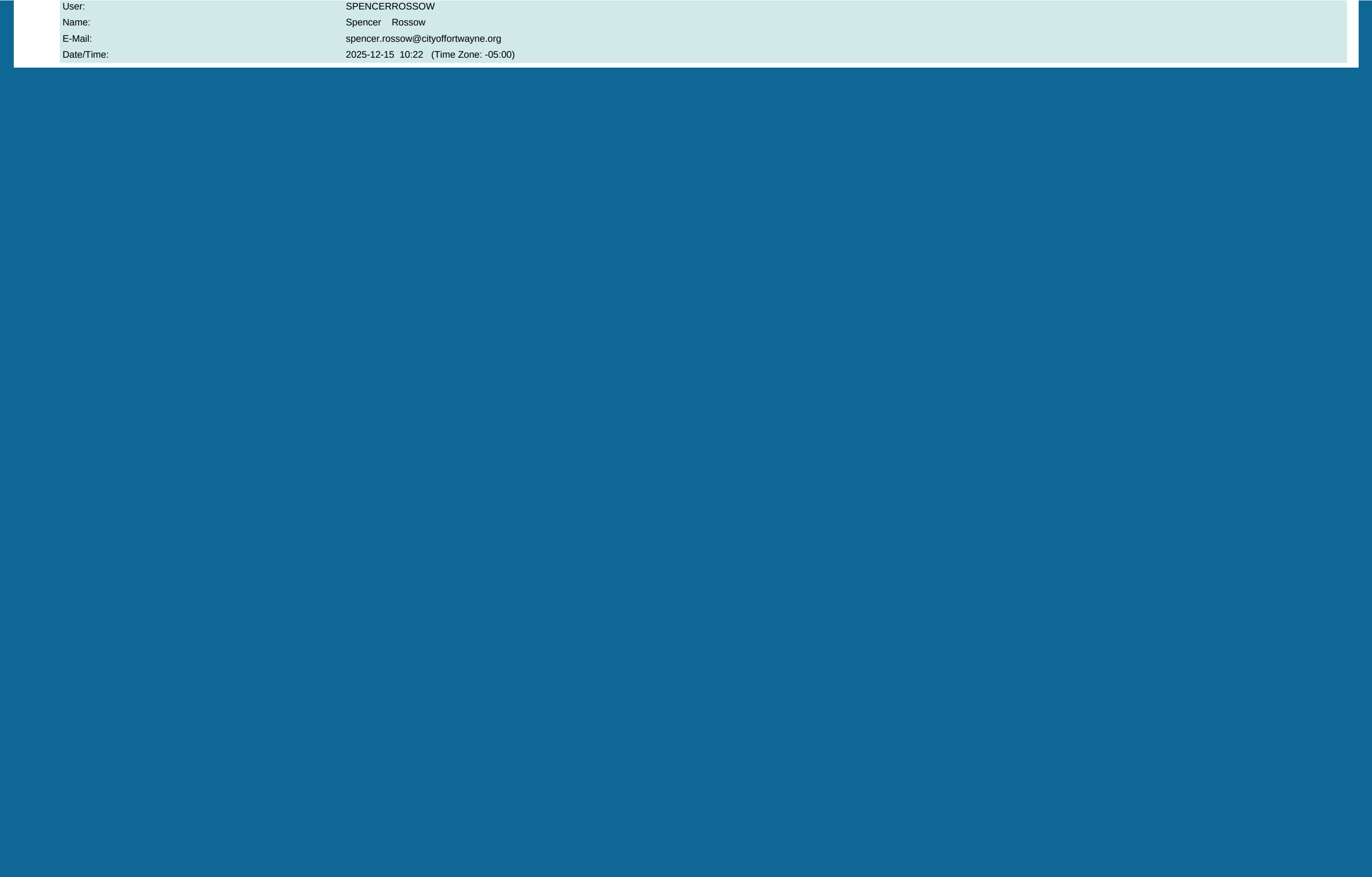
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:16 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

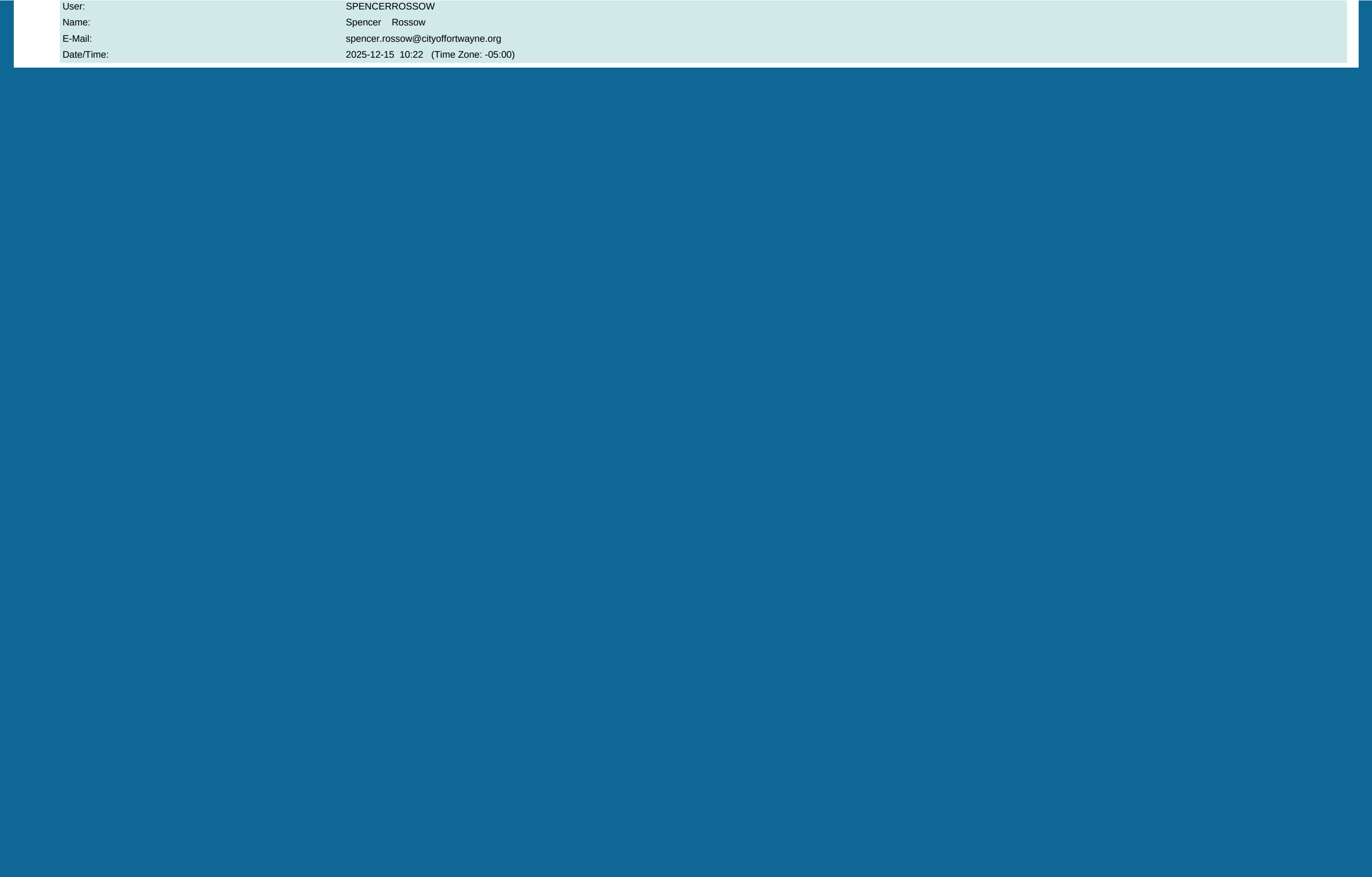
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

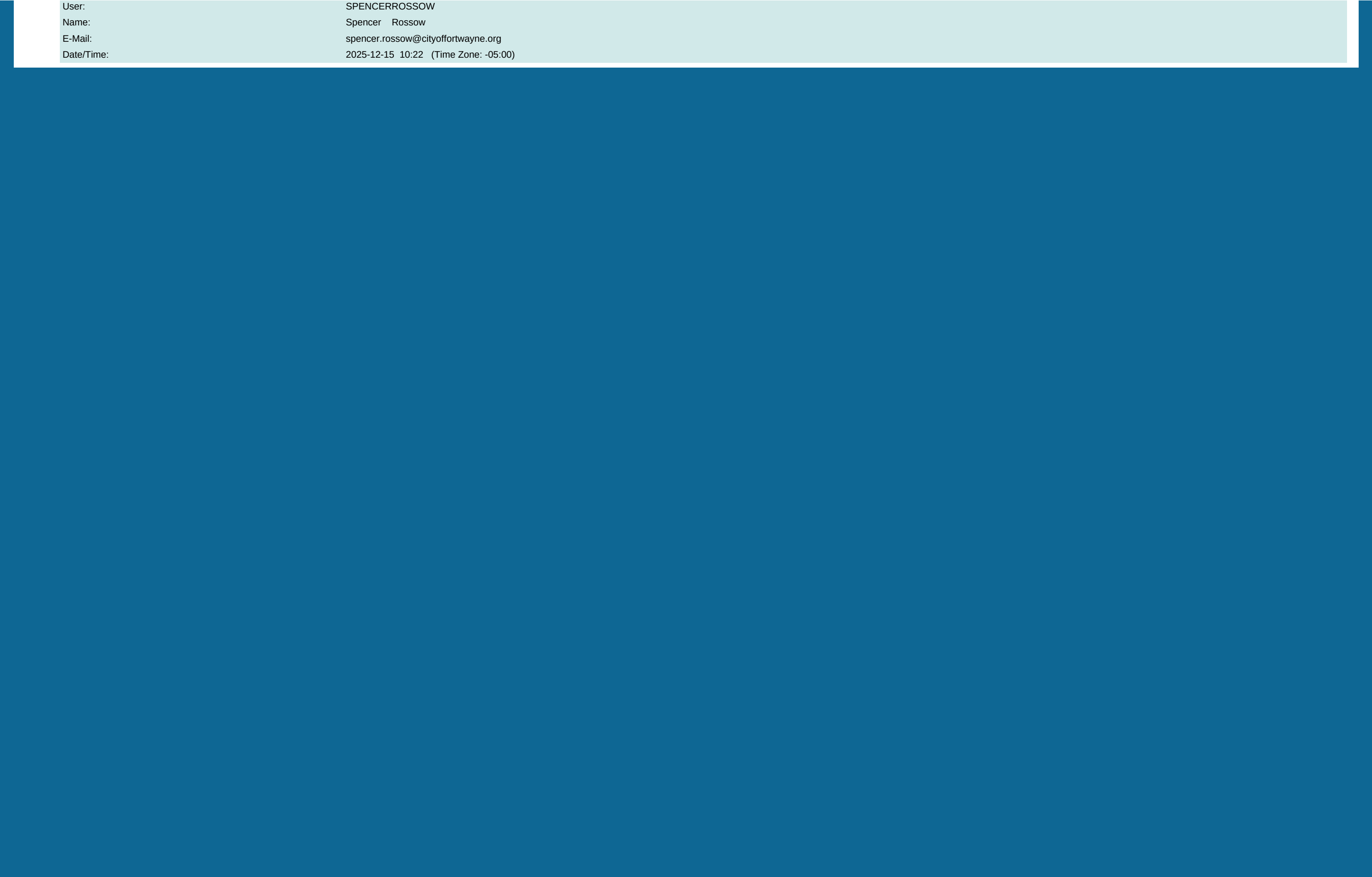
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:16 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

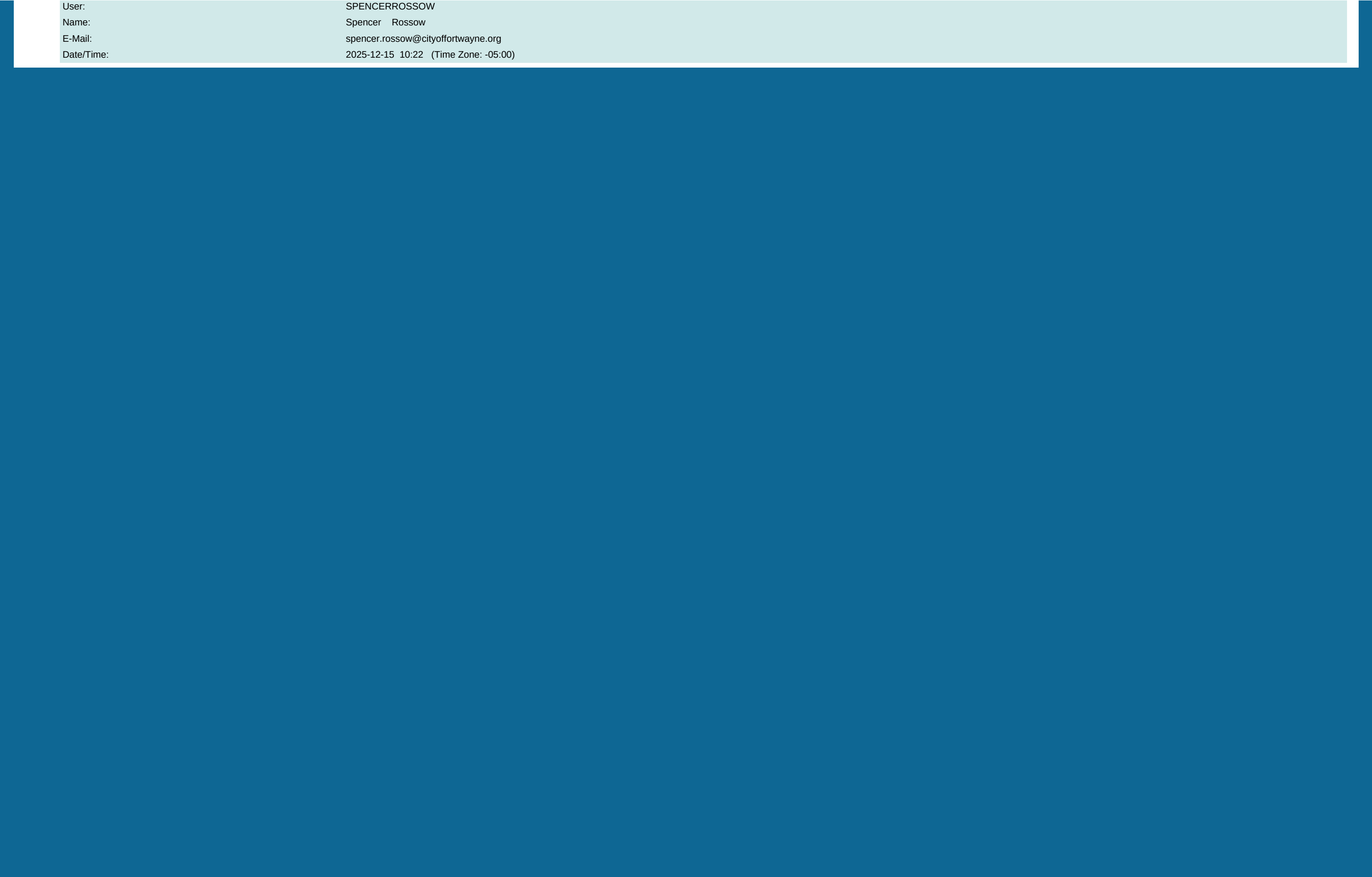
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:17 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 11/01/25 to 11/30/25

DMR Due Date:

12/28/25

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

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

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

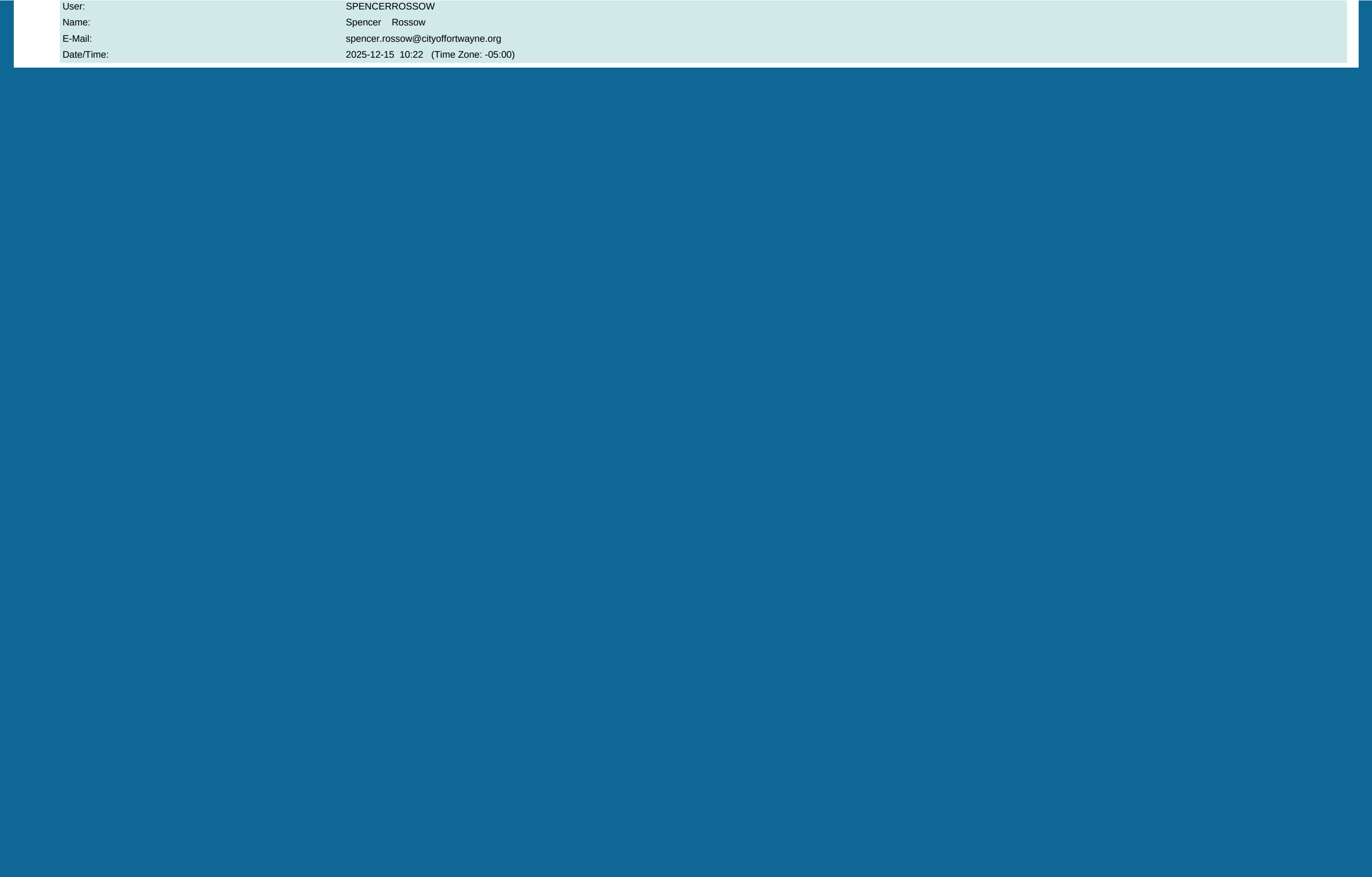
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2025-12-15 10:17 (Time Zone: -05:00)

Report Last Signed By





CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

January 20, 2026

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 2025

We are pleased to enclose a completed CSO MRO form for the month of December 2025. 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 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, 17, 18, 20, and 21
- 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

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) 427-1448.

Sincerely yours,

Spencer Rossow
Program Manager – Field Operations

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

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

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

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

V- Visual Inspection

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

C- Model Charts

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

S- Storm Runoff

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

P- Pumps

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

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

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

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

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

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

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

FL- Flood

NM- No Meter

UD- Unable to determine

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 1 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]		12-2025				Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):		74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Oxford St_Q11 Gauge					CSO Outfall No.						CSO Outfall No.						60	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	34.28	41.07					5 m														
02	35.27	42.42	2:20 PM	0.08	0.01	0.01	5 m														
03	38.01	48.67					5 m														
04	41.97	50.02	2:10 PM	0.25	0.03	0.01	5 m														
05	35.00	40.66					5 m														
06	33.85	42.32	12:05 PM	0.42	0.05	0.01	5 m														
07	33.78	41.03	2:25 PM	0.17	0.02	0.01	5 m														
08	34.12	39.98					5 m														
09	33.62	38.15	3:20 PM	1.08	0.13	0.06	5 m														
10	56.69	70.02	12:00 AM	1.25	0.15	0.05	5 m														
11	39.33	48.06					5 m														
12	36.82	48.43					5 m														
13	39.16	48.26					5 m														
14	33.91	41.66					5 m														
15	34.29	40.17					5 m														
16	32.95	46.73	1:25 PM	0.17	0.02	0.01	5 m														
17	35.58	44.15					5 m														
18	52.19	90.04	1:20 PM	1.75	0.24	0.06	5 m														
19	48.49	89.99					5 m														
20	37.83	44.80					5 m														
21	36.37	42.84					5 m														
22	34.27	40.15					5 m														
23	39.78	46.45					5 m														
24	33.15	41.35					5 m														
25	29.98	35.47					5 m														
26	31.77	39.95	4:30 AM	0.33	0.04	0.01	5 m														
27	30.63	38.01					5 m														
28	48.42	100.04	4:35 AM	2.17	0.63	0.28	5 m														
29	59.68	99.99					5 m														
30	46.71	50.00					5 m														
31	38.49	49.75	7:25 PM	0.17	0.02	0.01	5 m														
Totals:	1196.36			7.84	1.34				Days					0	Days	0.00		0.000			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Spencer Rossow, Program Manager	260-427-1448
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Spencer Rossow	01/20/26



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 1 of 12					Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met?							Y							
Monitoring Period:			[MONTH] 12-2025										Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified										
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 2 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]		12-2025				Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Wallace St E_N02 Gauge					CSO Outfall No.				57				CSO Outfall No.				64	
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
Day of Month																					
01	34.28	41.07					5 m														
02	35.27	42.42					5 m														
03	38.01	48.67					5 m														
04	41.97	50.02					5 m														
05	35.00	40.66					5 m														
06	33.85	42.32	11:30 AM	0.25	0.03	0.01	5 m														
07	33.78	41.03	3:45 PM	0.08	0.01	0.01	5 m														
08	34.12	39.98					5 m														
09	33.62	38.15	1:25 PM	1.17	0.14	0.05	5 m														
10	56.69	70.02	12:00 AM	2.00	0.24	0.04	5 m														
11	39.33	48.06					5 m														
12	36.82	48.43					5 m														
13	39.16	48.26					5 m														
14	33.91	41.66					5 m														
15	34.29	40.17					5 m														
16	32.95	46.73	1:25 PM	0.25	0.03	0.02	5 m														
17	35.58	44.15	12:50 AM	0.25	0.03	0.01	5 m														
18	52.19	90.04	1:30 PM	1.58	0.21	0.06	5 m														
19	48.49	89.99					5 m														
20	37.83	44.80					5 m														
21	36.37	42.84					5 m														
22	34.27	40.15					5 m														
23	39.78	46.45					5 m														
24	33.15	41.35					5 m														
25	29.98	35.47					5 m														
26	31.77	39.95	4:30 AM	0.33	0.05	0.03	5 m														
27	30.63	38.01					5 m														
28	48.42	100.04	4:40 AM	2.08	0.52	0.20	5 m														
29	59.68	99.99					5 m														
30	46.71	50.00					5 m														
31	38.49	49.75	6:45 PM	0.25	0.03	0.01	5 m														
Totals:	1196.36			8.25	1.29			0	Days	0.00		0.000		0	Days	0.00		0.000			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Spencer Rossow, Program Manager	260-427-1448
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Spencer Rossow	01/20/26



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 2 of 12					Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met? Y												
Monitoring Period: [MONTH] 12-2025						Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:		Days						Days						Days						Days				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y									
Monitoring Period:		[MONTH]		12-2025				Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Ewing St_L02 Gauge					CSO Outfall No. 23								CSO Outfall No. 24					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
01	34.28	41.07	12:10 PM	0.58	0.07	0.03	5 m														
02	35.27	42.42					5 m														
03	38.01	48.67					5 m														
04	41.97	50.02	1:55 PM	0.50	0.06	0.02	5 m														
05	35.00	40.66	2:50 PM	0.17	0.02	0.01	5 m														
06	33.85	42.32	12:20 PM	0.58	0.07	0.02	5 m														
07	33.78	41.03	2:45 PM	0.17	0.02	0.01	5 m														
08	34.12	39.98	1:50 PM	0.33	0.04	0.02	5 m														
09	33.62	38.15	2:45 PM	1.00	0.12	0.05	5 m														
10	56.69	70.02	12:00 AM	3.50	0.42	0.06	5 m														
11	39.33	48.06					5 m														
12	36.82	48.43					5 m														
13	39.16	48.26					5 m														
14	33.91	41.66					5 m														
15	34.29	40.17					5 m														
16	32.95	46.73	12:50 PM	0.33	0.04	0.03	5 m														
17	35.58	44.15					5 m														
18	52.19	90.04	1:35 PM	1.75	0.24	0.06	5 m														
19	48.49	89.99					5 m														
20	37.83	44.80					5 m														
21	36.37	42.84					5 m														
22	34.27	40.15					5 m														
23	39.78	46.45					5 m														
24	33.15	41.35					5 m														
25	29.98	35.47					5 m														
26	31.77	39.95	9:55 AM	0.33	0.04	0.02	5 m														
27	30.63	38.01					5 m														
28	48.42	100.04	4:40 AM	2.42	0.71	0.28	5 m														
29	59.68	99.99					5 m														
30	46.71	50.00					5 m														
31	38.49	49.75	8:00 PM	0.25	0.03	0.03	5 m														
Totals:	1196.36			11.92	1.88			0	Days	0.00		0.000		0	Days	0.00		0.000			

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												01/20/26							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 3 of 12				Permit Number: IN0032191																			
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y																			
Monitoring Period:		[MONTH]		12-2025				Check box if no CSO discharge occurred for the month:																							
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																			
		CSO Outfall No. 25								CSO Outfall No. 29								CSO Outfall No. 32								CSO Outfall No. 39					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 4 of 12						Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?						Y								
Monitoring Period:				[MONTH]		12-2025								Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified																
	CSO Outfall No.					50			CSO Outfall No.					55			CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
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28	8:10 PM	M	0.08	M	0.007	M																						
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Totals:	1	Days	0.08		0.007		0	Days	0.00		0.000			Days						Days								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 5 of 12				Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y											
Monitoring Period:		[MONTH]		12-2025						Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Packard Ave W_L07 Gauge					CSO Outfall No.				13		CSO Outfall No.						17			
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E				
Day of Month																							
01	34.28	41.07	6:05 PM	0.50	0.06	0.02	5 m																
02	35.27	42.42	12:05 AM	0.50	0.06	0.02	5 m																
03	38.01	48.67					5 m																
04	41.97	50.02					5 m																
05	35.00	40.66					5 m																
06	33.85	42.32					5 m																
07	33.78	41.03	7:00 AM	0.50	0.06	0.02	5 m																
08	34.12	39.98					5 m																
09	33.62	38.15	11:05 PM	0.25	0.03	0.03	5 m																
10	56.69	70.02	2:25 AM	0.50	0.06	0.02	5 m																
11	39.33	48.06					5 m																
12	36.82	48.43					5 m																
13	39.16	48.26					5 m																
14	33.91	41.66					5 m																
15	34.29	40.17					5 m																
16	32.95	46.73					5 m																
17	35.58	44.15					5 m																
18	52.19	90.04	1:30 PM	1.58	0.24	0.07	5 m																
19	48.49	89.99					5 m																
20	37.83	44.80					5 m																
21	36.37	42.84					5 m																
22	34.27	40.15					5 m																
23	39.78	46.45					5 m																
24	33.15	41.35					5 m																
25	29.98	35.47					5 m																
26	31.77	39.95	10:20 AM	0.17	0.02	0.02	5 m																
27	30.63	38.01					5 m																
28	48.42	100.04	4:35 AM	2.25	0.64	0.24	5 m																
29	59.68	99.99					5 m																
30	46.71	50.00					5 m																
31	38.49	49.75					5 m																
Totals:	1196.36			6.25	1.17			0	Days	0.00		0.000		0	Days	0.00		0.000					

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent																Telephone			
Spencer Rossow, Program Manager																260-427-1448			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent																Date (mm/dd/yy)			
Spencer Rossow																01/20/26			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 5 of 12					Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y										
Monitoring Period:			[MONTH]		12-2025												Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified													
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.								
Day of Month	Time Discharge Began		M or E	Event Duration (Hours)		M or E	Event Discharge (MG)		M or E	Time Discharge Began		M or E	Event Duration (Hours)		M or E	Event Discharge (MG)		M or E	Time Discharge Began		M or E	Event Duration (Hours)		M or E	Event Discharge (MG)		M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period: [MONTH]				12-2025				Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Old Mill Rd_K11 Gauge					CSO Outfall No. 18					CSO Outfall No. 20												
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
01	34.28	41.07	2:30 PM	1.17	0.14	0.04	5 m																		
02	35.27	42.42	12:20 AM	0.83	0.10	0.03	5 m																		
03	38.01	48.67					5 m																		
04	41.97	50.02	1:55 PM	0.17	0.02	0.01	5 m																		
05	35.00	40.66					5 m																		
06	33.85	42.32	2:00 PM	0.08	0.01	0.01	5 m																		
07	33.78	41.03	6:10 AM	1.25	0.15	0.04	5 m																		
08	34.12	39.98	2:35 AM	0.17	0.02	0.01	5 m																		
09	33.62	38.15	10:45 PM	0.33	0.04	0.03	5 m																		
10	56.69	70.02	12:00 AM	0.83	0.10	0.03	5 m																		
11	39.33	48.06					5 m																		
12	36.82	48.43					5 m																		
13	39.16	48.26					5 m																		
14	33.91	41.66					5 m																		
15	34.29	40.17					5 m																		
16	32.95	46.73	1:50 PM	0.25	0.03	0.01	5 m																		
17	35.58	44.15	4:55 AM	0.08	0.01	0.01	5 m																		
18	52.19	90.04	1:20 PM	2.00	0.30	0.09	5 m																		
19	48.49	89.99					5 m																		
20	37.83	44.80					5 m																		
21	36.37	42.84					5 m																		
22	34.27	40.15					5 m																		
23	39.78	46.45					5 m																		
24	33.15	41.35					5 m																		
25	29.98	35.47					5 m																		
26	31.77	39.95	9:45 AM	0.33	0.04	0.02	5 m																		
27	30.63	38.01					5 m																		
28	48.42	100.04	4:30 AM	2.08	0.70	0.28	5 m																		
29	59.68	99.99					5 m																		
30	46.71	50.00					5 m																		
31	38.49	49.75	7:00 PM	0.17	0.02	0.02	5 m																		
Totals:	1196.36			9.75	1.68			0	Days	0.00		0.000		0	Days	0.00		0.000							

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												01/20/26							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 6 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period: [MONTH]				12-2025				Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD):				85				Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified									
		CSO Outfall No. 21				CSO Outfall No.				CSO Outfall No.				CSO Outfall No.				CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000			0	Days	0.00		0.000			Days					Days					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 7 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y					
Monitoring Period:		[MONTH]	12-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Brown St_J03 Gauge					CSO Outfall No. 04					CSO Outfall No. 05						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	34.28	41.07	2:35 AM	0.83	0.10	0.03	5 m												
02	35.27	42.42	1:50 AM	0.75	0.09	0.01	5 m												
03	38.01	48.67	12:35 AM	0.50	0.06	0.01	5 m												
04	41.97	50.02	1:15 AM	0.33	0.04	0.01	5 m												
05	35.00	40.66					5 m												
06	33.85	42.32	10:50 AM	0.50	0.06	0.02	5 m												
07	33.78	41.03	6:25 AM	0.42	0.05	0.02	5 m												
08	34.12	39.98					5 m												
09	33.62	38.15	2:45 PM	0.67	0.08	0.04	5 m												
10	56.69	70.02	12:05 AM	1.00	0.12	0.04	5 m												
11	39.33	48.06					5 m												
12	36.82	48.43					5 m												
13	39.16	48.26	3:05 PM	0.08	0.01	0.01	5 m												
14	33.91	41.66					5 m												
15	34.29	40.17					5 m												
16	32.95	46.73					5 m												
17	35.58	44.15					5 m												
18	52.19	90.04	1:25 PM	2.25	0.33	0.09	5 m												
19	48.49	89.99					5 m												
20	37.83	44.80					5 m												
21	36.37	42.84					5 m												
22	34.27	40.15					5 m												
23	39.78	46.45					5 m												
24	33.15	41.35					5 m												
25	29.98	35.47					5 m												
26	31.77	39.95	9:50 AM	0.33	0.04	0.02	5 m												
27	30.63	38.01					5 m												
28	48.42	100.04	4:30 AM	2.42	0.60	0.26	5 m												
29	59.68	99.99					5 m												
30	46.71	50.00	11:30 PM	0.08	0.01	0.01	5 m												
31	38.49	49.75	6:15 PM	0.25	0.03	0.01	5 m												
Totals:	1196.36			10.42	1.62			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														01/20/26					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 7 of 12					Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?					Y									
Monitoring Period:			[MONTH]		12-2025												Check box if no CSO discharge occurred for the month:									
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified												
	CSO Outfall No. 07						CSO Outfall No. 11						CSO Outfall No. 12						CSO Outfall No. 56							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 8 of 12				Permit Number: IN0032191													
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y											
Monitoring Period:		[MONTH]		12-2025								Check box if no CSO discharge occurred for the month:													
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74				Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Anthony Blvd S_P27 Gauge					CSO Outfall No.				54				CSO Outfall No.									
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
Day of Month																									
01	34.28	41.07					5 m																		
02	35.27	42.42	11:40 AM	0.25	0.03	0.01	5 m																		
03	38.01	48.67					5 m																		
04	41.97	50.02					5 m																		
05	35.00	40.66					5 m																		
06	33.85	42.32	2:05 PM	0.17	0.02	0.01	5 m																		
07	33.78	41.03					5 m																		
08	34.12	39.98					5 m																		
09	33.62	38.15	2:35 PM	1.50	0.18	0.07	5 m																		
10	56.69	70.02	12:00 AM	1.75	0.21	0.04	5 m																		
11	39.33	48.06					5 m																		
12	36.82	48.43					5 m																		
13	39.16	48.26					5 m																		
14	33.91	41.66					5 m																		
15	34.29	40.17					5 m																		
16	32.95	46.73	1:55 PM	0.08	0.01	0.01	5 m																		
17	35.58	44.15					5 m																		
18	52.19	90.04	12:35 PM	0.75	0.09	0.02	5 m																		
19	48.49	89.99	12:00 AM	0.17	0.02	0.01	5 m																		
20	37.83	44.80					5 m																		
21	36.37	42.84					5 m																		
22	34.27	40.15					5 m																		
23	39.78	46.45					5 m																		
24	33.15	41.35					5 m																		
25	29.98	35.47					5 m																		
26	31.77	39.95	11:00 AM	0.17	0.02	0.01	5 m																		
27	30.63	38.01					5 m																		
28	48.42	100.04	5:30 AM	0.42	0.14	0.11	5 m																		
29	59.68	99.99	12:05 AM	0.08	0.01	0.01	5 m																		
30	46.71	50.00					5 m																		
31	38.49	49.75	6:00 PM	0.25	0.03	0.01	5 m																		
Totals:	1196.36			5.58	0.76			0	Da ys	0.00		0.000			Da ys										

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent												Telephone							
Spencer Rossow, Program Manager												260-427-1448							
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)							
Spencer Rossow												01/20/26							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne												Page 8 of 12				Permit Number: IN0032191								
Facility: Fort Wayne - P.L. Brunner WWTP												Public Notification Requirements Met?						Y						
Monitoring Period: [MONTH]				12-2025												Check box if no CSO discharge occurred for the month:								
Design Peak Hourly Flow (MGD):				85		Design Average Flow (MGD):				74		Measured/Metered (M) or Estimated (E) must be specified												
Time	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 9 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?						Y					
Monitoring Period:		[MONTH]	12-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85		Design Average Flow (MGD):			74		Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data - Cadet Dr_P26 Gauge					CSO Outfall No. 28					CSO Outfall No. 48						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	34.28	41.07	6:20 PM	0.42	0.05	0.02	5 m												
02	35.27	42.42	1:05 AM	0.58	0.07	0.02	5 m												
03	38.01	48.67					5 m												
04	41.97	50.02					5 m												
05	35.00	40.66					5 m												
06	33.85	42.32					5 m												
07	33.78	41.03	6:15 AM	0.83	0.10	0.02	5 m												
08	34.12	39.98					5 m												
09	33.62	38.15	11:00 PM	0.33	0.04	0.04	5 m												
10	56.69	70.02	12:05 AM	0.92	0.11	0.03	5 m												
11	39.33	48.06					5 m												
12	36.82	48.43					5 m												
13	39.16	48.26	1:25 PM	0.42	0.05	0.02	5 m												
14	33.91	41.66					5 m												
15	34.29	40.17					5 m												
16	32.95	46.73					5 m												
17	35.58	44.15					5 m												
18	52.19	90.04	1:25 PM	2.08	0.33	0.10	5 m												
19	48.49	89.99	1:00 AM	0.08	0.01	0.01	5 m												
20	37.83	44.80					5 m												
21	36.37	42.84					5 m												
22	34.27	40.15					5 m												
23	39.78	46.45					5 m												
24	33.15	41.35					5 m												
25	29.98	35.47					5 m												
26	31.77	39.95	9:55 AM	0.42	0.05	0.02	5 m												
27	30.63	38.01					5 m												
28	48.42	100.04	4:45 AM	2.33	0.88	0.33	5 m												
29	59.68	99.99	2:50 PM	0.08	0.01	0.01	5 m												
30	46.71	50.00	11:35 PM	0.08	0.01	0.01	5 m												
31	38.49	49.75	5:15 PM	0.25	0.03	0.02	5 m												
Totals:	1196.36			8.83	1.74			0	Days	0.00		0.000		0	Days	0.00		0.000	

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														01/20/26					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne											Page 9 of 12					Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP											Public Notification Requirements Met?					Y									
Monitoring Period:			[MONTH]		12-2025										Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD):					85		Design Average Flow (MGD):					74		Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No. 51						CSO Outfall No. 52						CSO Outfall No. 61						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days					

Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent														Telephone					
Spencer Rossow, Program Manager														260-427-1448					
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																			
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)					
Spencer Rossow														01/20/26					

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

[illegible]

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne														Page 10 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP														Public Notification Requirements Met?				Y							
Monitoring Period: [MONTH] 12-2025														Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74						Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 80							CSO Outfall No. 81							CSO Outfall No.						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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29																									
30																									
31																									
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000			Days						Days					

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne								Page 11 of 12				Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP								Public Notification Requirements Met?				Y							
Monitoring Period:		[MONTH]	12-2025					Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD):			85	Design Average Flow (MGD):			74	Measured/Metered (M) or Estimated (E) must be specified											
WWTP Influent Data			Precipitation Data - Jessie Ave_K14 Gauge					CSO Outfall No. 27					CSO Outfall No. 33						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/hr)	Measurem ent Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
Day of Month																			
01	34.28	41.07	12:50 PM	0.17	0.02	0.01	5 m												
02	35.27	42.42					5 m												
03	38.01	48.67					5 m												
04	41.97	50.02					5 m												
05	35.00	40.66					5 m												
06	33.85	42.32	12:15 PM	0.58	0.07	0.02	5 m												
07	33.78	41.03					5 m												
08	34.12	39.98					5 m												
09	33.62	38.15	1:15 PM	1.67	0.20	0.07	5 m												
10	56.69	70.02	12:00 AM	4.92	0.59	0.09	5 m												
11	39.33	48.06					5 m												
12	36.82	48.43					5 m												
13	39.16	48.26					5 m												
14	33.91	41.66					5 m												
15	34.29	40.17					5 m												
16	32.95	46.73	12:50 PM	0.33	0.04	0.01	5 m												
17	35.58	44.15	6:20 AM	0.08	0.01	0.01	5 m												
18	52.19	90.04	12:15 PM	2.33	0.41	0.12	5 m												
19	48.49	89.99					5 m												
20	37.83	44.80					5 m												
21	36.37	42.84					5 m												
22	34.27	40.15					5 m												
23	39.78	46.45					5 m												
24	33.15	41.35					5 m												
25	29.98	35.47					5 m												
26	31.77	39.95	4:30 AM	0.50	0.06	0.02	5 m												
27	30.63	38.01					5 m												
28	48.42	100.04	4:40 AM	2.33	0.93	0.46	5 m												
29	59.68	99.99					5 m												
30	46.71	50.00					5 m												
31	38.49	49.75	8:10 PM	0.17	0.02	0.01	5 m												
Totals:	1196.36			13.08	2.35			0	Dē ys	0.00		0.000		0	Dē ys	0.00		0.000	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Spencer Rossow, Program Manager	260-427-1448
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Spencer Rossow	01/20/26



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4/9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne													Page 11 of 12				Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP													Public Notification Requirements Met?					Y									
Monitoring Period: [MONTH] 12-2025													Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD): 85						Design Average Flow (MGD): 74							Measured/Metered (M) or Estimated (E) must be specified														
	CSO Outfall No. 36						CSO Outfall No. 44						CSO Outfall No. 45						CSO Outfall No.								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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31																											
Totals:	0	Days	0.00		0.000		0	Days	0.00		0.000		0	Days	0.00		0.000			Days							



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

State Form 50546 (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] 12-2025		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			
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21			
22			
23			
24			
25			
26			
27			
28	Wet Weather Day		
29			
30			
31			
Typed or Printed Name and Title of Prinipal Executive Officer or Authorized Agent		Telephone	
Spencer Rossow, Program Manager		260-427-1448	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)	
Spencer Rossow		01/20/26	

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

002
External Outfall

Discharge:

002-C
CSO Q06-104 - 002 POND - WHEN USED AS CSO ONLY - 3350 FT W OF COLISEUM BLVD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:
Last Name:

Spencer
Rossow

Title:

Program Manager

Telephone:

260-427-1448

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2025_12.pdf	pdf	452210.0
IN0032191_002C_Letter_2025_12.pdf	pdf	213211.0

Report Last Saved By

FORT WAYNE WWTP

User: SPENCERROSSOW

Name: Spencer Rossow

E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:15 (Time Zone: -05:00)
Report Last Signed By	
User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

003
External Outfall

Discharge:

003-C
CSO P10-025, 001 POND - 900 FT E OF PEMBERTON DR

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:11 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

004
External Outfall

Discharge:

004-C
CSO: J02-090, 210 FT S OF BRIDGE AT W JEFFERSON & ST. MARY'S RIVER

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J02-090 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

005
External Outfall

Discharge:

005-C
CSO: J11-164, 210 FT SE OF MANITO BLVD & INDIANA VILLAGE BLVD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

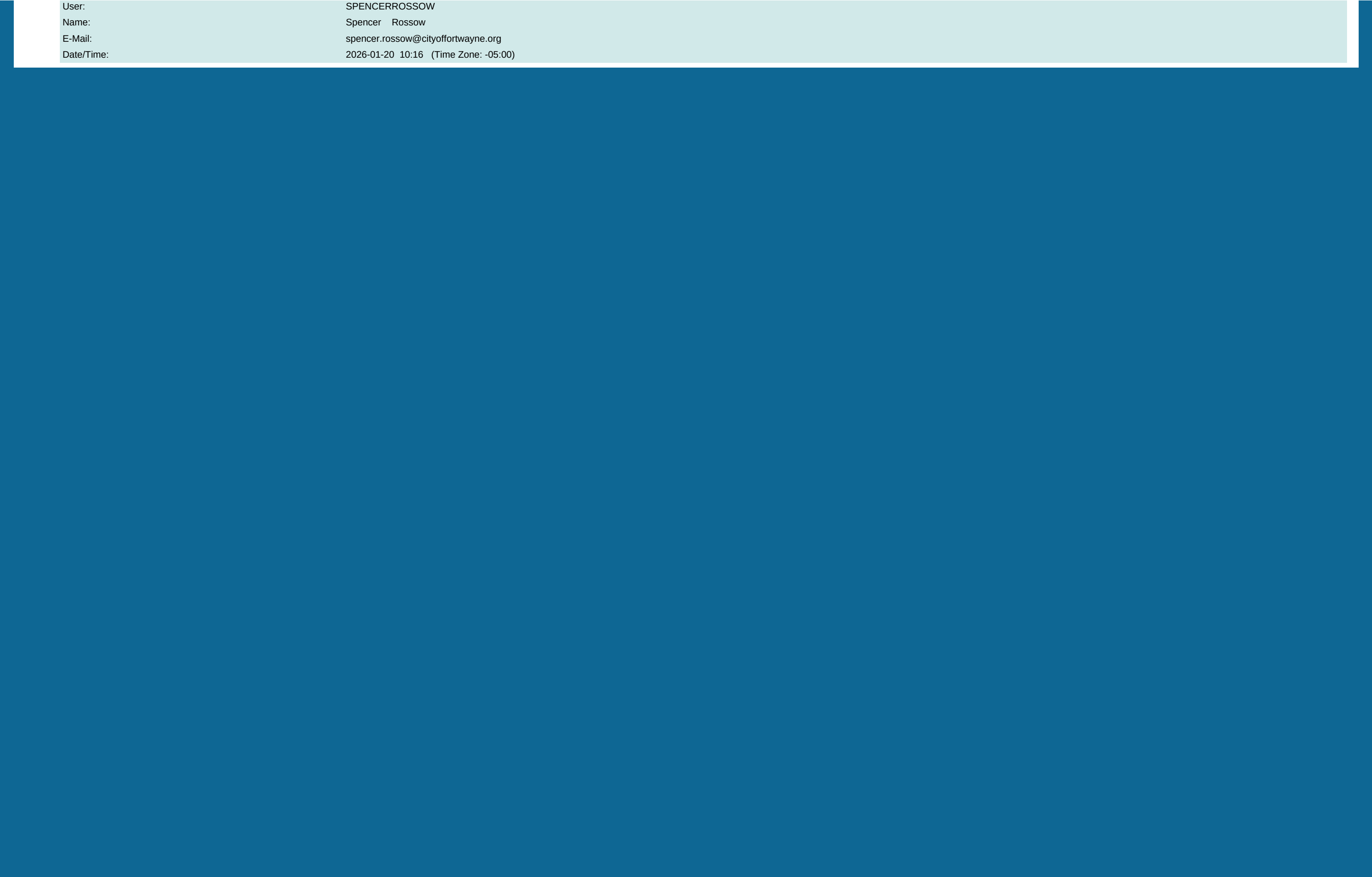
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

007
External Outfall

Discharge:

007-C
CSO: K03-092, 250 FEET SE OF ELECTRIC AVE. & BROWN ST.

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K03-092 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

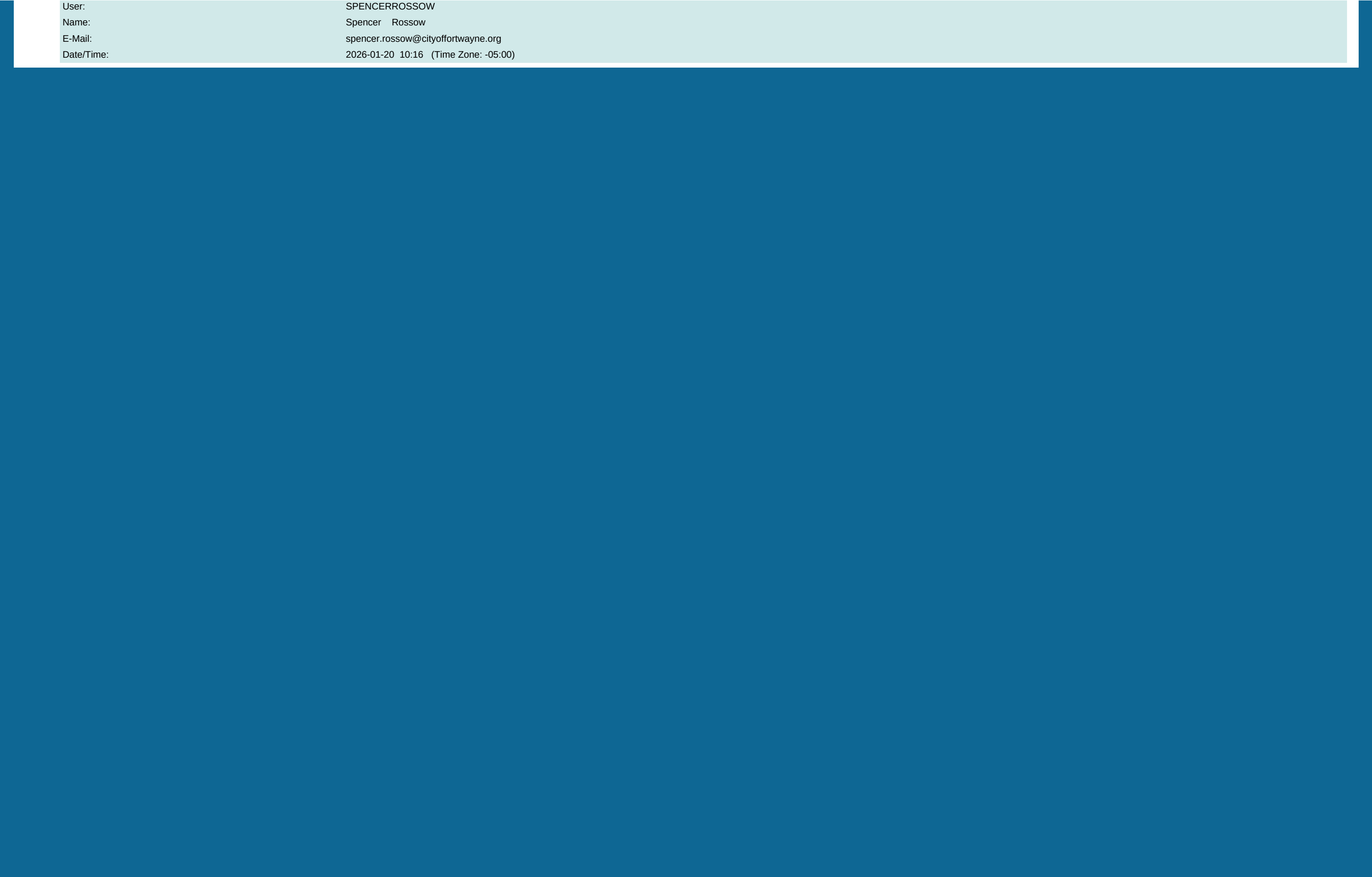
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

011
External Outfall

Discharge:

011-C
CSO: K06-233 - SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

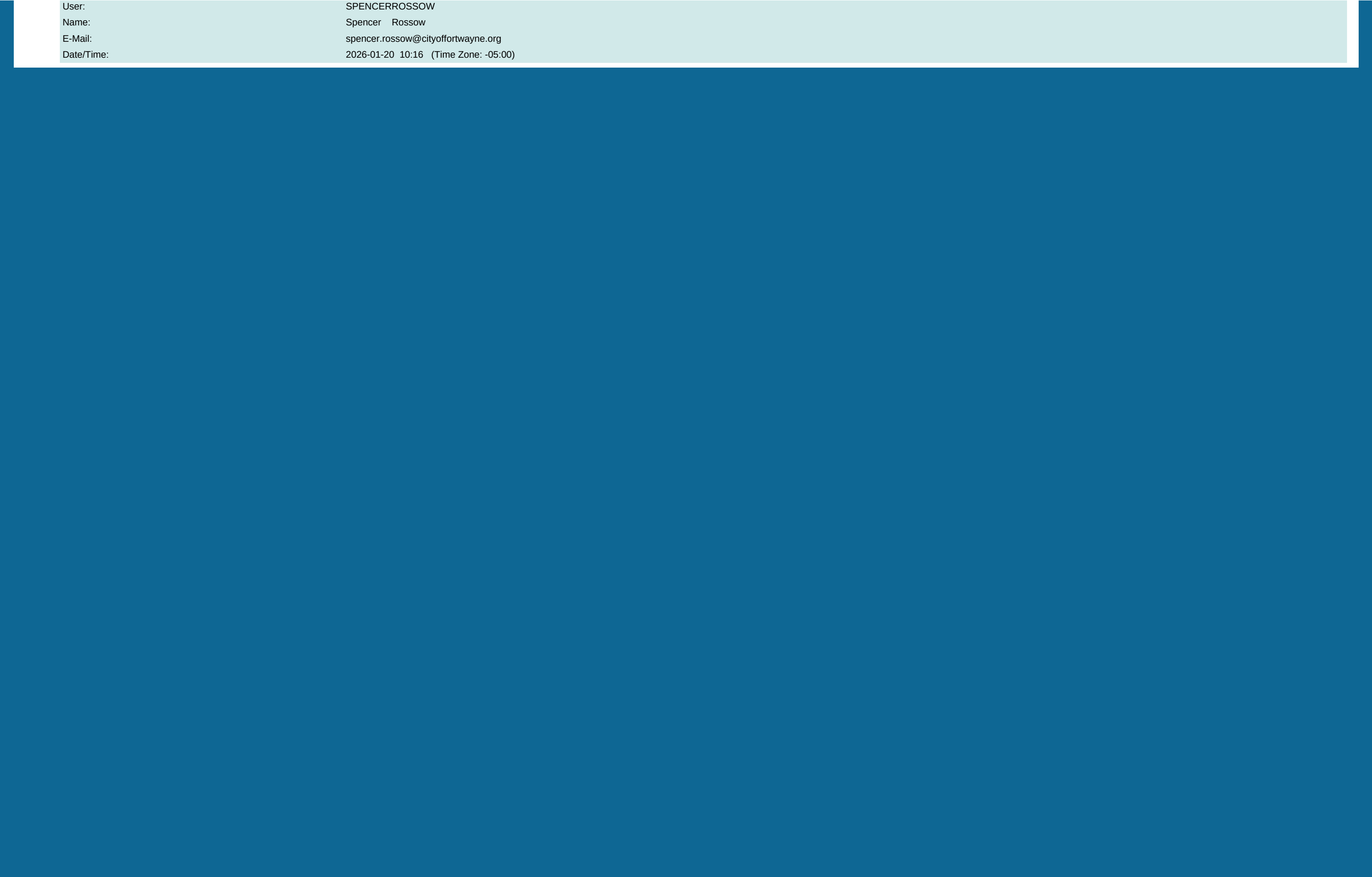
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

012
External Outfall

Discharge:

012-C
CSO: K06-234 - 230 FT SE OF MAIN ST. & CAMP ALLEN DR.

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

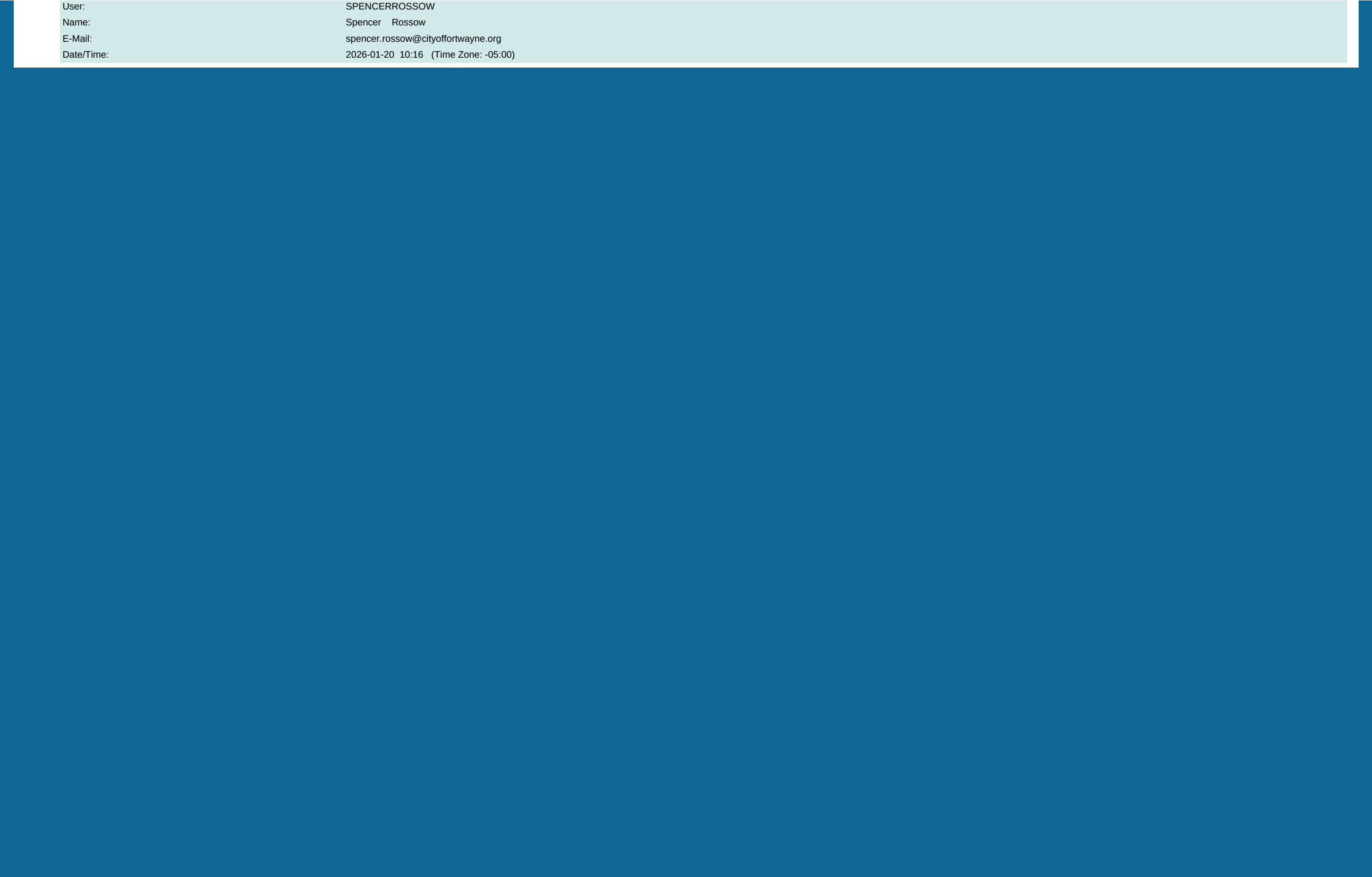
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

013
External Outfall

Discharge:

013-C
CSO: K06-298 - 80 FT N OF THIEME DR & BERRY ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.17	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

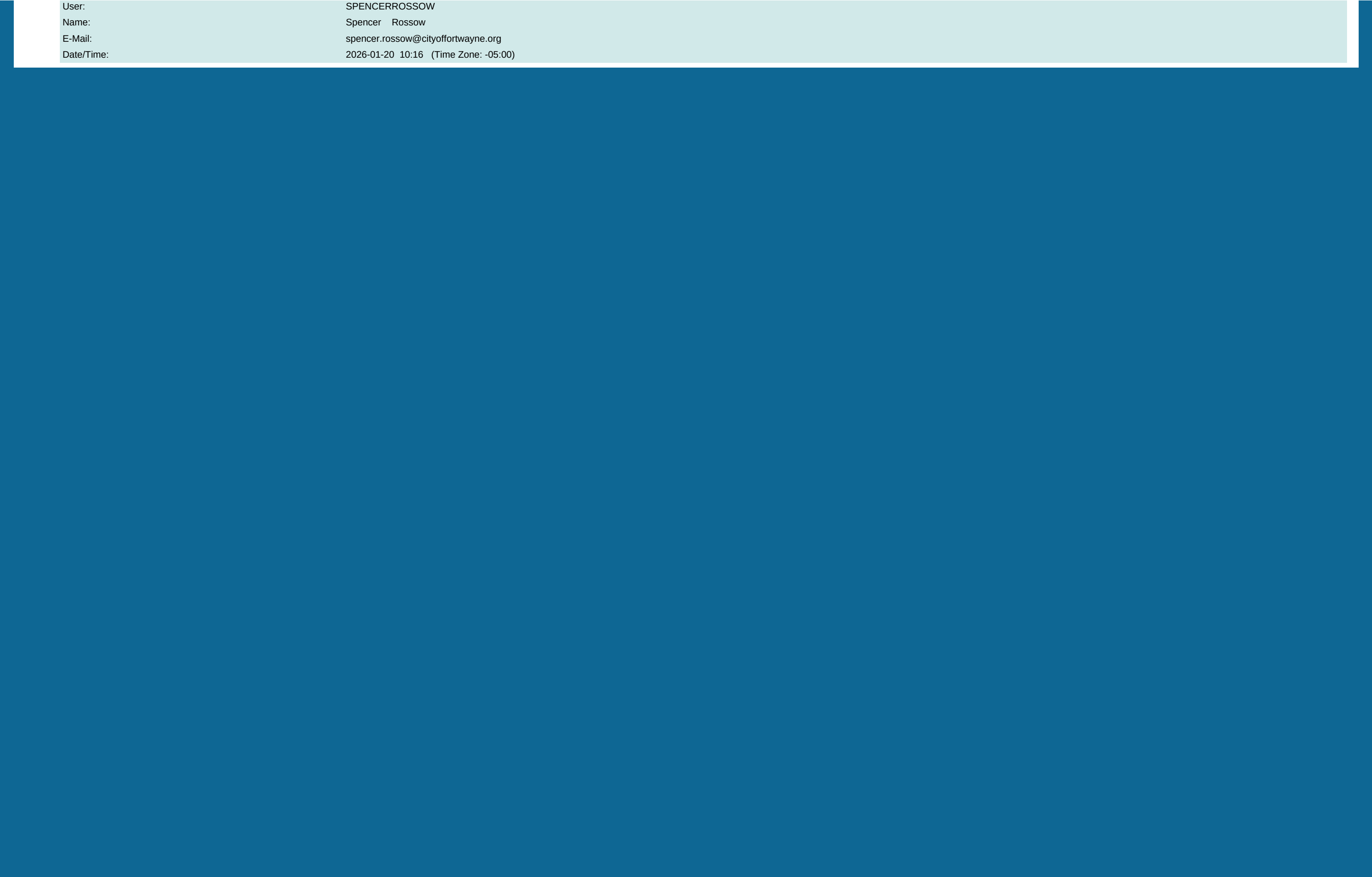
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:08 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

017
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K07-176MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.17	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

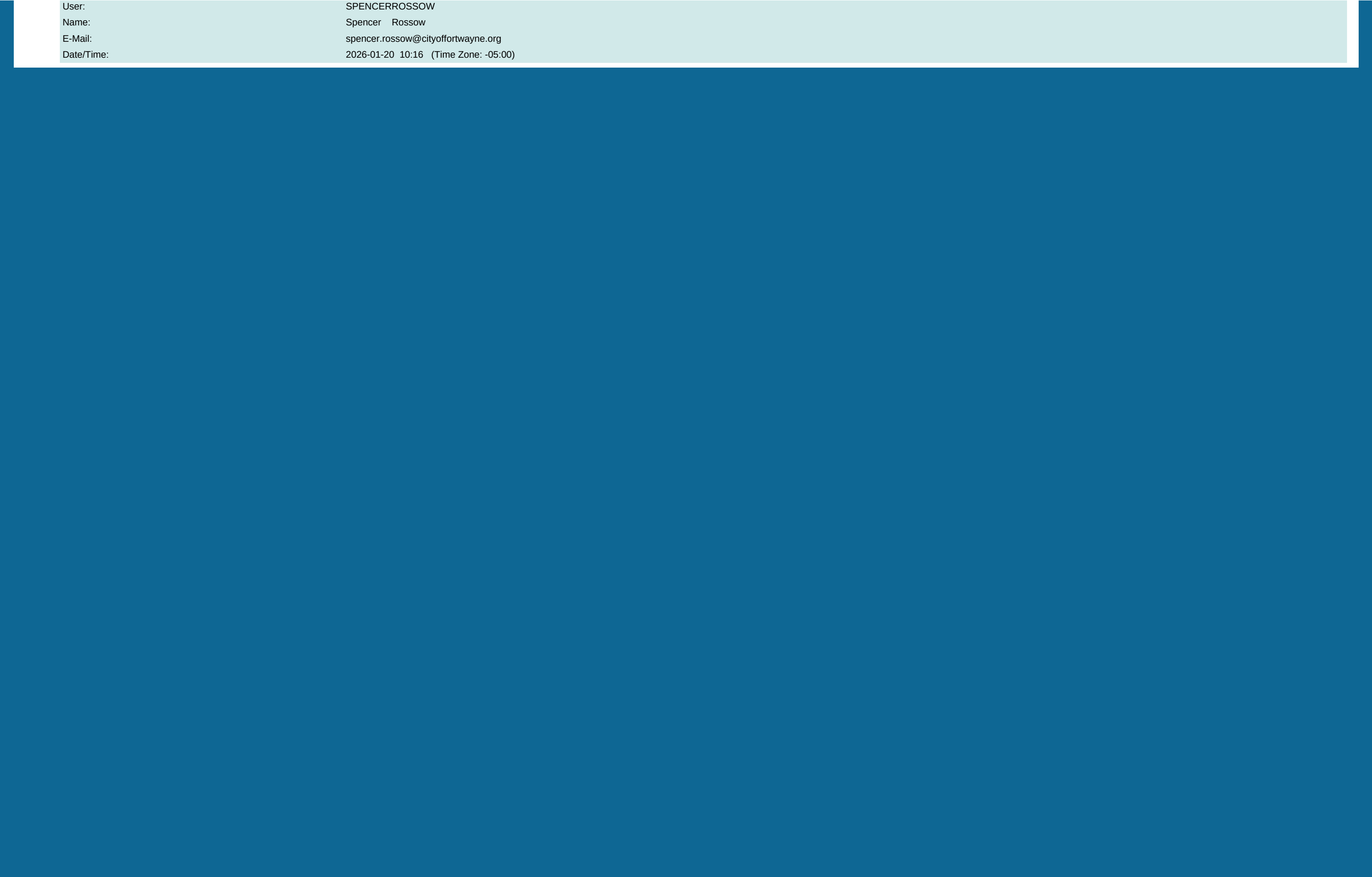
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:08 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

018
External Outfall

Discharge:

018-C
CSO: K11-165 - 150 FT W OF BROADWAY & RUDISILL BLVD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.68	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

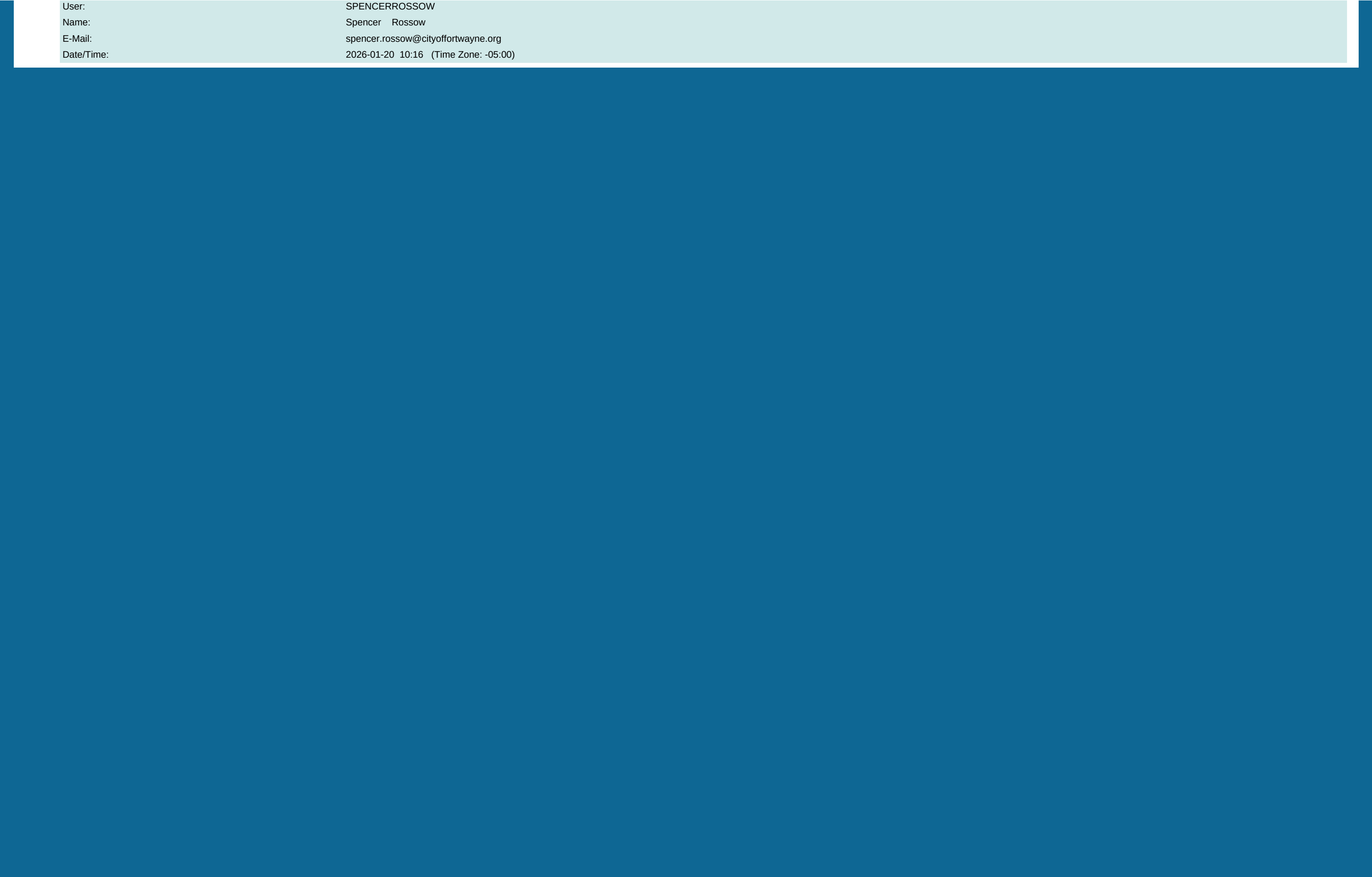
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:08 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

020
External Outfall

Discharge:

020-C
CSO: K15-116 - 1300 FT W OF HARTMAN RD & WESTOVER RD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K15-116MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.68	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

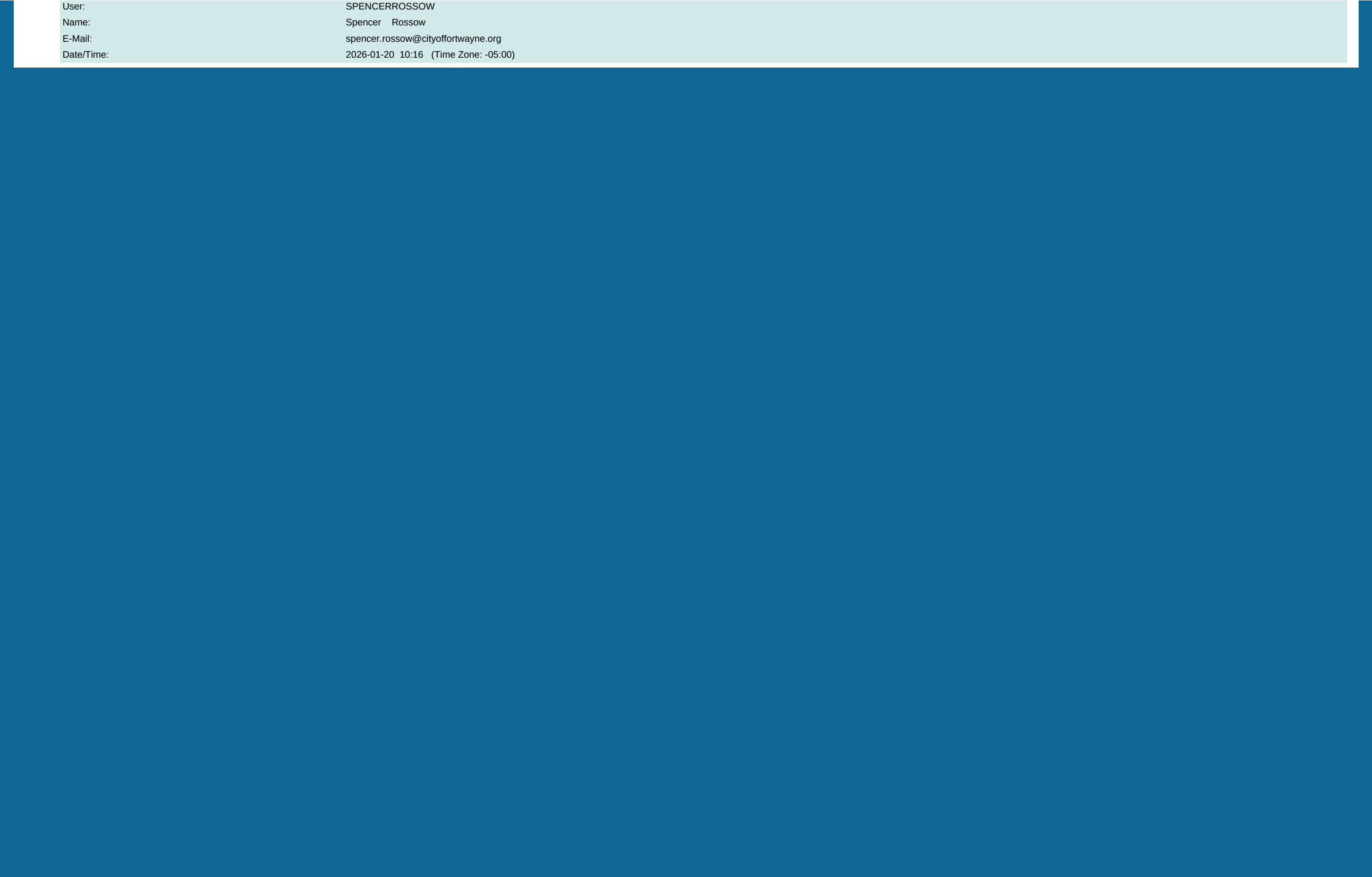
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2026-01-20 10:08 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

021
External Outfall

Discharge:

021-C
CSO: K19-044 - 850 FT W OF OLD MILL RD & FAIRFAX AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.68	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

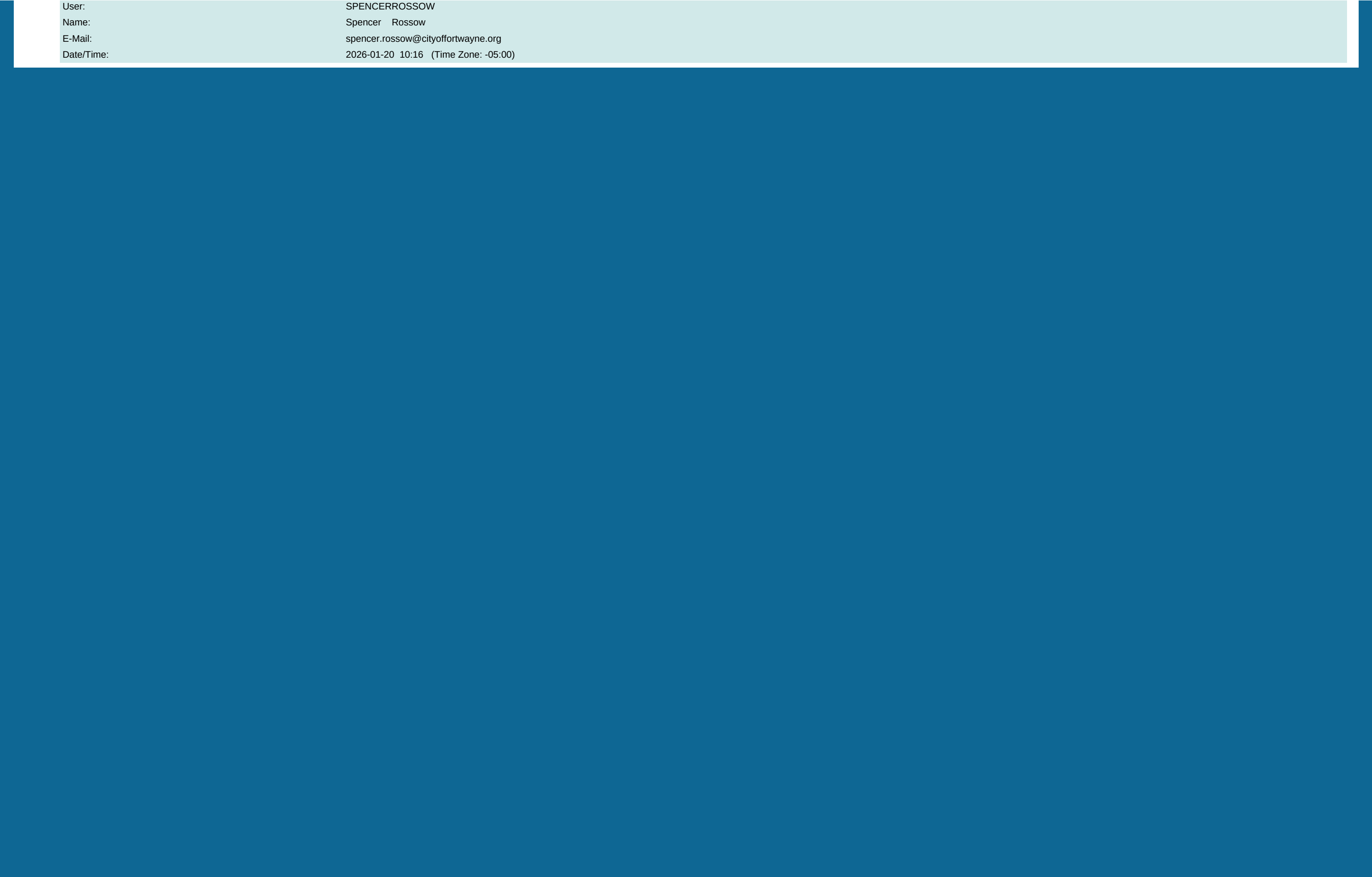
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

023
External Outfall

Discharge:

023-C
CSO: L06-103 - 90 FT NW OF JACKSON ST & SUPERIOR ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-103MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

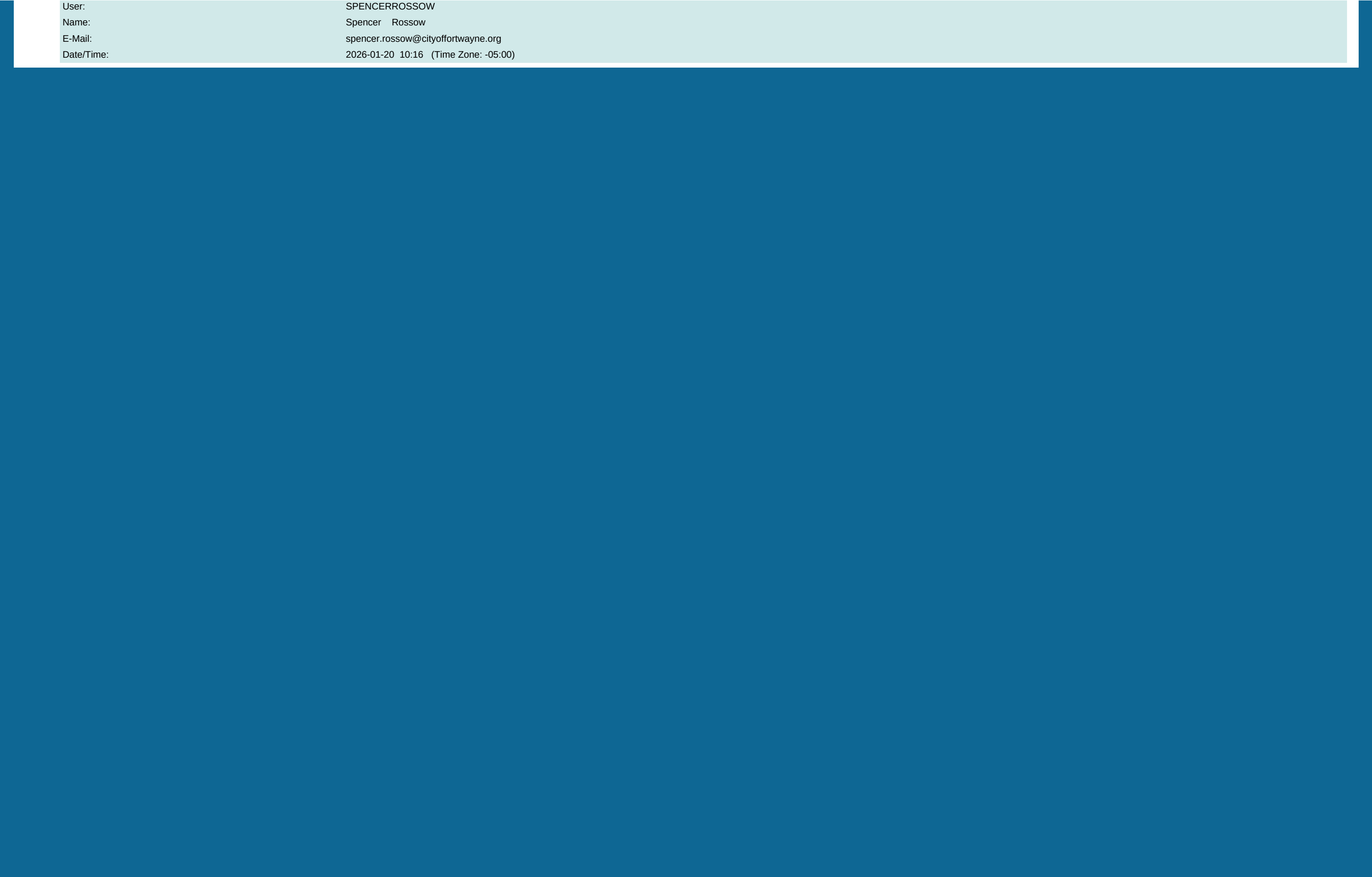
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:07 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

024
External Outfall

Discharge:

024-C
CSO: L06-420 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-420MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

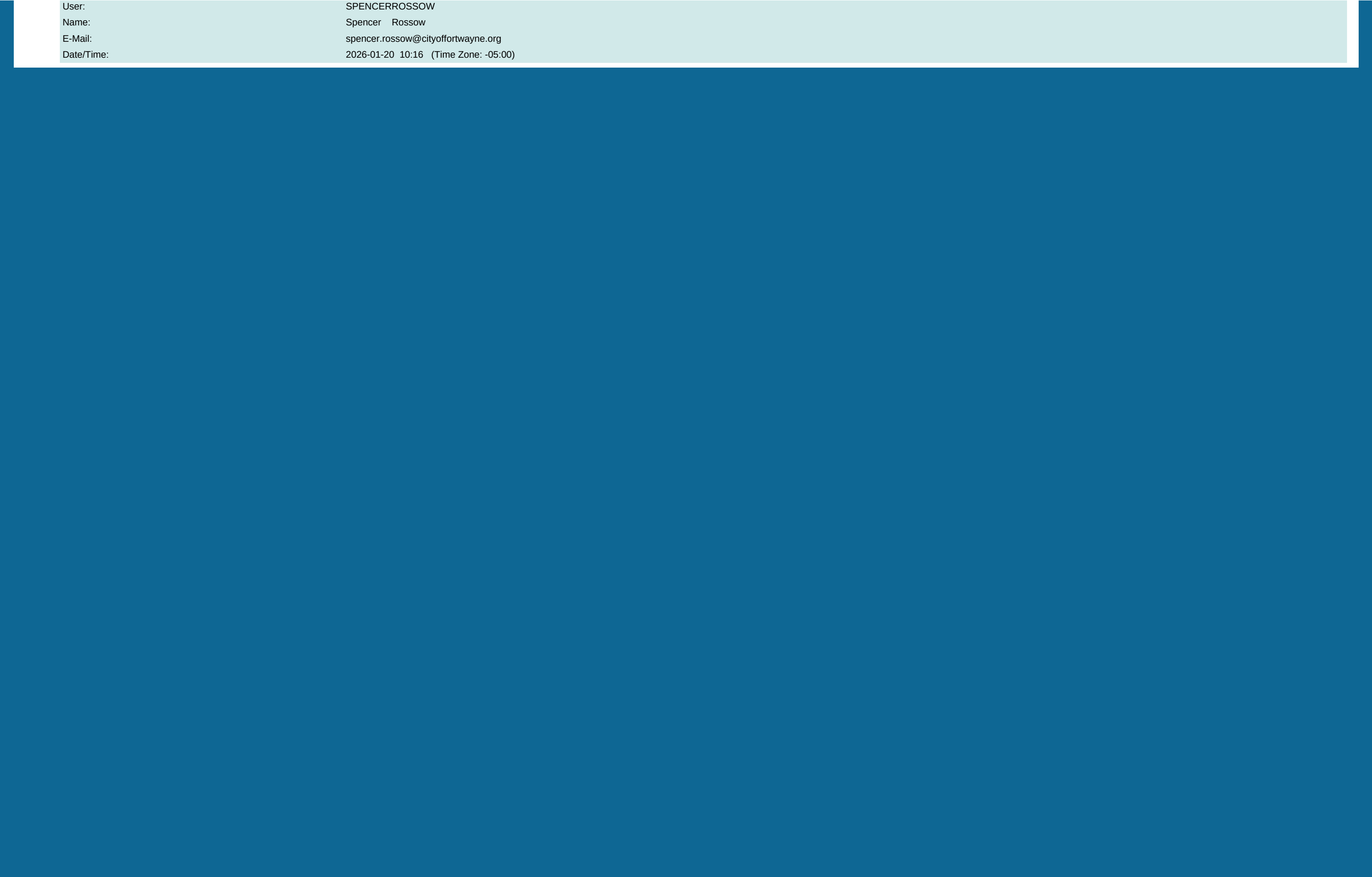
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:07 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

025
External Outfall

Discharge:

025-C
CSO: L06-421 - 220 FT N OF SUPERIOR ST. & FAIRFIELD AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

027
External Outfall

Discharge:

027-C
CSO: M10-202 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-202MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

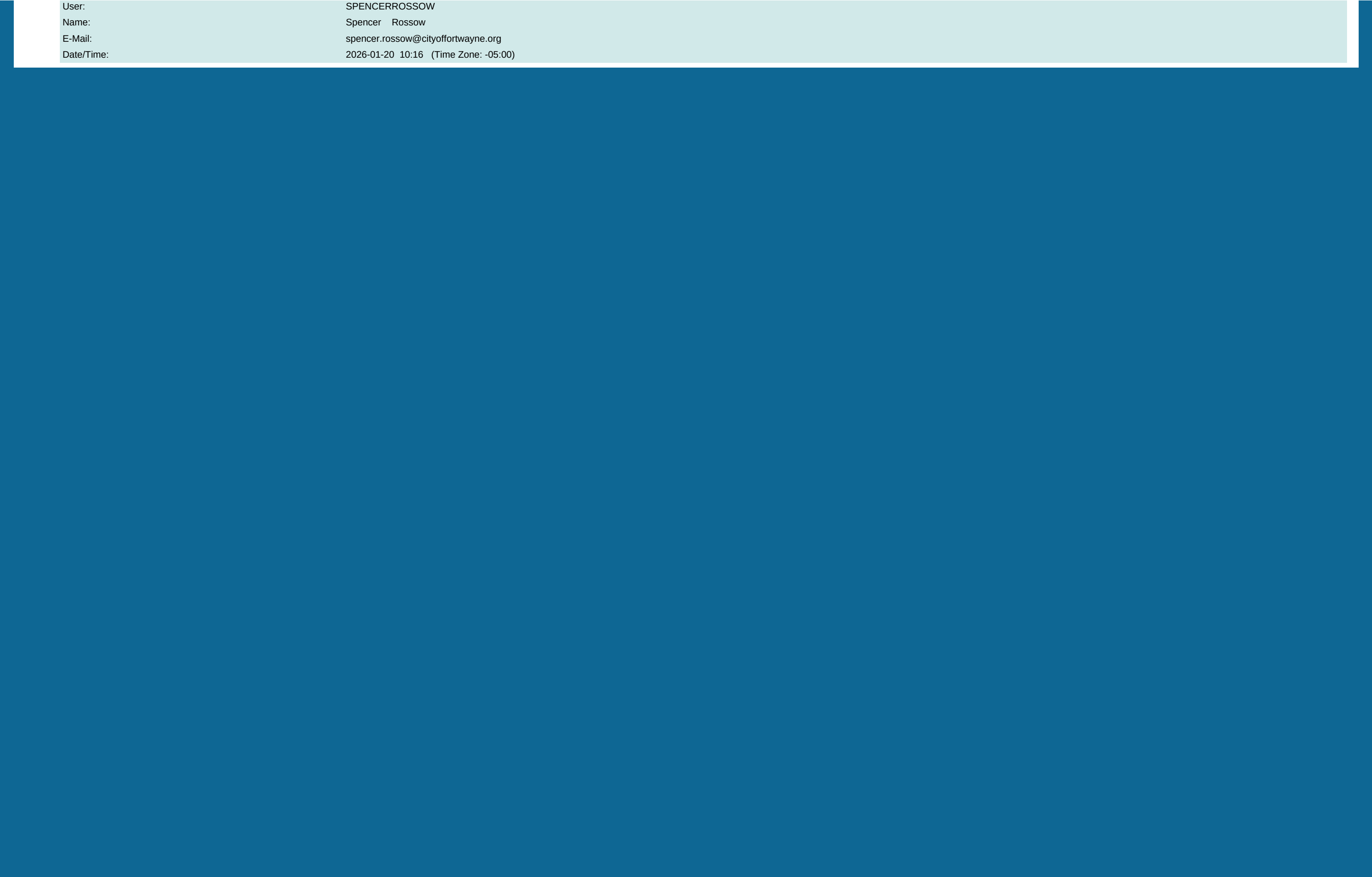
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

028
External Outfall

Discharge:

028-C
CSO: M10-238 - 150 FT E OF SAINT MARY’S RIVER BRIDGE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-238MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

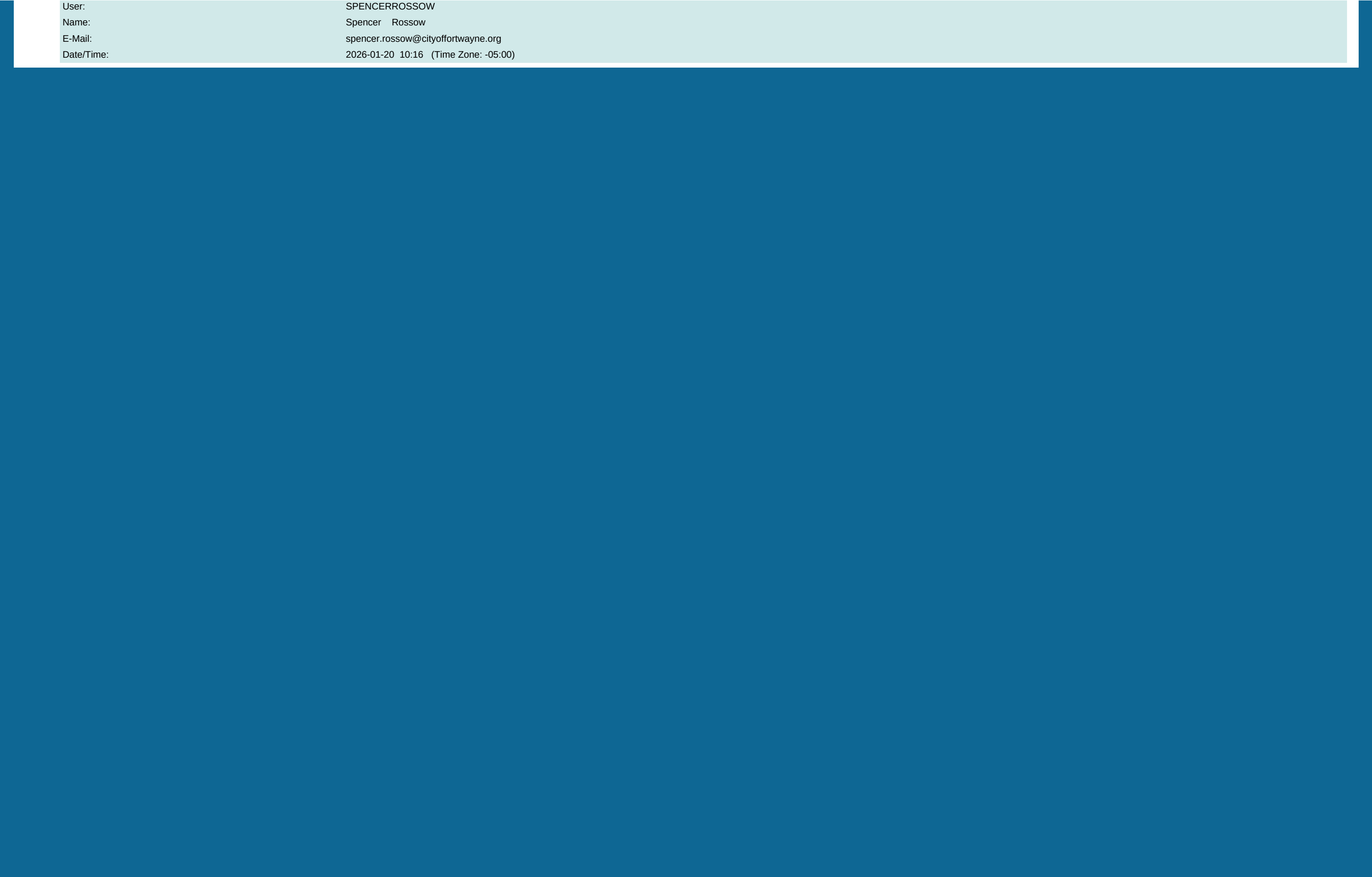
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:10 (Time Zone: -05:00)

Report Last Signed By



EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

029
External Outfall

Discharge:

029-C
CSO: M10-265 - 230 FT E OF DUCK ST & BARR ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-265MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

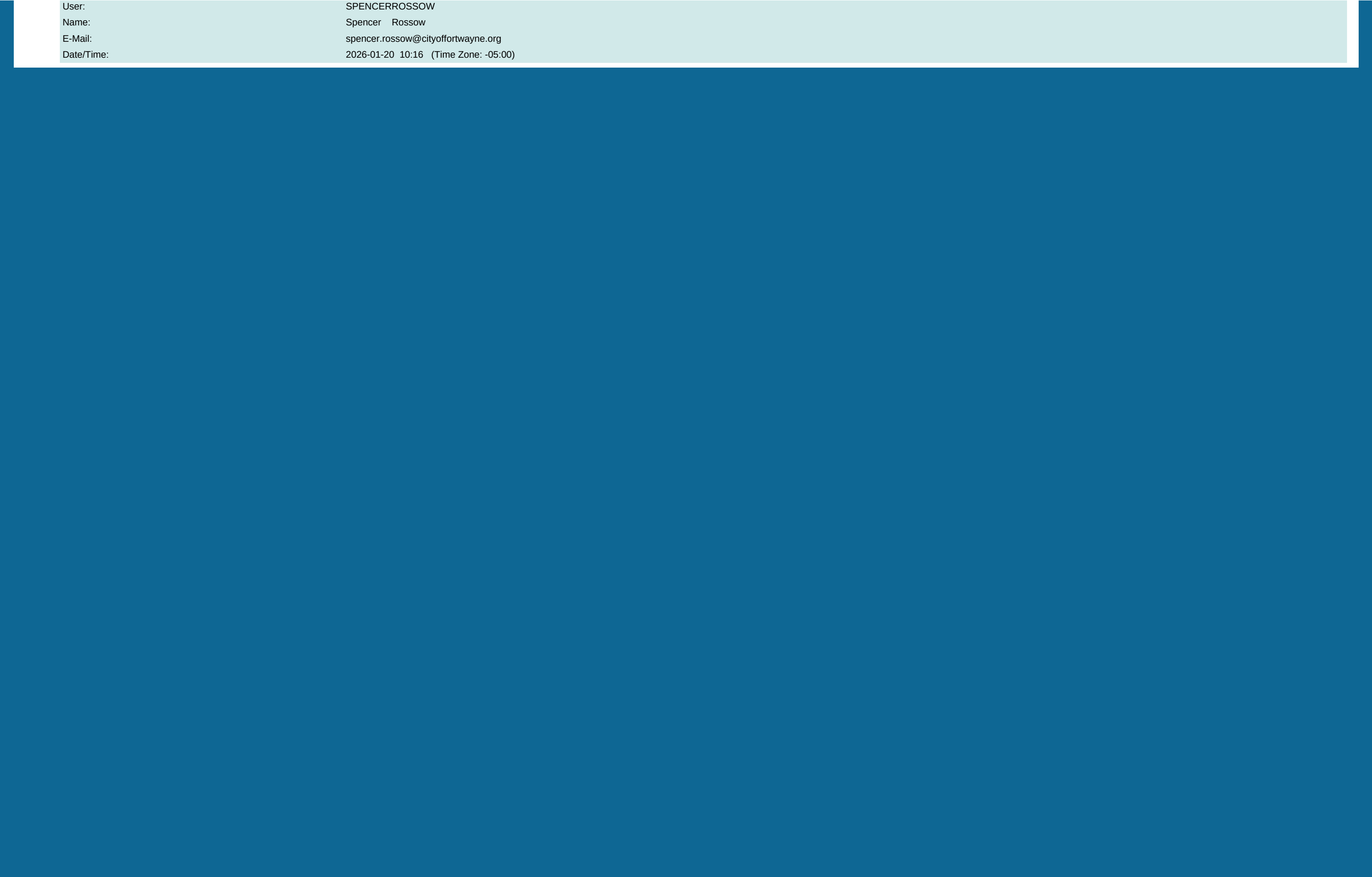
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:07 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

032
External Outfall

Discharge:

032-C
CSO: M10-306 - 120 FT N OF CLAIR ST & HARRISON ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

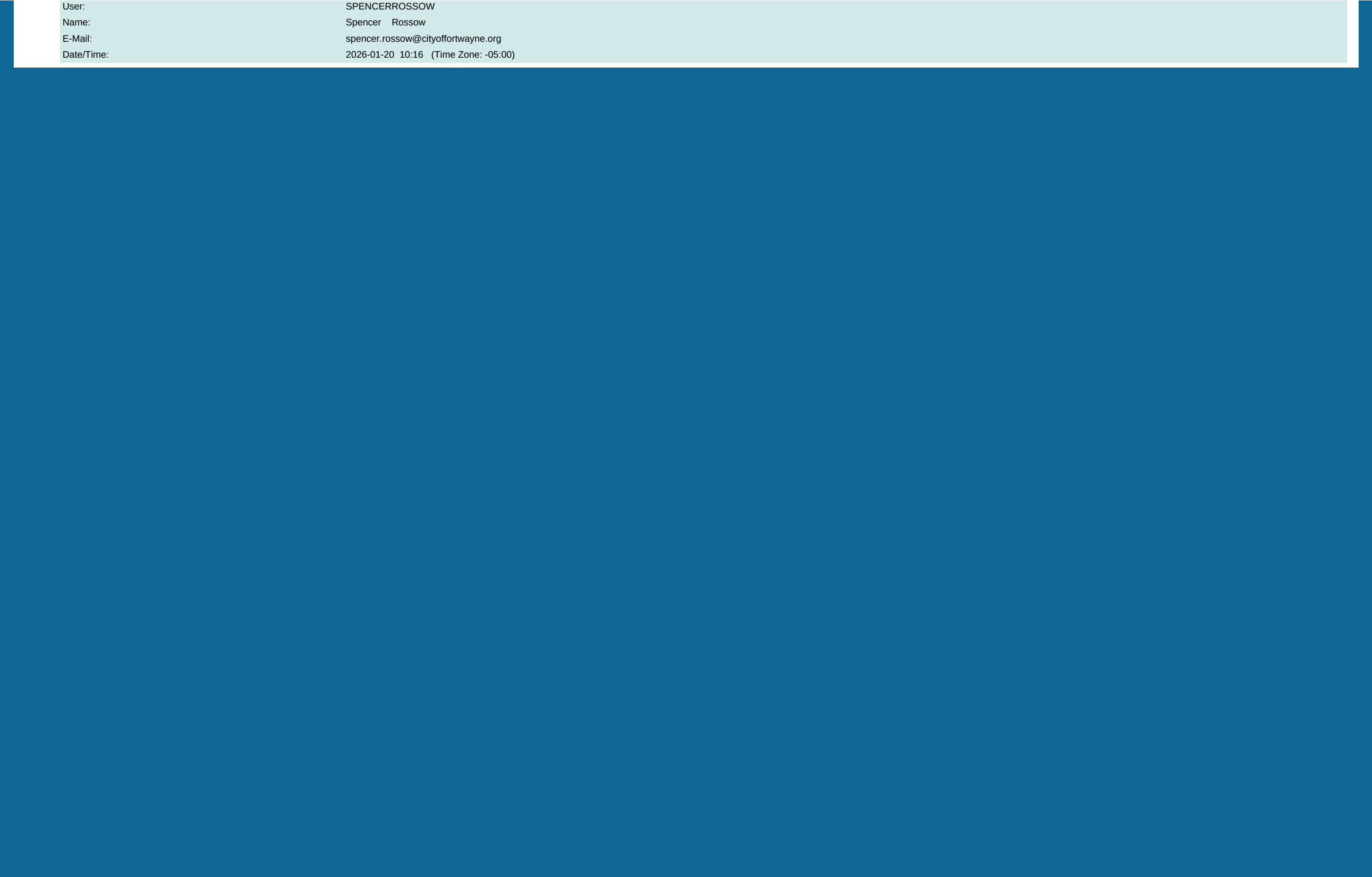
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:07 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

033
External Outfall

Discharge:

033-C
CSO: M10-313 - 200 FT SE OF THIRD ST & CALHOUN ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M10-313MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

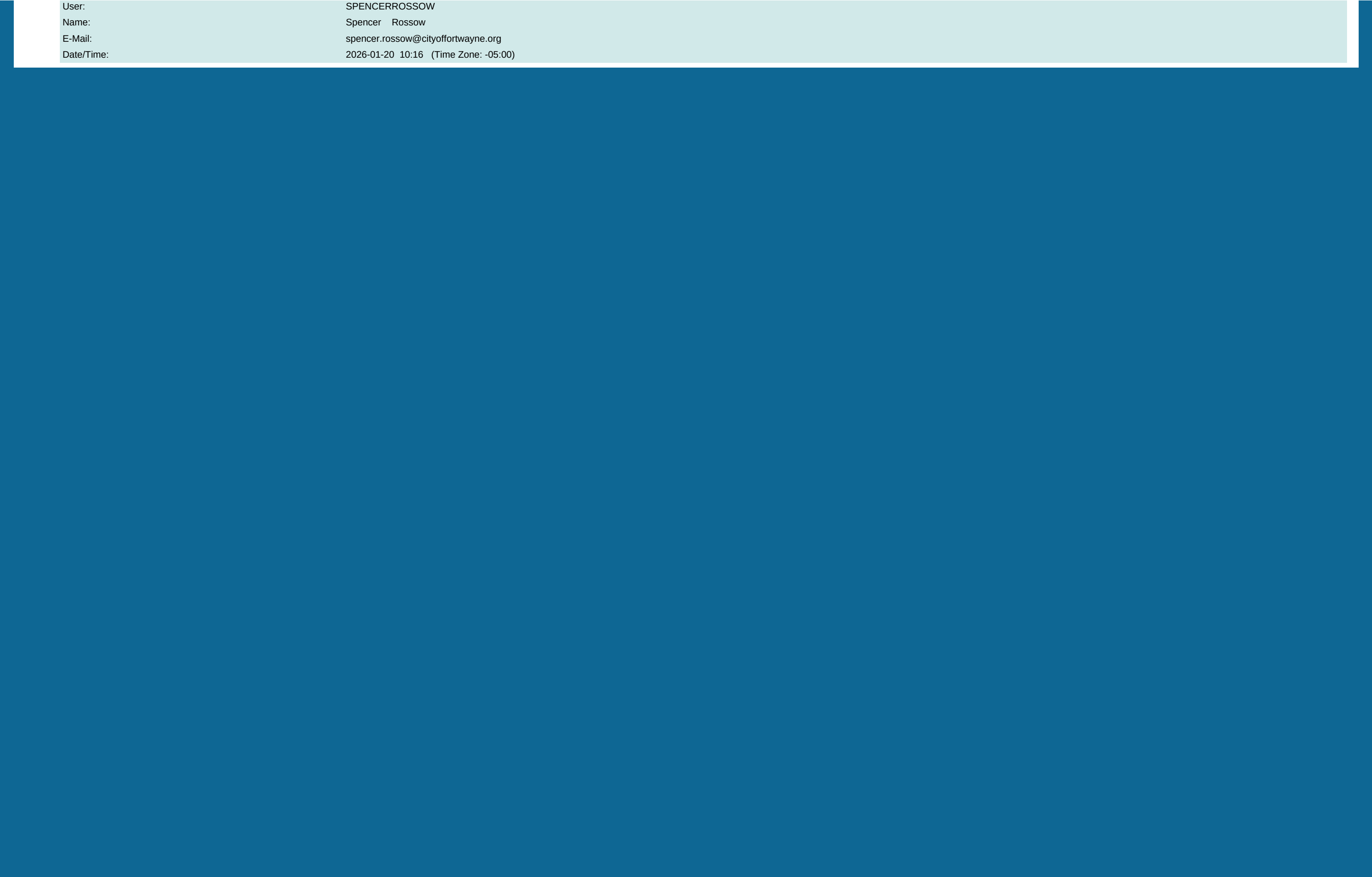
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

036
External Outfall

Discharge:

036-C
CSO: M18-032 - 520 FT N OF STATE BLVD & WESTBROOK DR

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

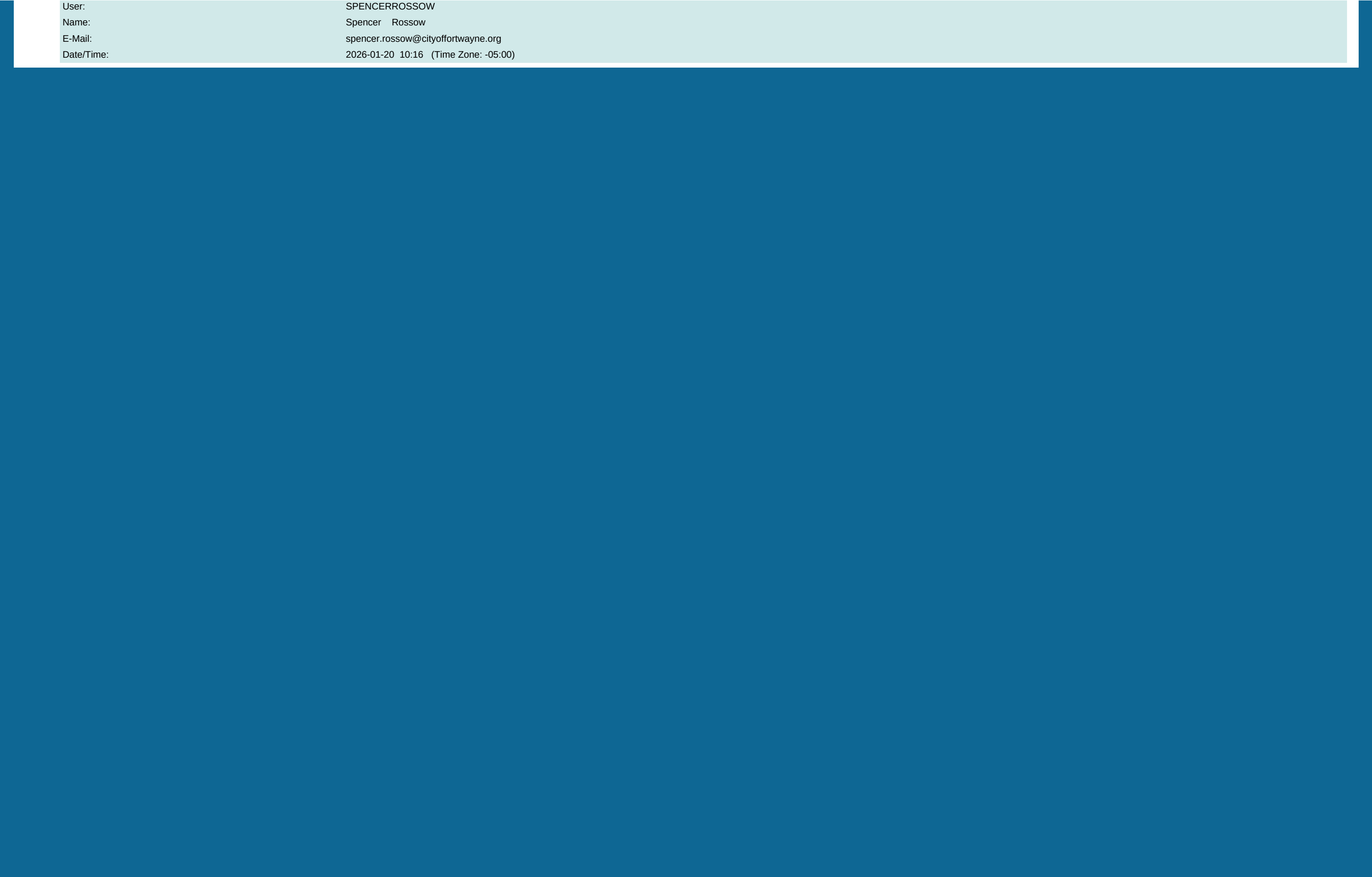
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:12 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

039
External Outfall

Discharge:

039-C
CSO: N06-022 - 120 FT N OF HANNA ST & BERRY ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample													WH/DS - When Discharging	RT - Recorder Total	
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													AL/EV - All Events	ES - Estimate	
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:07 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

044
External Outfall

Discharge:

044-C
CSO: N22-093 - 150 FT E OF DALGREEN AVE & SPY RUN AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N22-093 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:12 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

045
External Outfall

Discharge:

045-C
CSO: N22-103 - 100 FT E OF PENN ST & SPY RUN AVE

Report Dates & Status

Monitoring Period:
From 12/01/25 to 12/31/25

DMR Due Date:
01/28/26

Status:
NetDMR Validated

Considerations for Form Completion

CSO: N22-103. JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.35	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2026-01-20 10:12 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

048
External Outfall

Discharge:

048-C
CSO: O10-252 - 350 FT W OF EDGEWATER & GARFIELD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

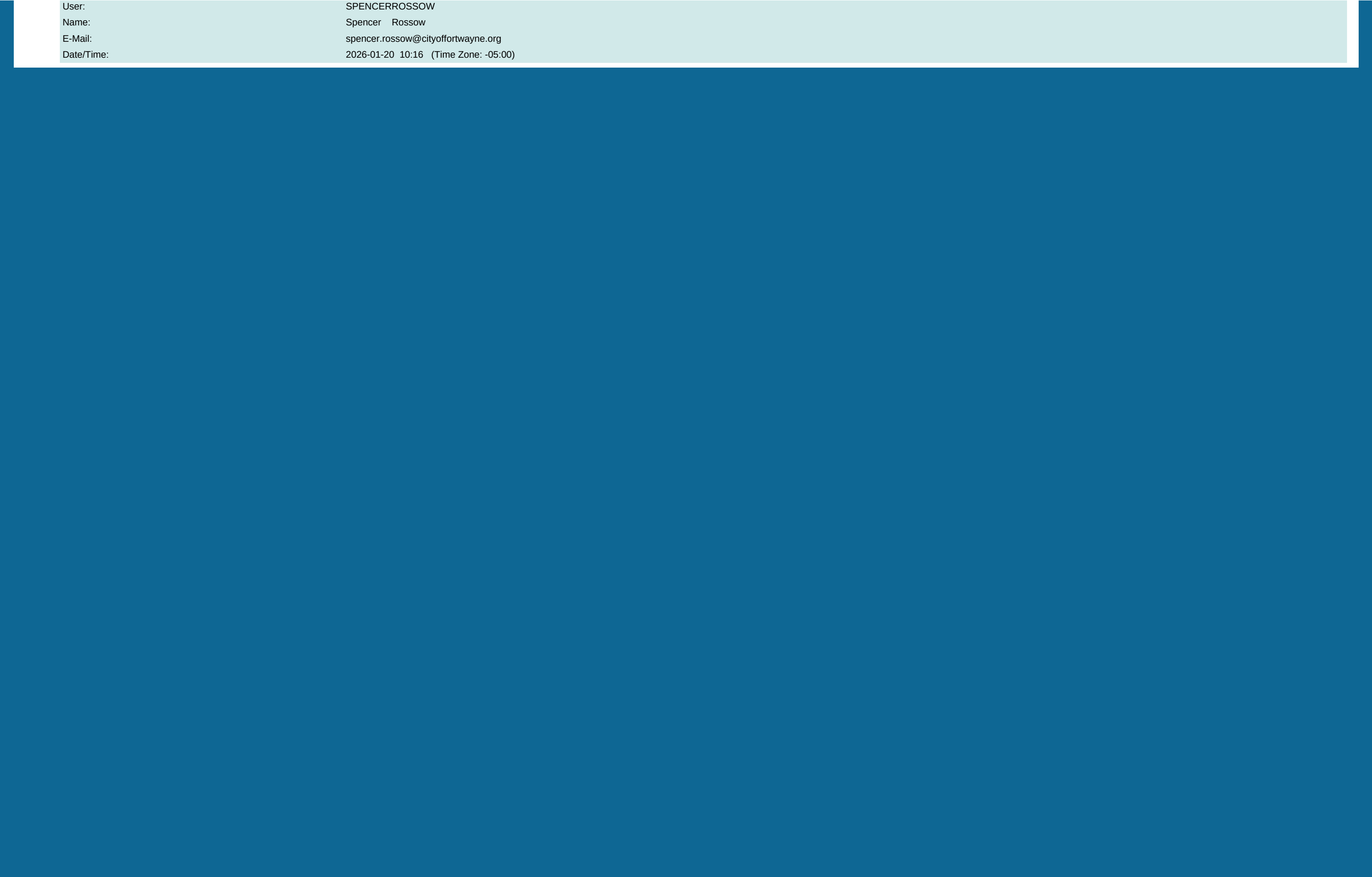
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:10 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

050
External Outfall

Discharge:

050-C
CSO: O10-277 - 100 FT N OF COOMBS ST & HERBERT ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O10-277 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	0.08	82 - hr/mo	0	WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - Recorder Total
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.007	3R - Mgal	0	AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - Estimate
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1.0	4K - #/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:08 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

051
External Outfall

Discharge:

051-C
CSO: 022-002 - 120 FT NW OF ST JOSEPH DR & WOODROW AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: 022-002 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

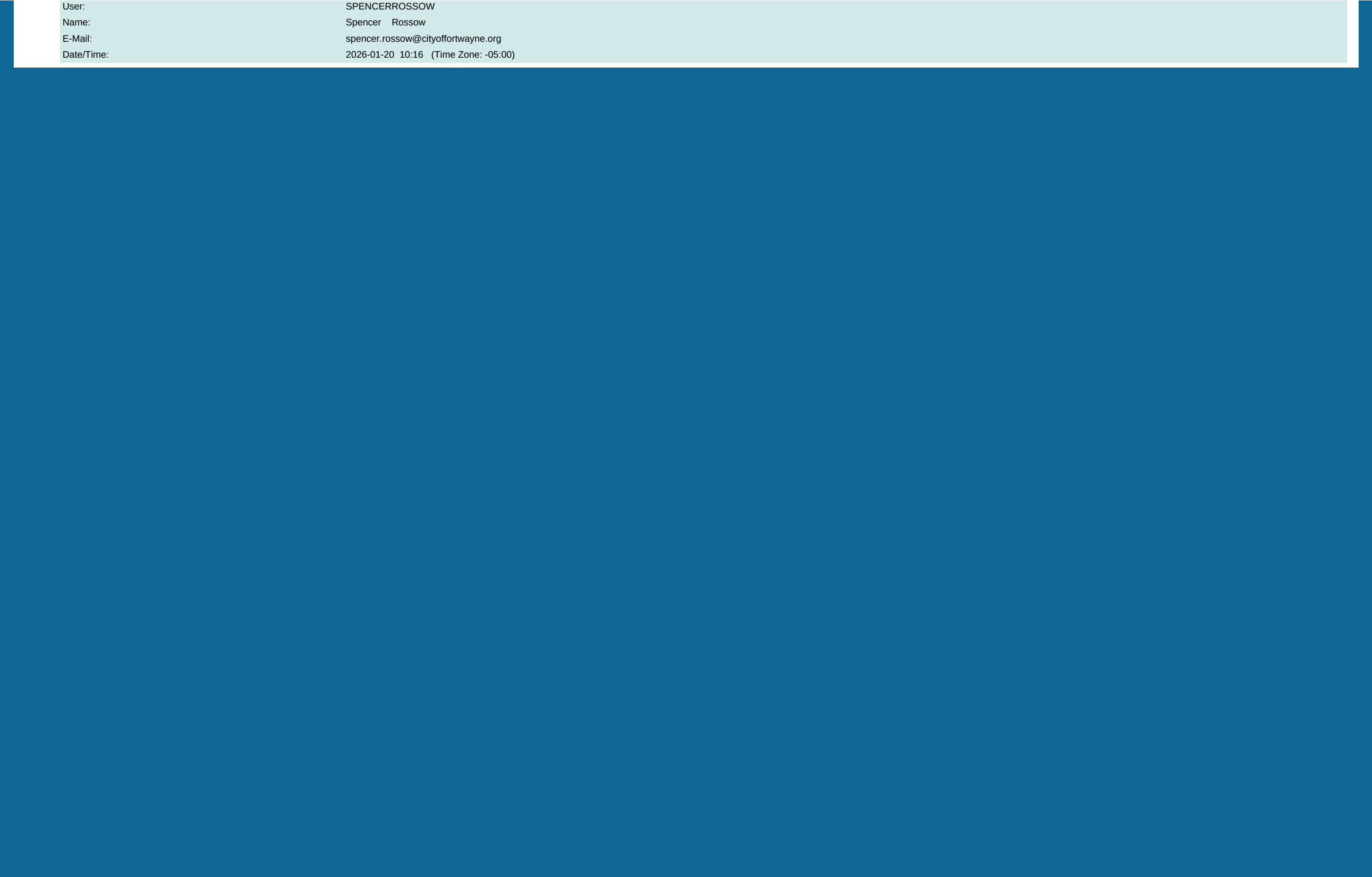
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:10 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

052
External Outfall

Discharge:

052-C
CSO: O22-004 - 370 FT W OF N ANTHONY BLVD & ST JOSEPH RIVER DR

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O22-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:11 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

054
External Outfall

Discharge:

054-C
CSO: O23-080 - 240 FT E OF MERCER AVE & HOLLIS LN

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: O23-080 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	0.76	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

055
External Outfall

Discharge:

055-C
CSO: P06-192 - 430 FT N OF N ANTHONY BLVD & WAYNE ST

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P06-192 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.88	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

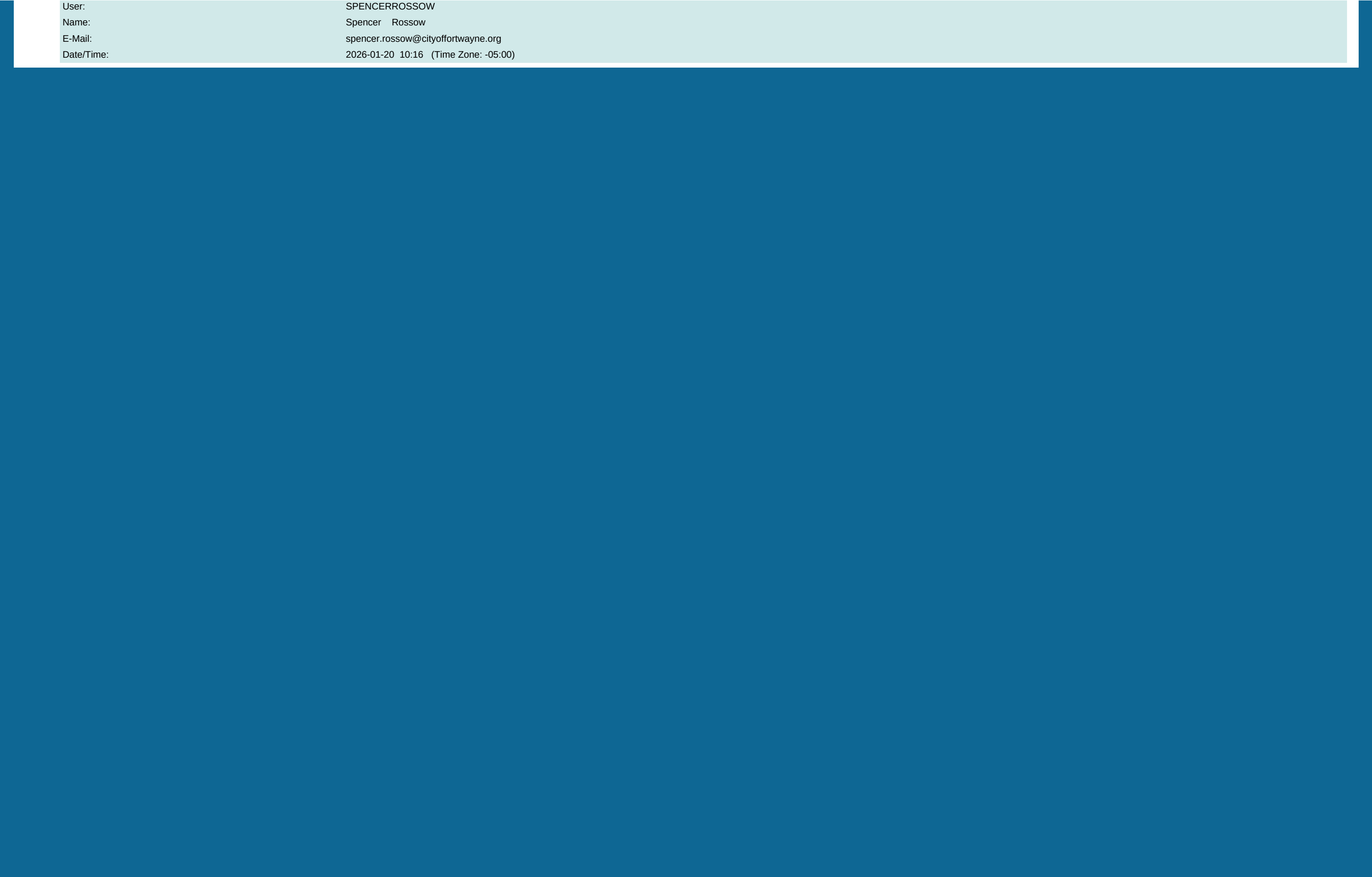
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:08 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

056
External Outfall

Discharge:

056-C
CSO: J03-313 - BROWN ST PUMP STATION

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.62	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

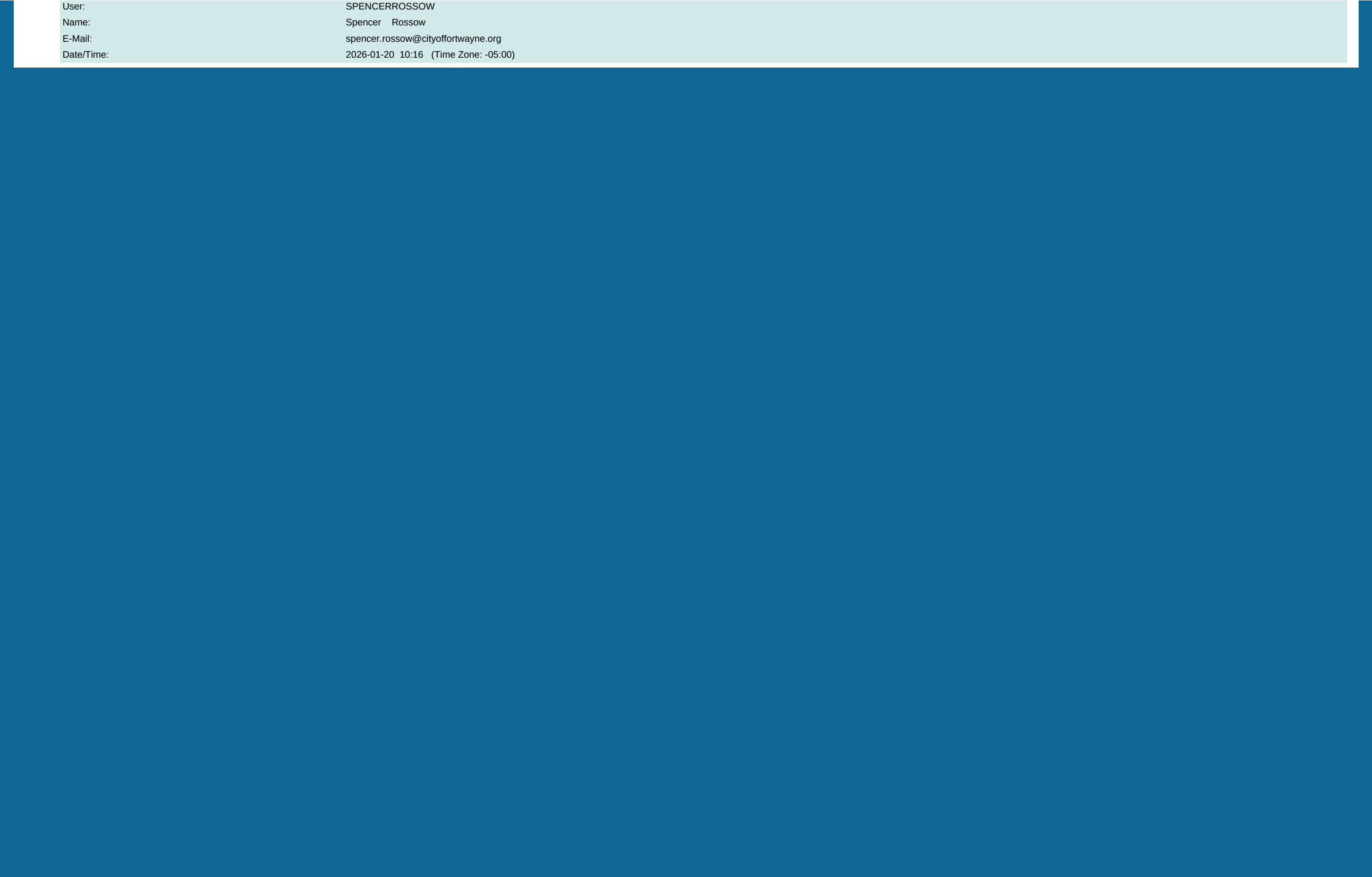
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:09 (Time Zone: -05:00)

Report Last Signed By



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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

057
External Outfall

Discharge:

057-C
CSO: P10-121 - STORMWATER LIFTSTATION WET WELL

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.29	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

060
External Outfall

Discharge:

060-C
CSO: R06-031 - 670 FT NE OF GREENWALT AVE & MAUMEE AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R06-031 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.34	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

061
External Outfall

Discharge:

061-C
CSO: R14-137 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:11 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

Permit #:

IN0032191

Major:

Yes

Permittee:

FORT WAYNE WWTP

Permittee Address:

CITY OF FORT WAYNE
200 E BERRY ST
FT WAYNE, IN 46802

Facility:

FORT WAYNE WWTP

Facility Location:

P.L. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

062
External Outfall

Discharge:

062-C
CSO: R14-138 - 200 FT W OF LAVERN AVE & STATE BLVD

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

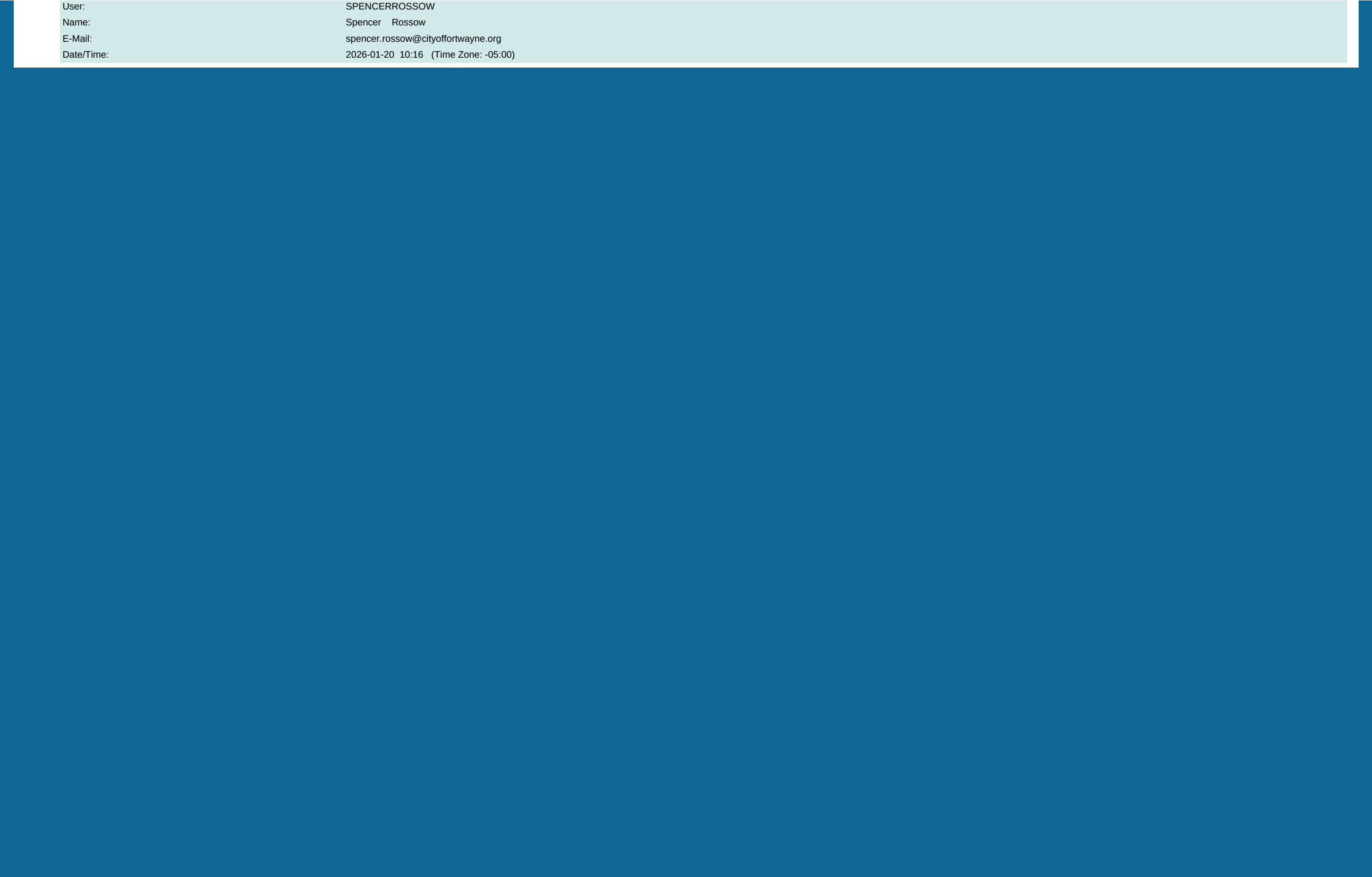
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:11 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

064
External Outfall

Discharge:

064-C
CSO: S02-035 - 610 FT SE OF COLISEUM BLVD S & NEW HAVEN AVE

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: S02-035 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.29	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2026-01-20 10:06 (Time Zone: -05:00)

Report Last Signed By

User:	SPENCERROSSOW
Name:	Spencer Rossow
E-Mail:	spencer.rossow@cityoffortwayne.org
Date/Time:	2026-01-20 10:16 (Time Zone: -05:00)

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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

068
External Outfall

Discharge:

068-C
CSO: N18-254 - 54 FT N OF NORTHSIDE DR & GLAZIER AVE ON EAST BANK

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

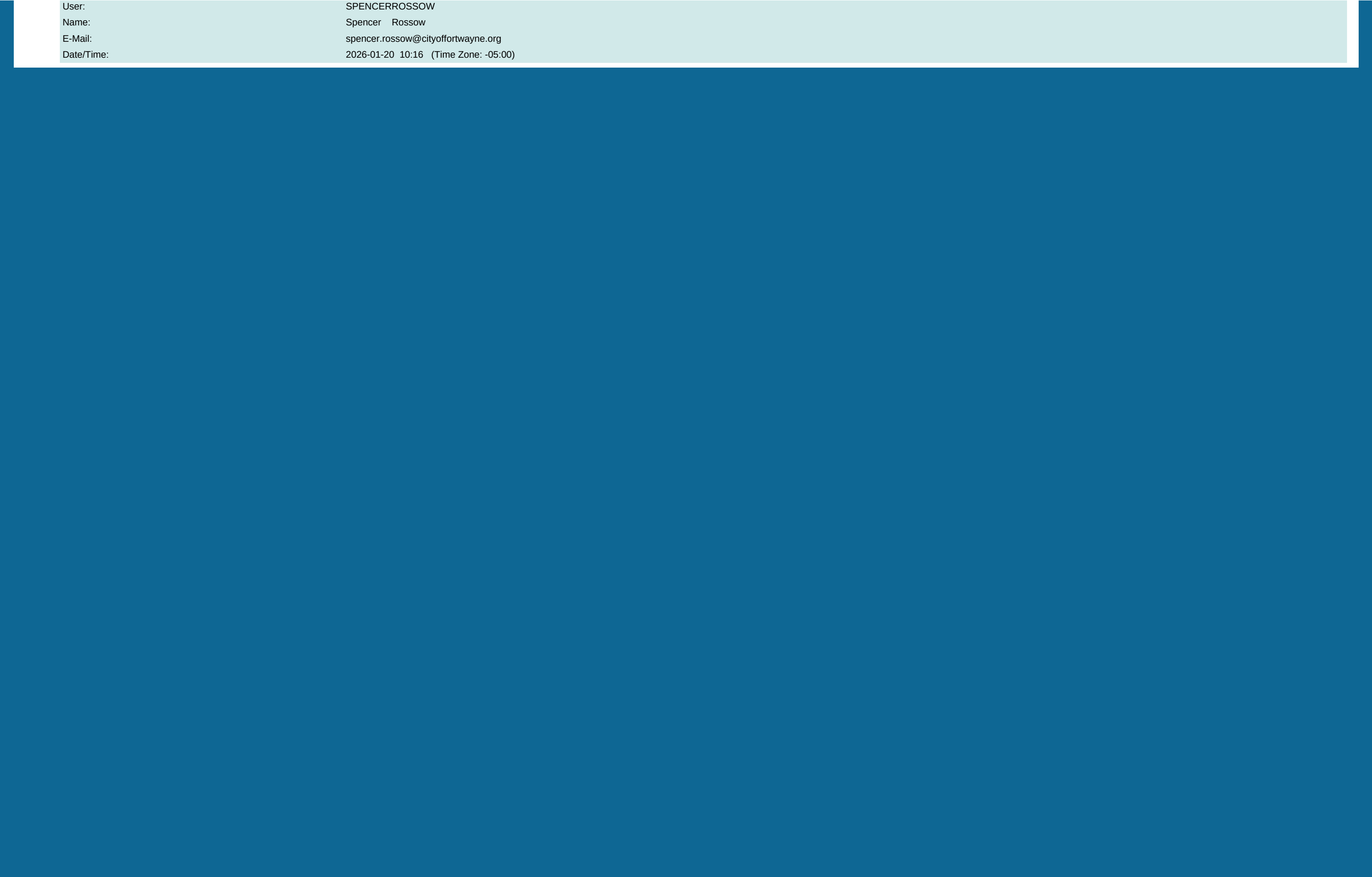
Report Last Saved By

FORT WAYNE WWTP

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2026-01-20 10:11 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

080
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

SPENCERROSSOW

Name:

Spencer Rossow

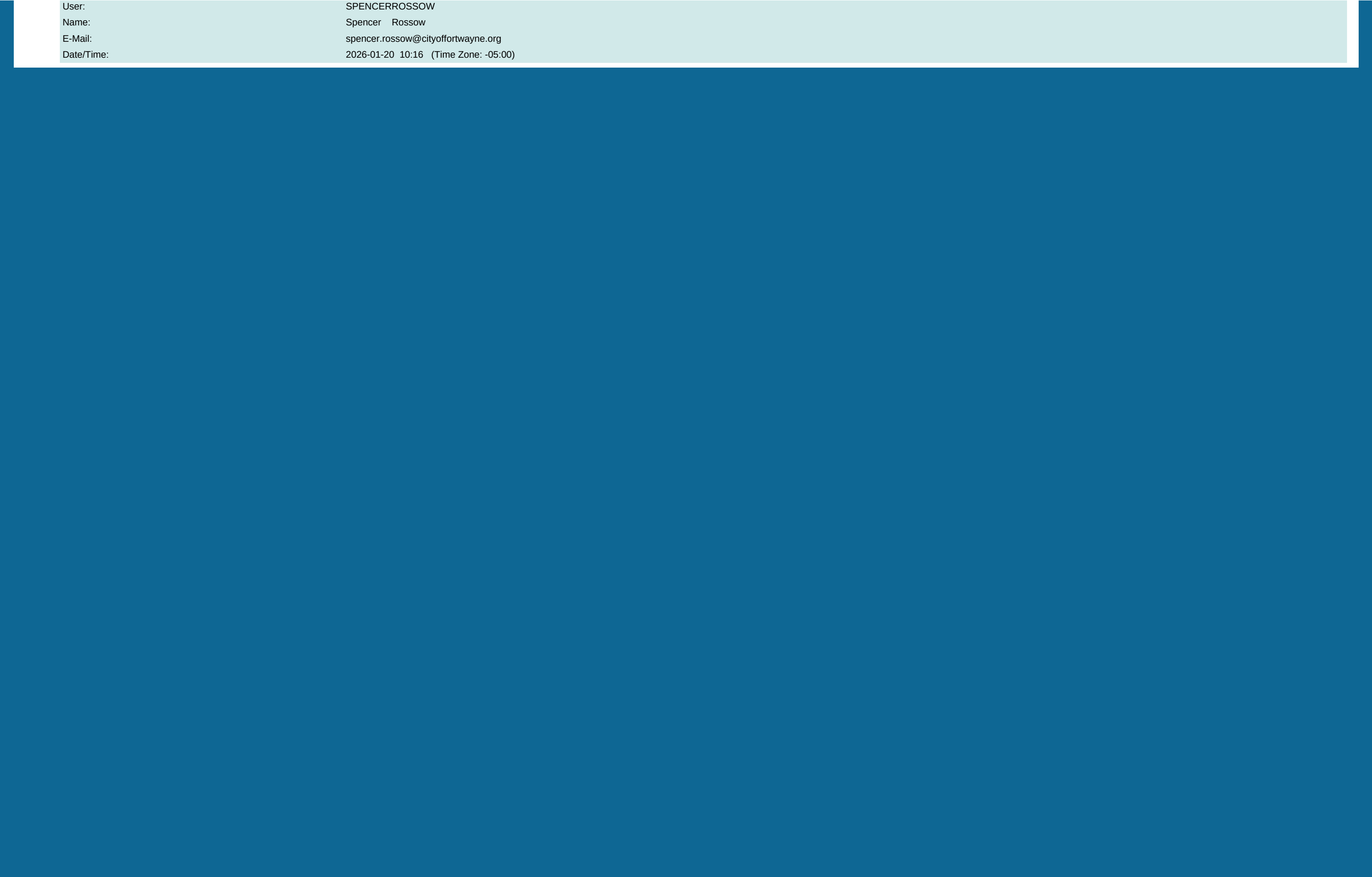
E-Mail:

spencer.rossow@cityoffortwayne.org

Date/Time:

2026-01-20 10:11 (Time Zone: -05:00)

Report Last Signed By



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Permit

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. BRUNNER WPC
2601 DWENGER AVE
FORT WAYNE, IN 46803

Permitted Feature:

081
External Outfall

Discharge:

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

Report Dates & Status

Monitoring Period:

From 12/01/25 to 12/31/25

DMR Due Date:

01/28/26

Status:

NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:
Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample														WH/DS - When Discharging	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo			
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	ES - Estimate
					Permit Req.											Req Mon MO TOTAL	3R - Mgal			
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.74	5W - in/mo	0	AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	5W - in/mo		AL/EV - All Events	RT - Recorder Total
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample														AL/EV - All Events	RT - Recorder Total
					Permit Req.											Req Mon MO TOTAL	4K - #/mo			
					Value NODI											C - No Discharge				

Submission Note

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

SPENCERROSSOW
Spencer Rossow
spencer.rossow@cityoffortwayne.org
2026-01-20 10:12 (Time Zone: -05:00)

Report Last Signed By

