



PRIMAVERA & ASSOCIATES

ENGINEERING & LAND SURVEYING

December 2, 2024

Jason M. Copperwaite,
PE, PS, FAA-UAS
President

David A. Sanders,
PE
Vice President

Travis Andres,
PE
Principal Geotechnical
Engineer

William McDonough,
EIT
Sr. Project Manager

J. Michael Rich,
PE, CPESC
Sr. Project Manager

L. Matthew Blake,
PWS
Director of
Ecological Services

Erik Merten
Sr. Project Coordinator

Daniel Hartman,
PE
Project Manager

Chase Blakeman,
FAA-UAS
Project Manager

Paul Primavera,
PE, PS
President Emeritus

Floyd County Plan Commission
2524 Corydon Pike, Suite 203
New Albany, IN 47150

Re: Knobs Landing Subdivision/Zone
Change/PUD
Floyds Knobs, IN

Ladies and Gentlemen,

The attached submittal documents detail the proposed plans for the subject property located at 5031 through 5053 Old Vincennes Road. The proposed mixed-use development consisting of two - three story buildings. Building #1 (facing Old Vincennes Road) will contain multi-family dwellings units with ground floor retail, clubhouse, and leasing office. Building #2 will contain multi-family dwelling units. In order to facilitate the project, a two lot subdivision is being requested to create a public street connection from the stub street in Villas of Floyds Knobs to connect to Schreiber Road.

Per Indiana Code and the Floyd County Zoning Ordinance, certain criteria is to be considered for this request. The following is a listing of the relevant criteria and an explanation as to how this project meets each one:

1. The rezoning of the subject property is consistent with the Floyd County Comprehensive Plan and any other applicable, adopted planning studies or reports: The proposal meets the future land use objectives of the comprehensive plan for the Georgetown Township and the adjacent Lafayette Township. The Georgetown Township future land use objective states: *"Residential: Future high density residential land use will be directed towards existing infrastructure and near existing residential uses. Georgetown Township provides opportunities for conservation subdivision design, as well as opportunities for mixed use development. Higher density development shall be in residential growth areas and proposed higher density developments in transitional and agricultural areas shall be discouraged."* (Italics added). The Lafayette Township future land use objective states: *"Residential: Similar to the Georgetown Township, future residential land use will be directed towards existing infrastructure and near existing residential uses. Expansion of public services within agricultural areas shall be discouraged as means to promote high-density development. Township provides opportunities for conservation subdivision design, as well as opportunities for mixed use development. Commercial: Future commercial land uses will be focused at the Highlander Point and Paoli Pike areas, with consideration to access management, sewer capacity, and smart growth principles."* (Italics added). The close proximity of the project site with the Highlander Point growth node and adequate infrastructure, including sanitary sewer, water, and the proposed traffic signal at the Old Vincennes and Schreiber roads intersection supports growth at this location and incorporates walkability.
2. The rezoning of the subject property is consistent with the current conditions and character of current structures and uses in the area: Per Item #1 above, the proximity of the subject property to the Highlander Point growth node lends itself to the proposed mixed-use development. The added traffic signal at Schreiber Road encourages development.



The commercial component of the project matches the commercial strip center aspect of Highlander Point. The three-story Chase office building on the opposite corner of the intersection of Old Vincennes and Schreiber roads resembles closely the look of the proposed buildings. The proposed multi-family use is a good buffer transition between the existing and proposed commercial properties to the Northeast and East of the subject property.

3. The rezoning of the subject property is necessary for the most desirable use of the land. Mixed-use commercial and multi-family is the most desirable use of the land. This provides a classic planning transition between the purely commercial properties to the Northeast and East of the subject property to the residential uses West and South.
4. The rezoning of the subject property will not be injurious to the value of other properties in the area. The property will provide a good transition between two relatively opposing uses, that of commercial versus single-family residential. Denser residential with a smaller mixed-use commercial component provided such a transition.
5. The rezoning of the subject property will support responsible growth and development. The project is proposed in the growth node in and around the Highlander Point commercial corridor in an area with adequate infrastructure to support the growth.

This is a quality project that lies within a growth area of Floyd County. It will provide quality residences and neighborhood commercial services to the wider community.

Sincerely,

Jason M. Copperwaite, PE, PS, FAA-UAS

JMC/ms



Floyd County
Department of Building & Development Services
2524 Corydon Pike Suite 202
New Albany, IN 47150
Phone: (812) 981-7611
Fax: (812) 948-4744
Building@floydcounty.in.gov

Zoning Map Amendment Application

Please Note:

This Application is a document of public record. Any information disclosed on this application is available for review by the public. Incomplete applications will not be accepted. A pre-submission meeting with Building and Development Staff is strongly encouraged. Please contact the office at 812-981-7611 to schedule a meeting.

1. General Information:

Applicant:	Thieneman Group, LLC
Applicant Address:	5031 Old Vincennes Road, Floyds Knobs, IN 47119
Applicant Phone:	812-923-0771
Applicant Email:	don@thienemangroup.com

Applicant's Interest in Property:

Owner ☒ Option Holder ☐ Purchase Agreement ☐ Legal Representative ☐ Other ☐

Owner(s) of Property: (complete this section if owner is different than applicant)

Owner Name:	Same
Owner Address:	Same
Owner Phone:	Same
Owner Email:	Same

Applicant's Representative:

Representative Name:	Paul Primavera & Associates - Jason Copperwaite
Representative Address:	301 E. Chestnut Street, Corydon, IN 47112
Representative Phone:	812-738-4124
Representative Email:	jcopperwaite@ppa-eng.com

2. Site Information:

Parcel ID Number:	22-02-02-500-043.000-002; 22-02-02-500-011.025-002; 22-02-02-500-0
Total Acreage:	6.441
Address of Property/Location:	5031 - 5053 Old Vincennes Road
Current Use of Property:	Trade Office, Single-family residence, and Vacant
Current Zoning District:	GC

3. Zoning Map Amendment Request:

Detail the zoning map amendment request:

To change the zone from GC to MF to allow a Planned Unit Development. Proposed mixed use development consisting of 2 - 3 story buildings. Building #1 will contain multi-family dwellings units with ground floor retail. Building #2 will contain multi-family dwelling units.

Requested Zoning District: MF

4. Zoning Map Amendment Justification:

Indiana Code and the Floyd County Zoning Ordinance establish specific criteria to which both the Plan Commission and County Commissioners must "pay reasonable regard" when considering a zoning map amendment request. Explain how this request addresses each criterion.

1. The rezoning of the subject property is consistent with the Floyd County Comprehensive Plan and any other applicable, adopted planning studies or reports:

See attached letter of intent.

2. The rezoning of the subject property is consistent with the current conditions and the character of current structures and uses in the area:

See attached letter of intent.

3. The rezoning of the subject property is necessary for the most desirable use of the land:

See attached letter of intent.

4. The rezoning of the subject property will not be injurious to the value of other properties in the area:

See attached letter of intent.

5. The rezoning of the subject property will support responsible growth and development:

See attached letter of intent.

5. Required Documents:

- ☒ \$500.00 Filing Fee
- ☒ Deed for subject property
- ☒ Affidavit of Ownership (if applicable)
- ☒ A conceptual site plan drawn to scale showing all existing and any proposed structures, setbacks, easements, rights-of way, floodplains, and any other feature relevant to the petition.
- ☒ A vicinity map showing the use and zoning of all properties within 1,000 feet of the property subject to the re-zoning request.
- ☒ A letter of intent to the Plan Commission stating the reasons for the Zoning Map Amendment, including a detailed description of any proposed development for which the re-zoning is sought. The letter should include any written commitments being made by the petitioner.
- ☐ For proposals using septic systems, a letter from the Floyd County Health Department shall be provided verifying that any proposed development makes appropriate use of the septic system.
- ☒ For proposals using sanitary sewer systems, a letter from the service provider shall be included verifying that any proposed new development will be served.

6. Signature:

The undersigned states that the above information is true and correct.

Name

Donald J. Thieme

Signature:

[Signature]

Date:

12/2/2024

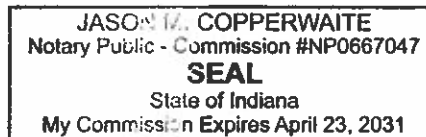
SUBSCRIBED AND SWORN BEFORE ME

THIS 2nd DAY OF Dec., 2024.

[Signature]

NOTARY PUBLIC COUNTY OF FLOYD

MY COMMISSION EXPIRES 4/23/2031





Floyd County Plan Commission
Floyd County Board of Zoning Appeals

AFFIDAVIT OF OWNERSHIP

If the owner(s) of the subject property are giving authorization for someone else to apply for this request, this attached attachment is to be completed and submitted at the time of the application.

I (We), Thieneman Group, LLC, do hereby certify that I am (we are)
(Owners of subject property)

the owner(s) of the property legally described as see table below _____,
(Parcel ID Number)

And hereby certify that I (we) have given authorization to Thieneman Group, LLC _____,
(Applicant/Petitioner/Representative)

To apply for the included application on this subject property.

Name of Owner(s):	Parcel I.D. No:	Signature:	Date:
Thieneman Group, LLC	22-02-02-500-043 000-002		12/2/2024
Thieneman Group, LLC	22-02-02-500-042 000-002		12/2/2024
Thieneman Group, LLC	22-02-02-500-041 000-002		12/2/2024
Thieneman Group, LLC	22-02-02-500-001 025-002		12/2/2024

STATE OF INDIANA)
) SS:
COUNTY OF FLOYD)

Subscribed and sworn to before me, a Notary Public within and for said County and State,

this 2nd day of December, 2024.

MY COMMISSION EXPIRES:

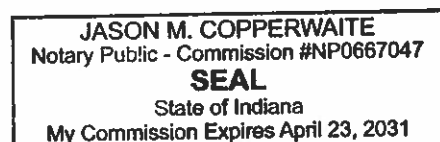
4/23/2031

Notary Public

MY COUNTY OF RESIDENCE:

FLOYD

Jason M. Copperwaite
Printed Signature



Key Nos.: 22-02-02-500-043.000-002 (002-05000-42) /
22-02-02-400-021.000-002 (002-04400-22) /

Send Tax Statements To:
5031 Old Vincennes Road
Floyds Knobs, Indiana 47119

WARRANTY DEED

THIS INDENTURE WITNESSETH, that **SDR Development, Inc.**, an Indiana corporation, having a principal place of business at 5031 Old Vincennes Road, Floyds Knobs, Indiana 47119 (the "Grantor"), for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable considerations, the receipt of which are hereby acknowledged,

CONVEYS AND WARRANTS

to **Thieneman Group, LLC**, an Indiana limited liability company, having a principal place of business at 5031 Old Vincennes Road, Floyds Knobs, Indiana 47119 (the "Grantee"), the following described real estate in Floyd County, Indiana. having an address of 5031 Old Vincennes Road, Floyds Knobs, Indiana 47119, and more particularly described as follows, *to-wit*:

TRACT 1:

BEING A 3.0527 ACRE PART OF LOTS 6 AND 7, PARTITION PLAT NO. 370 OF THE FLOYD COUNTY, INDIANA, RECORD OF PLATS AND BEING A PART OF THE LAND HERETOFORE CONVEYED TO KENNETH P. AND LILLIAN S. WELLS BY DEED AS RECORDED IN DEED RECORD 206, PAGE 546 OF THE FLOYD COUNTY, INDIANA, RECORD OF DEED AND BEING A PART OF THE NORTHEAST QUARTER OF SECTION NO. 25, TOWNSHIP 2 SOUTH, RANGE 5 EAST, SITUATED IN GEORGETOWN TOWNSHIP, FLOYD COUNTY, INDIANA AND BEING MORE FULLY DESCRIBED AS FOLLOWS, TO-WIT: BEGINNING AT AN IRON PIN AT THE SOUTHEAST CORNER OF LOT NO. 7 OF SAID PLAT 370 AND RUNNING THENCE NORTH 89 DEG. 44' 37" WEST, ALONG THE SOUTH LINE OF SAID LOT NO. 7

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Subject To Final Acceptance
For Transfer

JUL 06 2009

7, A DISTANCE OF 253.21 FEET TO AN IRON PIPE; THENCE NORTH 0 DEG. 39' 42" EAST, 379.49 FEET TO AN IRON PIPE; THENCE NORTH 8 DEG. 36' 20" EAST, 262.07 FEET TO AN IRON PIN IN THE CENTERLINE OF THE OLD VINCENNES ROAD; THENCE SOUTH 49 DEG. 08' 50" EAST, ALONG SAID CENTERLINE, 260.95 FEET TO AN IRON PIN ON THE EAST LINE OF THE NORTHEAST QUARTER OF SAID SECTION NO. 25, TOWNSHIP 2 SOUTH, RANGE 5 EAST; THENCE SOUTH 1 DEG. 30' EAST ALONG SAID EAST LINE AND ALONG THE EAST LINE OF SAID LOT NO. 7, A DISTANCE OF 469.14 FEET TO THE PLACE OF BEGINNING AND CONTAINING 3.0527 ACRES OF LAND.

TRACT 2:

Being a 19.4306 acre part of Lots 6 and 7, Partition Plat No. 370 of the Floyd County, Indiana Record of Plats and being a part of the land heretofore conveyed to Kenneth P. and Lillian S. Wells by deed as recorded in Deed Record 206, Page 546 of the Floyd County, Indiana Record of Deeds and being a part of the Northeast Quarter of Section No. 25, Township 2 South, Range 5 East and a part of the Southeast Quarter of Section No. 24, Township 2 South, Range 5 East, situated in Georgetown Township, Floyd County, Indiana and being more fully described as follows, to-wit:

Commencing at an iron pin at the southeast corner of Lot No.7 of said Plat 370 and running thence North 89° 44' 37" West along the south line of said Lot No.7, a distance of 457.00 feet to an iron pipe, the true place of beginning of land to be herein described:

Thence continuing North 89° 44' 37" West along said south line of Lot No.7, a distance of 864.83 feet to an iron pipe; thence North 1° 07' 06" West along the west line of said Plat No. 370 a distance of 924.08 feet to an iron pipe; thence North 88° 43' 16" East, 787.03 feet to a Railroad Spike in the center of the Old Vincennes Road (30 foot RJW); thence South 47° 11' 07" East along the centerline of the Old Vincennes Road, 236.13 feet to an iron pin; thence South 5° 37' 03" West 788.64 feet to the place of beginning and containing 19.4306 acres of land.

This conveyance is made subject to all easements, rights-of-way, restrictions, and agreements of record, including without limitation, that certain Real Estate Contract (the "Contract") between the Grantor, as Buyer, and D. Brown Roll Revocable Living Trust dated February 16, 1998, D. Brown Roll, Trustee (the "Seller"), dated May 19, 2000, recorded as Instrument No. 200006638 in the Office of the Recorder of Floyd County, Indiana, and also subject to the term of years retained by the Seller pursuant to Paragraph 7 of the Contract, which provides as follows:

SELLER'S RETENTION OF TERM OF YEARS IN RESIDENCE.

Notwithstanding anything else contained herein to the contrary, Seller retains the right to use and benefit from the residence and garage, and one (1) acre, more or less (as determined by Seller in his discretion) immediate surround the same, until the happening of the earliest of the following events:

- a. The death of Seller and his spouse, if any;
- b. The permanent departure from the premises by Seller and his spouse, if any, i.e., departure for a period of at least six (6) consecutive months intending not to return to the premises;
- c. Written notification by Seller and/or his spouse, if any, of their readiness to terminate their rights of possession under this paragraph 7.

The Grantee hereby assumes and agrees to pay real estate taxes for the year 2009, payable in 2010, and all subsequent real estate taxes.

IN WITNESS WHEREOF, the Grantor hereby executes this Warranty Deed as of the 31st day of October, 2008.

SDR DEVELOPMENT, INC.,
an Indiana corporation
By: *Steven L. Thieneman*
Steven L. Thieneman, President
By: *Donald J. Thieneman*
Donald J. Thieneman, Secretary

STATE OF INDIANA)
) SS:
COUNTY OF CLARK)

~~21st~~ BEFORE ME, the undersigned, a Notary Public, in and for the above-named County and State, this day of April, 2009, personally appeared Steven L. Thieneman and Donald J. Thieneman, the President and Secretary, respectively, of SDR Development, Inc., an Indiana corporation, who acknowledged the execution of the foregoing Warranty Deed for and on behalf of said corporation.

WITNESS my hand and notarial seal.

My Commission expires:
August 4, 2009

Alan M. Applegate
Alan M. Applegate, Notary Public
Resident of Clark County



This Warranty Deed was prepared without the benefit of title work.
I affirm, under the penalties for perjury, that I have taken reasonable care
to redact each Social Security number in this document,
unless required by law, and that this instrument was prepared by:

Alan M. Applegate
APPLEGATE & FIFER
P. O. Box 1418
Jeffersonville, Indiana 47131-1418
(812) 284-9499

**THIS
STAMP FOR
SCANNING
PURPOSES
ONLY**

FLOYD COUNTY ASSESSOR

OCT 22 2015

* 2 0 1 5 1 4 5 1 4 3 *

FLOYD CO. IN RECORDER - LOIS ENDRIS

10/22/2015 11:05:58AM

201514514 Pages:3

Transaction # 65504

Key No.: 22-02-02-400-021.000-002

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that D. Brown Roll, individually ("Grantor"), for no consideration, for the purpose of extinguishing Grantor's life estate retained by Grantor in that certain Warranty Deed recorded July 6, 2009, in the recorder's office of Floyd County, Indiana, as Instrument No. 200907899,

CONVEYS AND QUITCLAIMS

unto Thieneman Group, LLC, an Indiana limited liability company ("Grantee") that certain real property together with all improvements, appurtenances, mineral rights and other interests belonging or appertaining thereto, located in Floyd County, Indiana, to wit:

See Exhibit A attached hereto and made a part hereof.

This conveyance is made subject to all applicable easements, rights-of-way, covenants, restrictions and mineral interest reservations of record.

TO HAVE AND TO HOLD all of Grantor's said right, title and interest in and to the subject property, together with all and singular the rights, privileges and appurtenances thereto and in anywise belonging, if any, unto Grantee, and Grantee's successors, legal representatives and assigns so that Grantor and Grantor's successors, legal representatives and assigns shall not have, claim or demand any right or title to same or any part thereof.

[SIGNATURE PAGE FOLLOWS]

Duly Entered For Taxation
Subject To Final Acceptance
For Transfer

OCT 22 2015


AUDITOR FLOYD CO. IND.

IN WITNESS WHEREOF, Grantor has caused this Quitclaim Deed to be executed this 15
day of October, 2015.

GRANTOR:

D. Brown Roll
D. Brown Roll, individually

STATE OF FLORIDA)
COUNTY OF Lee)

The foregoing instrument was acknowledged, sworn to and subscribed before me this 15 day
of October, 2015, by D. Brown Roll, individually.



M. P. Muldoon, II
Signature of Notary Public
M. Patrick Muldoon, II
Name of Notary Public

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____

I affirm, under the penalties for perjury, that I have taken reasonable care
to redact each Social Security number in this document,
unless required by law. Alan M. Applegate

This instrument prepared by:
Alan M. Applegate
APPLEGATE FIFER PULLIAM LLC
P. O. Box 1418
Jeffersonville, Indiana 47131-1418
(812) 284-9499

Tax Statement Mailing Address:
5031 Old Vincennes Road
Floyds Knobs, Indiana 47119

EXHIBIT A
LEGAL DESCRIPTION

Being a 19.4306 acre part of Lots 6 and 7, Partition Plat No. 370 of the Floyd County, Indiana Record of Plats and being a part of the land heretofore conveyed to Kenneth P. and Lillian S. Wells by deed as recorded in Deed Record 206, Page 546 of the Floyd County, Indiana Record of Deeds and being a part of the Northeast Quarter of Section No. 25, Township 2 South, Range 5 East and a part of the Southeast Quarter of Section No. 24, Township 2 South, Range 5 East situated in Georgetown Township, Floyd County, Indiana and being more fully described as follows, to-wit:

Commencing at an iron pin at the Southeast corner of Lot No. 7 of said Plat 370 and running thence North 89 degrees 44 minutes 37 Seconds West along the South line of said Lot No. 7, a distance of 457.00 feet to an iron pipe, the true place of beginning of land to be herein described.

Thence continuing North 89 degrees 44 minutes 37 seconds West along said South line of Lot No. 7, a distance of 864.83 feet to an iron pipe; thence North 1 degrees 07 minutes 06 seconds West along the West line of said Plat No. 370 a distance of 924.08 feet to an iron pipe; thence North 88 degrees 43 minutes 16 seconds East, 787.03 feet to a Railroad Spike in the center of the Old Vincennes Road (30 foot RJW); thence South 47 degrees 11 minutes 07 seconds East along the centerline of the Old Vincennes Road, 236.13 feet to an iron pin; thence South 5 degrees 37 minutes 03 seconds West 788.64 feet to the place of beginning and containing 19.4306 acres of land.

233237

**FLOYD COUNTY
ASSESSOR**

Jun/13/2024

Duly Entered For Taxation
Subject To Final Acceptance
For Transfer
Jun 13 2024 - AM*Diana M. Fopping*

AUDITOR FLOYD CO. IND.

E-RECORDED**202406240****FLOYD CO. IN RECORDER
LOIS ENDRIS
06/13/2024 08:18 AM
202406240 Pages: 5
Transaction # 4079952****WARRANTY DEED**GRANTEE'S ADDRESS: 5053 Old Vincennes Road
Floyds Knobs, IN 47119MAIL TAX STATEMENTS TO: 5031 Old Vincennes Road
Floyds Knobs IN 47119

Key #002-05000-40 Parcel #22-02-02-500-041.000-002

Key #002-05000-41 Parcel #22-02-02-500-042.000-002

THIS INDENTURE WITNESSETH: That **TIMOTHY L. DETRICK** and
LANA F. DETRICK, husband and wife, of the County of Floyd, State of Indiana**CONVEY AND WARRANT**unto **THIENEMAN GROUP, LLC**, an Indiana limited liability company, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the following described real estate situated in the County of Floyd, State of Indiana, and described as follows, to-wit:

BEING A 3.0000 ACRE PART OF LOTS 6 AND 7, PARTITION PLAT NO. 370 OF THE FLOYD COUNTY, INDIANA RECORD OF PLATS, AND BEING A PART OF THE LAND HERETOFORE CONVEYED TO KENNETH P. AND LILLIAN S. WELLS BY DEED AS RECORDED IN DEED RECORD 206, PAGE 546 OF THE FLOYD COUNTY, INDIANA RECORD OF DEEDS, AND BEING A PART OF THE NORTHEAST QUARTER OF SECTION NO. 25, TOWNSHIP 2 SOUTH, RANGE 5 EAST, SITUATED IN GEORGETOWN TOWNSHIP, FLOYD COUNTY, INDIANA AND BEING MORE FULLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT AN IRON PIN AT THE SOUTHEAST CORNER OF LOT NO. 7 OF SAID PLAT NO. 370 AND RUNNING THENCE NORTH 89 DEG. 44' 37" WEST, ALONG THE SOUTH LINE OF SAID LOT NO. 7, A DISTANCE OF 253.21 FEET TO AN IRON PIPE, THE TRUE PLACE OF BEGINNING OF THE LAND TO BE HEREIN DESCRIBED: THENCE CONTINUING NORTH 89 DEG. 44' 37" WEST, ALONG THE

SOUTH LINE OF SAID LOT NO. 7, A DISTANCE OF 203.79 FEET TO AN IRON PIPE; THENCE NORTH 5 DEG. 37' 03" EAST, 788.64 FEET TO AN IRON PIN IN THE CENTERLINE OF THE OLD VINCENNES ROAD; THENCE SOUTH 49 DEG. 08' 50" EAST, ALONG SAID CENTERLINE, 225.00 FEET TO AN IRON PIN; THENCE SOUTH 8 DEG. 36' 20" WEST, 262.07 FEET TO AN IRON PIPE; THENCE SOUTH 0 DEG. 39' 42" WEST, 379.49 FEET TO THE PLACE OF BEGINNING AND CONTAINING 3.0000 ACRES OF LAND.

SUBJECT, HOWEVER, TO THE RIGHT-OF-WAY OF THE OLD VINCENNES ROAD.

EXCEPTING THEREFROM: A PART OF LOT NO. 6 OF PARTITION PLAT NO. 370 AS RECORDED IN THE RECORDER'S OFFICE OF FLOYD COUNTY, INDIANA, AND A PART OF THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 2 SOUTH, RANGE 5 EAST OF THE SECOND PRINCIPAL MERIDIAN, FLOYD COUNTY, INDIANA, AND BEING THAT PART OF THE GRANTORS' LAND LYING WITHIN THE RIGHT-OF-WAY LINES DEPICTED ON THE ATTACHED RIGHT-OF-WAY PARCEL PLAT (I202400219), MARKED "EXHIBIT "B", DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF LOT NO. 7 OF SAID PARTITION PLAT NO. 370, SAID POINT ALSO BEING ON THE EAST LINE OF SAID NORTHEAST QUARTER; THENCE NORTH 88 DEG. 30' 48" WEST 457.00 FEET ALONG THE SOUTH LINE OF SAID LOT NO. 7 TO THE SOUTHWEST CORNER OF THE GRANTORS' LAND; THENCE NORTH 6 DEG. 50' 52" EAST 751.01 FEET ALONG THE WESTERN LINE OF THE GRANTORS' LAND TO THE NORTHEAST CORNER OF COMMERCIAL LOT NO. 2 AS PLATTED IN THE VILLAS OF FLOYD KNOBS SUBDIVISION, RECORDED AS PLAT NO. 1437 IN SAID RECORDER'S OFFICE, AND TO POINT "518" AS DESIGNATED ON SAID PARCEL PLAT AND TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE CONTINUING ALONG SAID WESTERN LINE NORTH 6 DEG. 50' 52" EAST 37.63 FEET TO THE NORTHWEST CORNER OF THE GRANTORS' LAND AND THE CENTER LINE OF OLD VINCENNES ROAD; THENCE SOUTH 47 DEG. 55' 01" EAST 125.00 FEET ALONG SAID CENTERLINE; THENCE SOUTH 4 DEG.

57' 24" WEST 39.97 FEET; THENCE NORTH 47 DEG. 46' 33" WEST, 115.98 FEET TO A POINT "517" AS DESIGNATED ON SAID PARCEL PLAT; THENCE NORTH 43 DEG. 39' 51" WEST 11.47 FEET TO THE POINT OF BEGINNING AND CONTAINING 0.091 ACRES, MORE OR LESS.

FURTHER EXCEPTING THEREFROM: A PART OF LOT NO. 6 OF PARTITION PLAT NO. 370 AS RECORDED IN IN THE RECORDER'S OFFICE OF FLOYD COUNTY, INDIANA, AND A PART OF THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 2 SOUTH, RANGE 5 EAST OF THE SECOND PRINCIPAL MERIDIAN, FLOYD COUNTY, INDIANA, AND BEING THAT PART OF THE GRANTORS' LAND LYING WITHIN THE RIGHT-OF-WAY LINES DEPICTED ON THE ATTACHED RIGHT-OF-WAY PARCEL PLAT, MARKED EXHIBIT "B" (DEED I202400219) DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF LOT NO. 7 OF SAID PARTITION PLAT NO. 370, SAID POINT ALSO BEING ON THE EAST LINE OF SAID NORTHEAST QUARTER; THENCE NORTH 89 DEG. 30' 48" WEST 253.21 FEET ALONG THE SOUTH LINE OF SAID LOT NO. 7; THENCE ALONG AN EAST LINE PROLONGED AND EAST LINE OF GRANTORS' LAND NORTH 1 DEG. 53' 32" EAST 379.49 FEET TO AN EAST CORNER OF THE GRANTORS' LAND; THENCE NORTH 9 DEG. 50' 09" EAST 224.19 FEET ALONG AN EASTERN LINE OF THE GRANTORS' LAND TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE NORTH 48 DEG. 07' 34" WEST 11.61 FEET TO POINT "516" AS DESIGNATED ON SAID PARCEL PLAT; THENCE NORTH 47 DEG. 46' 33" WEST 84.48 FEET; THENCE NORTH 4 DEG. 57' 24" EAST 39.97 FEET TO THE CENTERLINE OF OLD VINCENNES ROAD; THENCE SOUTH 47 DEG. 55' 01" EAST 100.00 FEET TO THE NORTHEAST CORNER OF THE GRANTORS' LAND; THENCE SOUTH 9 DEG. 50' 09" WEST 37.88 FEET ALONG SAID EASTERN LINE TO THE POINT OF BEGINNING AND CONTAINING 0.072 ACRES, MORE OR LESS.

Subject to any and all easements and/or restrictions of public record which may apply to the above-described real estate.

TO HAVE AND TO HOLD, the same unto said Grantee, its heirs and assigns, in fee simple forever.

The above-described real estate is conveyed free and clear of all liens and encumbrances, except the real estate taxes, which having been prorated to the date of closing, the Grantee hereby assumes and agrees to pay all taxes hereafter.

IN WITNESS WHEREOF, the Grantors have hereunto set their hands and seals, this 12th day of JUNE, 2024.

Timothy L Detrick (Seal)
Timothy L. Detrick
Lana F Detrick (Seal)
Lana F. Detrick

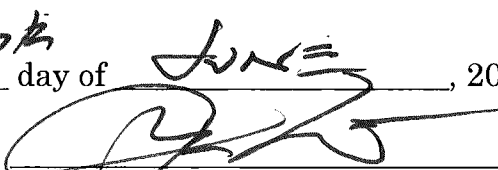
STATE OF INDIANA)
) SS:
COUNTY OF FLOYD)

Before me, a Notary Public, in and for said County and State, personally appeared Timothy L. Detrick and Lana F. Detrick, husband and wife, and acknowledge the execution of the foregoing Deed to be their free and voluntary act and deed for the uses and purposes expressed therein.

WITNESS my hand and seal, this 12th day of JUNE, 2024.

My Commission Expires:

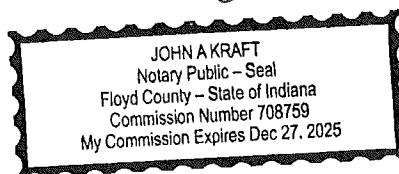
12-27-2025


Notary Public

JOHN A. KRAFT
Printed Name

Resident of Floyd County, IN

This Instrument prepared by:
YOUNG, LIND, ENDRES & KRAFT
JOHN A. KRAFT, Attorney
126 W. SPRING STREET
NEW ALBANY, INDIANA 47150
812-945-2555

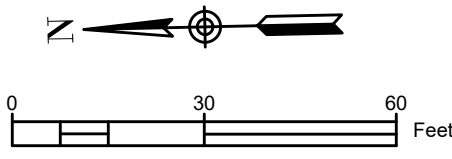


I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

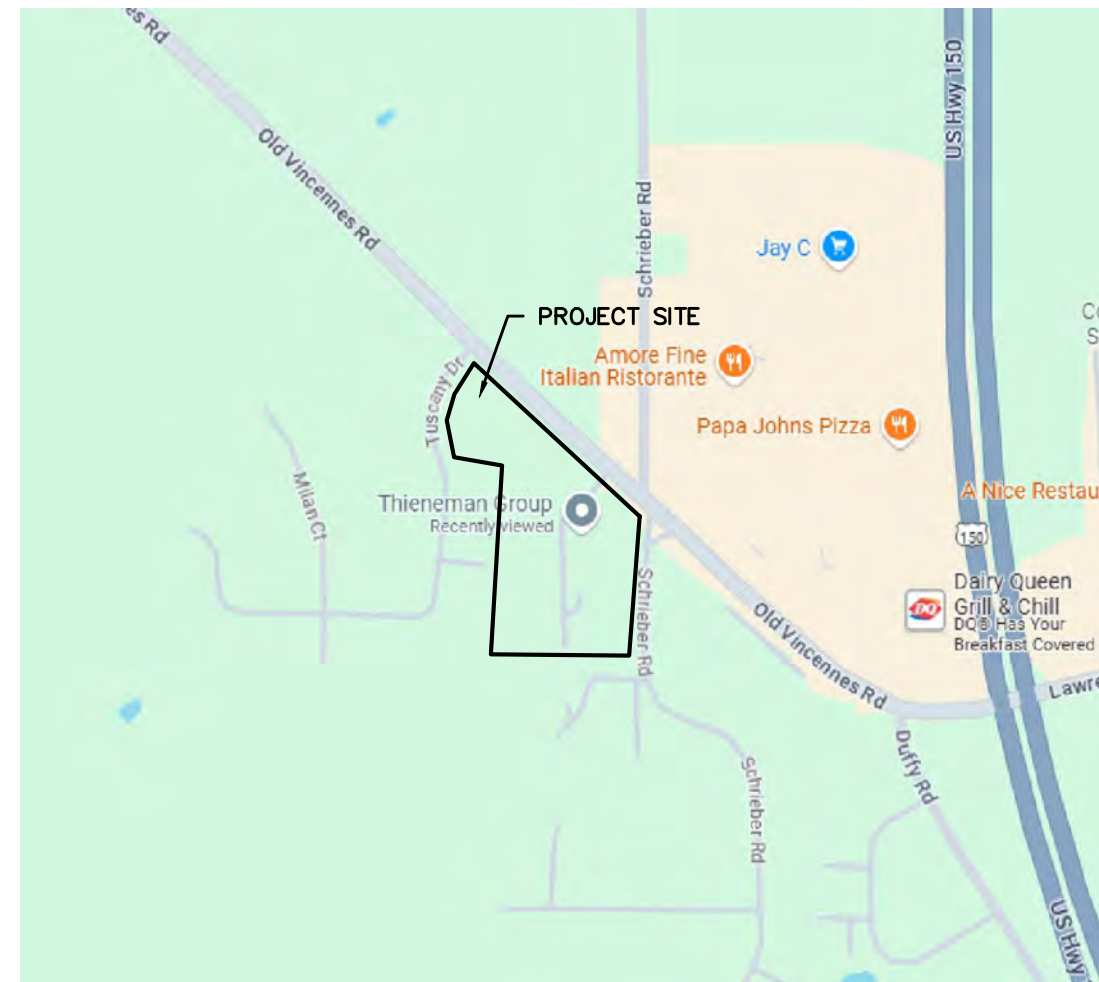
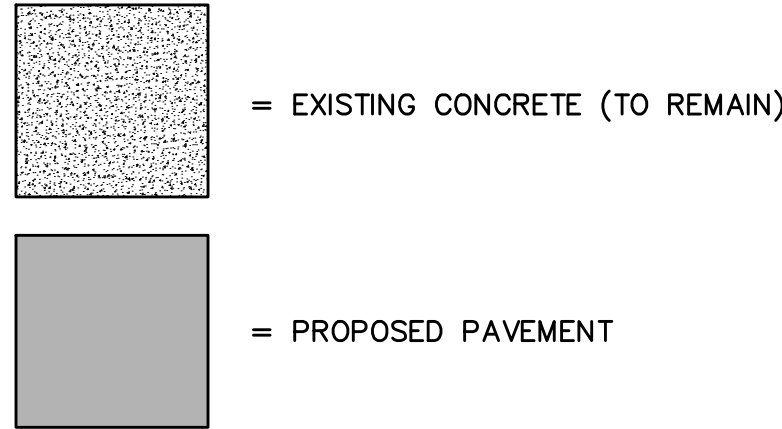
JOHN A. KRAFT

Knobs Landing

PARCEL NOS. 22-02-02-500-043.000-002;
22-02-02-500-042.000-002;
22-02-02-500-041.000-002; &
22-02-02-500-011.025-002;



LEGEND



LOCATION MAP

PARKING ANALYSIS:

LOT #1:
161 SPACES PROVIDED (INCLUDING 6 ACCESSIBLE SPACES)
RETAIL/BANK:
11,317 S.F. / 225 S.F. / SPACE = 50 SPACES
MULTI-FAMILY:
111 SPACES / 59 D.U. = 1.88 SPACES / D.U.

LOT #2:
127 SPACES PROVIDED (INCLUDING 5 ACCESSIBLE SPACES)
MULTI-FAMILY:
127 SPACES / 66 D.U. = 1.92 SPACES / D.U.

IMPERVIOUS AREA CALCULATIONS:

LOT #1:
3.640 ACRES =
158,538 S.F. LOT AREA
109,100 S.F. IMPERVIOUS AREA
11,628 S.F. RECREATION AREA

IMPERVIOUS AREA: 68.81% INCLUDING RECREATION AREA
IMPERVIOUS AREA: 61.47% EXCLUDING RECREATION AREA

LOT #2:
2.334 ACRES =
101,669 S.F. LOT AREA
72,671 S.F. IMPERVIOUS AREA

IMPERVIOUS AREA: 71.48%

OVERALL = 69.85% INCLUDING RECREATION AREA
65.38% EXCLUDING RECREATION AREA

APPLICANT/OWNER:

THIENEMAN GROUP, LLC
5031 OLD VINCENNES ROAD
FLOYDS KNOBS, IN
(812) 923-0771

ENGINEER/SURVEYOR:

JASON M. COPPERWAITE
PAUL PRIMAVERA & ASSOCIATES
301 E. CHESTNUT STREET
CORYDON, IN 47112
(812) 738-4124

59 MULTI-FAMILY DWELLING UNITS (21 - 2 BEDROOM UNITS; 38 - 1 BEDROOM UNITS)
3 STORY (34'-0" EAVE HEIGHT & 50'-1" PEAK HEIGHT) - 25,092 S.F. GROUND FLOOR

BUILDING #3
BANK/RETAIL
3,600 S.F. +
DRIVE THRU

BUILDING #2
66 MULTI-FAMILY DWELLING UNITS
(24 - 2 BEDROOM UNITS; 42 - 1 BEDROOM UNITS)
3 STORY (31'-0" EAVE HEIGHT & 46'-5" PEAK HEIGHT)
23,679 S.F. GROUND FLOOR

LOT #1
3.640 ACRES, M/L

LOT #2
2.334 ACRES, M/L

By	Description	Date	Revision
JMC	DEVELOPMENT PLAN	11/27/2024	7:
	THIENEMAN GROUP, LLC		6:
	KNOBS LANDING, FLOYD COUNTY		5:
	5031 - 5053 OLD VINCENNES ROAD		4:
	PROPOSED SITE PLAN		3:
			2:
			1:
COMMENTS BY TRC & CLIENT			
01/06/25			

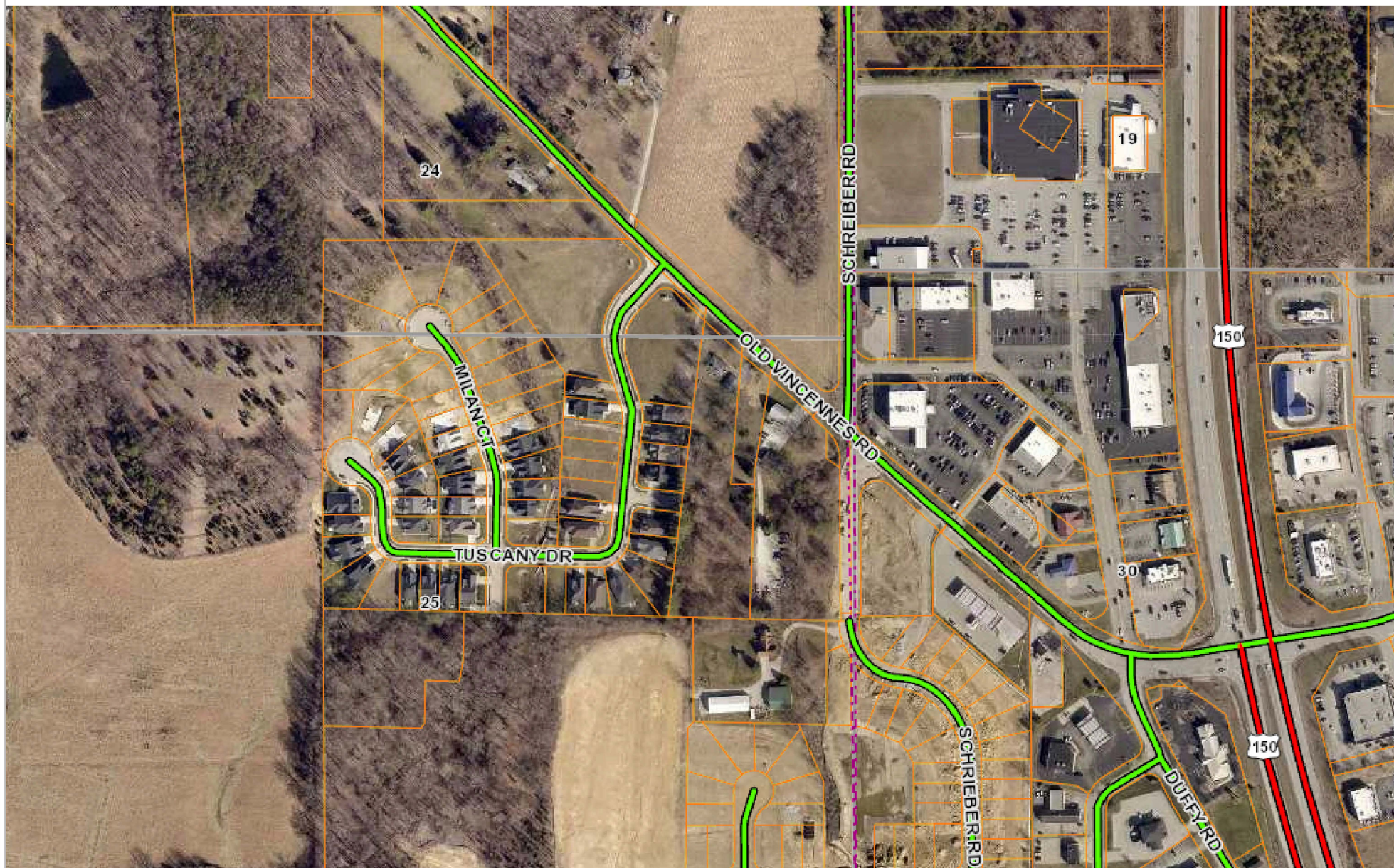
301 E. CHESTNUT STREET
CORYDON, IN 47112
TEL: (812) 738-4124
FAX: (812) 738-6740

PAUL PRIMAVERA
& ASSOCIATES

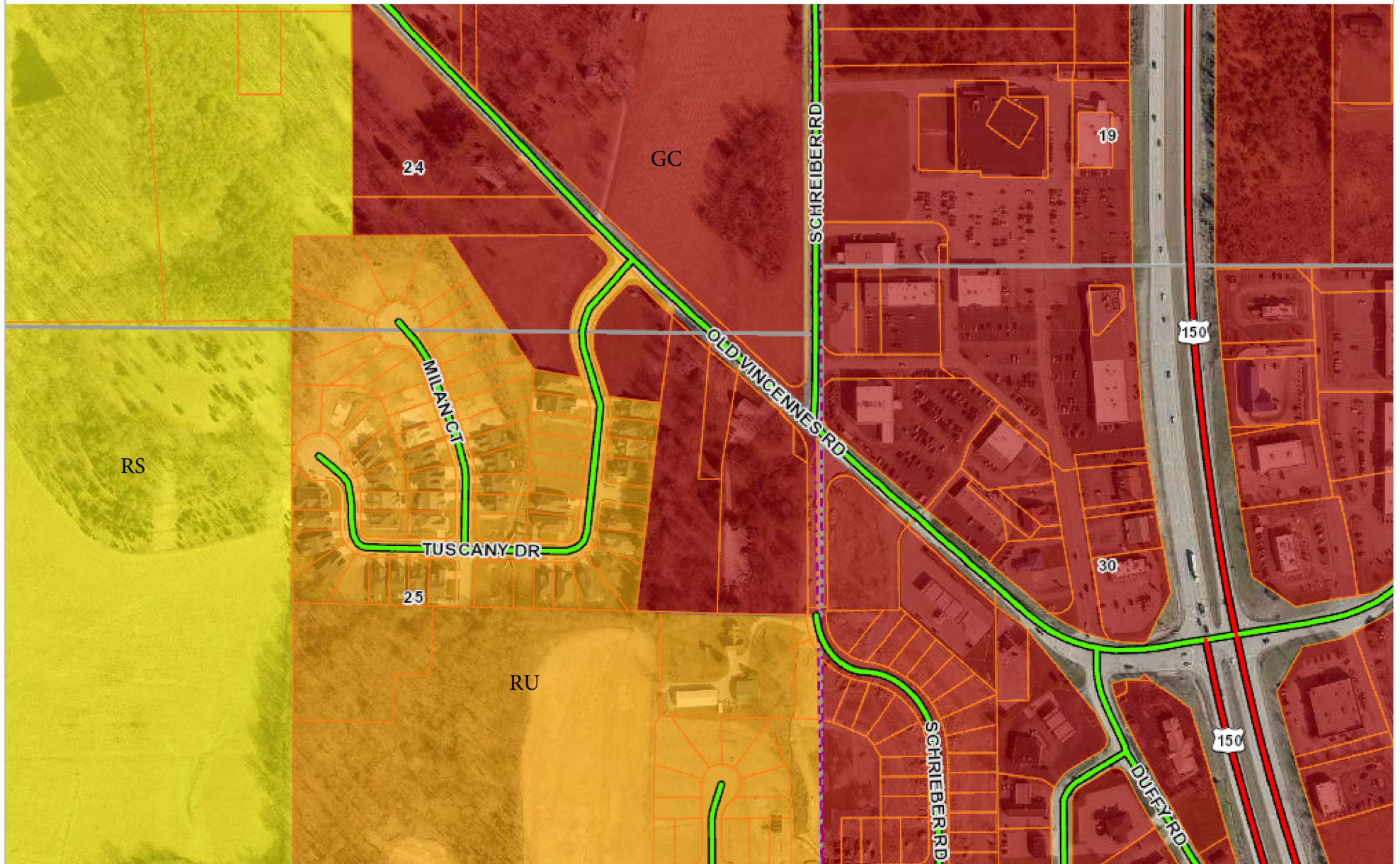
Date: 11/27/2024
Drafted By: JMC
Checked By: DAS
Directory:
T: \2022\15522\
File: 15522SITE.DWG
Job No.: 22-15522

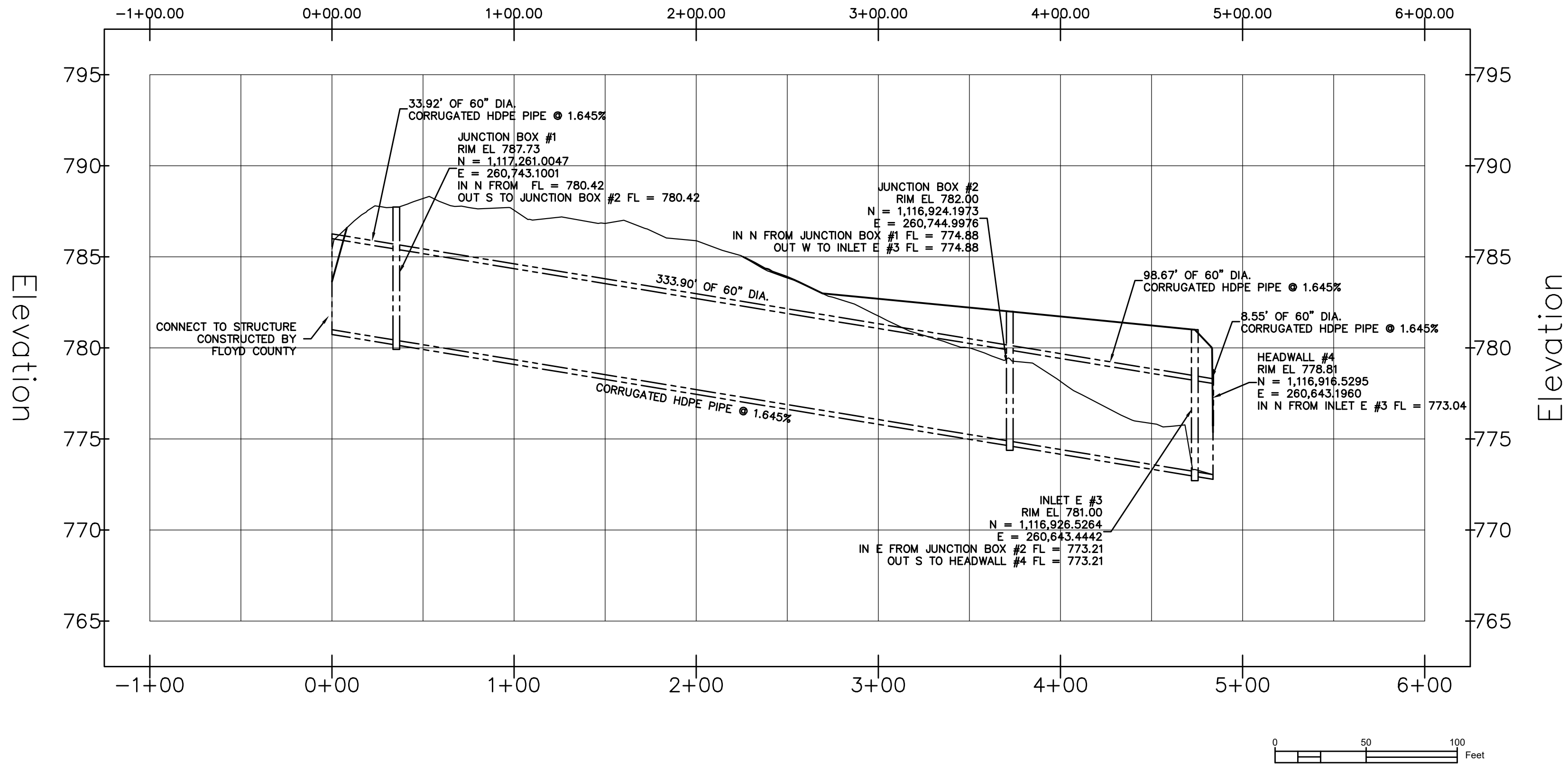
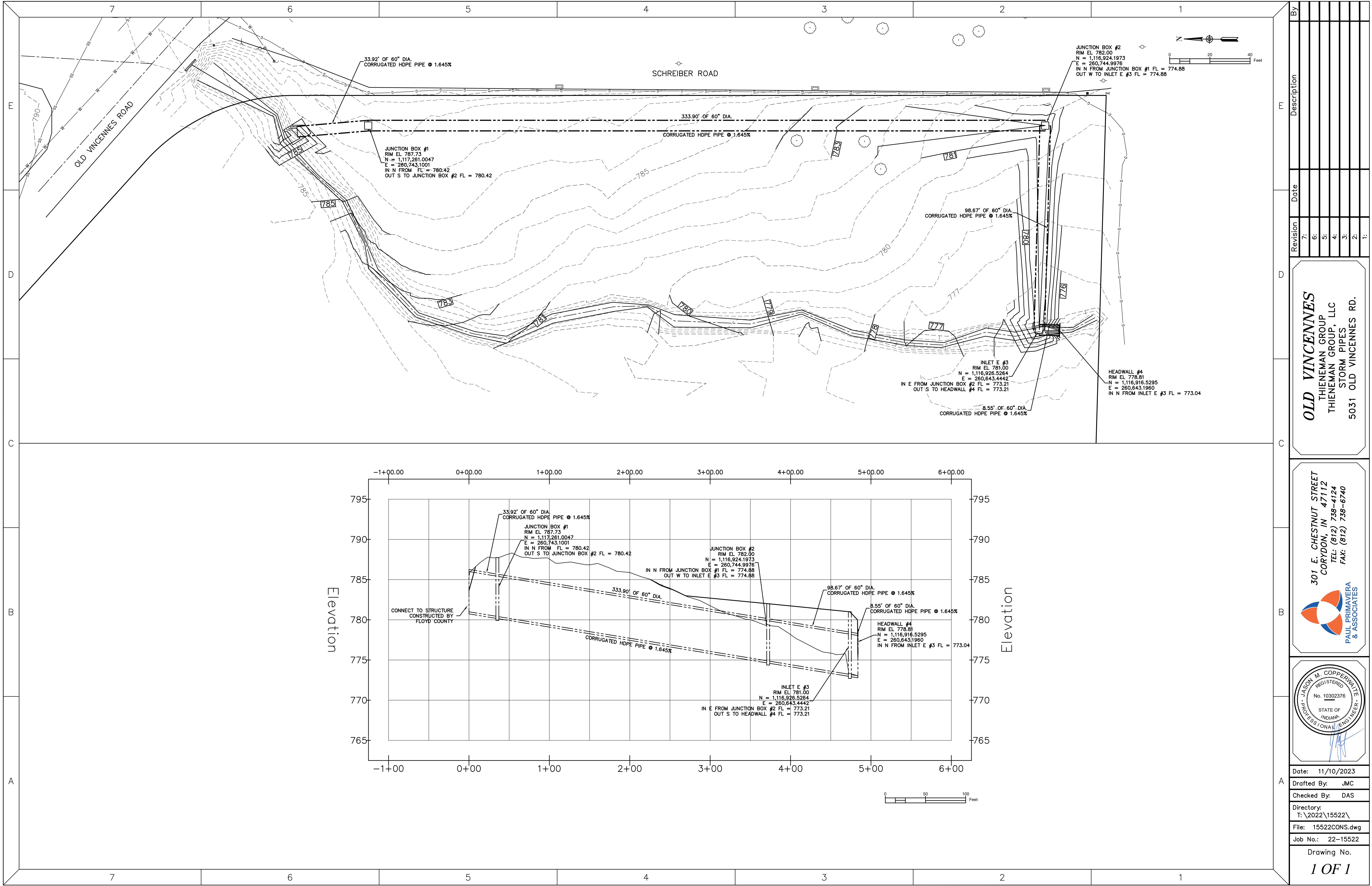
Drawing No.
C-101

Surrounding Uses



ZONING MAP





By	Description	Date	Revision
			7:
			6:
			5:
			4:
			3:
			2:
			1:

OLD VINCENNES
THIENEMAN GROUP, LLC
THIENEMAN GROUP, LLC
STORM PIPES
5031 OLD VINCENNES RD.

301 E. CHESTNUT STREET
CORYDON, IN 47112
TEL: (812) 738-4124
FAX: (812) 738-6740

PAUL PRIMAVERA & ASSOCIATES

JASON M. COPPERWITTE
REGISTERED
No. 10302376
STATE OF INDIANA
PE/CS/ONAL/ENGL/ENR

Date:	11/10/2023
Drafted By:	JMC
Checked By:	DAS
Directory:	T:\2022\15522\
File:	15522CONS.dwg
Job No.:	22-15522
Drawing No.	1 OF 1

Division of Land Acquisition / 402 W. Washington Street, W255C / Indianapolis, IN 46204

April 4, 2024

Mr. Don Theineman
Thieneman Group, LLC
5031 Old Vincennes Road
Floyds Knobs, IN 47119

RE: Statement of Sale of In-Lieu Fee Mitigation Credits
404 Permit No.: LRL-2023-00651-amw
401 WQC: 2023-720-22-ERL-A

Mr. Thieneman,

The DNR's in-lieu fee program, the Indiana Stream and Wetland Mitigation Program (IN SWMP), was granted regulatory approval from the U.S. Army Corps of Engineers (USACE) and the Indiana Department of Environmental Management to provide compensatory mitigation for Department of the Army permits pursuant to 33 C.F.R. 332.8(a)(1), Clean Water Act Section 401 Water Quality Certifications by the Indiana Department of Environmental Management, and/or State Isolated Wetland Permits pursuant to IC 13-18-22.

This letter confirms the **sale of 560 ILF stream credits in the amount of \$224,000.00**. These credits are being used for compensatory mitigation of intermittent stream impacts in the **Upper Ohio Service Area**. These impacts were authorized for credit purchase by USACE 404 Permit No. LRL-2023-00651-amw, and IDEM 401 WQC No. 2023-720-22-ERL-A.

The DNR is assuming responsibility to provide the required mitigation for the permits listed above with the sale of the specified credits.

All credit sales are considered final since they are required by permits issued for impacts to Indiana's aquatic resources. If credits are purchased and permitted impacts to aquatic resources never occur, refunds would only be possible with the authorization and approvals from the permitting agencies, minus administrative fees and any expended costs the DNR has incurred in the process of fulfilling its requirements for the in-lieu fee program to build mitigation projects as required in the 2008 federal mitigation rule and according to the program's approved instrument.

If you have any questions or require additional information, please contact Austin Taylor at 317-522-9251 or INSWMP-Inquiry@dnr.in.gov.

Sincerely,

A handwritten signature in black ink that reads "Brad Baldwin". The script is cursive and fluid, with the first letters of the first and last names being capitalized and prominent.

Brad Baldwin
Director
Indiana Stream and Wetland Mitigation Program (INSWMP)

Enclosure: Credit Purchase Receipt 0470R – Indiana Natural Resources Foundation

cc: Jake Brinkman, 401-Wetlands Project Manager, IDEM 401-Wetlands Program
Amanda Winters, Corps Project Manager, USACE Louisville District
Scott Matthews, USACE Louisville District, IRT
Patti Grace-Jarrett, RIBITS Administrator, USACE Louisville District
Todd Hagman, RIBITS Administrator, USACE Louisville District
Donald Lewis, RIBITS Administrator, USACE Louisville District
Matt Blake, Director of Ecological Services, Paul Primavera & Associates



DEPARTMENT OF THE ARMY
U.S. ARMY CORPS OF ENGINEERS, LOUISVILLE DISTRICT
600 DR. MARTIN LUTHER KING JR PL
LOUISVILLE, KY 40202

October 23, 2023

Regulatory Division
North Branch
ID No. LRL-2023-00651-amw

Mr. Don Thieneman
Thieneman Group
5031 Old Vincennes Road
Floyds Knobs, Indiana 47119

Dear Mr. Thieneman:

This is in response to your request for authorization to relocate and encapsulate 467 linear feet (0.043 acre) of an intermittent unnamed tributary to Little Indian Creek as part of construction of a commercial development southwest of the intersection of Old Vincennes Road and Schreiber Road in Floyd County, IN (Latitude: 38.315209 N and Longitude: -85.901708 W). The information supplied by you was reviewed to determine whether a Department of the Army (DA) permit will be required under the provisions of Section 404 of the Clean Water Act.

Your project is considered a discharge of dredged and/or fill material into aquatic resources associated with construction or expansion of commercial and institutional developments. The project is authorized under the provisions of 33 CFR 330 Nationwide Permit (NWP) No. 39, Commercial and Institutional Developments, as published in the Federal Register January 13, 2021. Under the provisions of this authorization, you must comply with the enclosed Terms and General Conditions for NWP No. 39, and the following Special Condition(s):

1. The Permittee shall comply with all conditions of the Section 401 Water Quality Certification No. 2023-720-22-ERL-A, dated September 5, 2023, issued by Indiana Department of Environmental Management (IDEM), which are incorporated herein by reference.
2. The Permittee shall comply with seasonal tree clearing restrictions. Tree removal is prohibited between 1 April through 30 September to avoid adverse effects to the federally listed Gray bat, Indiana bat, and Northern Long-eared bat.
3. The Permittee shall provide receipt of payment from the Indiana Department of Natural Resources (IDNR) Stream and Wetland Mitigation Program for the purchase of 560 stream credits. These credits must be purchased prior to the discharge of fill into "waters of the United States", as authorized by this permit. Please note that the cost per credit is subject to change and may increase. Inquiries regarding credit purchase may be made directly to IDNR by accessing their website at <https://on.in.gov/inswmp>, calling (317) 232-1291, by email at: INSWMP-Inquiry@dnr.in.gov, or in writing at: Indiana Department of Natural Resources, Division of Land Acquisition, 402 W. Washington Street, W255A, Indianapolis, Indiana, 46204.

This verification is valid until the NWP is modified, reissued, or revoked. NWP No. 39 will be modified, reissued, or revoked on March 14, 2026. It is incumbent upon Thieneman

Group to remain informed of changes to the NWP. If Thieneman Group commences or is under contract to commence this activity before the date that the relevant NWP is modified or revoked, you will have 12 months from the date of the modification or revocation of the NWP to complete the activity under the present terms and conditions of this NWP. The enclosed Compliance Certification must be submitted to the District Engineer within 30 days of completion of the authorized activity or the implementation of any required compensatory mitigation, whichever occurs later. Please note that we also perform periodic inspections to ensure compliance with our permit conditions and applicable Federal laws. A copy of this letter will be forwarded to your agent and to the IDEM.

If you have any questions, please contact us by writing to the District Regulatory Office at the above address, ATTN: CELRL-RDN, or contact me directly at 502-315-7430 or amanda.m.winters@usace.army.mil. Any correspondence on this matter should refer to our ID Number LRL-2023-00651-amw.

Sincerely,



Amanda Winters
Project Manager, North Branch
Regulatory Division

Enclosures

Copies Furnished: IDEM (Lish)
Paul Primavera & Associates (Blake)

Compliance Certification:

Permit Number: LRL-2023-00651

Name of Permittee: Thieneman Group (Mr. Don Thieneman)

Date of Issuance: October 23, 2023

Upon completion of the activity authorized by this permit and any mitigation required by this permit, sign this certification and return it to the following address:

U.S. Army Corps of Engineers
CELRL-RDN
P.O. Box 59
Louisville, Kentucky 40201

Please note that your permitted activity is subject to a compliance inspection by an U.S. Army Corps of Engineers representative. If you fail to comply with this permit you are subject to permit suspension, modification, or revocation.

I hereby certify that the work authorized by the above referenced permit has been completed in accordance with the terms and conditions of the said permit, and required mitigation was completed in accordance with the permit conditions.

Signature of Permittee

Date



2021 Nationwide Permit Summary

US Army Corps
of Engineers
Louisville District ®

Issued: March 15, 2021

Expires: March 14, 2026

No. 39. Commercial and Institutional Developments

(NWP Final Rule, 86 FR 2744)

Discharges of dredged or fill material into non-tidal waters of the United States for the construction or expansion of commercial and institutional building foundations and building pads and attendant features that are necessary for the use and maintenance of the structures. Attendant features may include, but are not limited to, roads, parking lots, garages, yards, utility lines, storm water management facilities, wastewater treatment facilities, and recreation facilities such as playgrounds and playing fields. Examples of commercial developments include retail stores, industrial facilities, restaurants, business parks, and shopping centers. Examples of institutional developments include schools, fire stations, government office buildings, judicial buildings, public works buildings, libraries, hospitals, and places of worship. The construction of new golf courses and new ski areas is not authorized by this NWP.

The discharge must not cause the loss of greater than 1/2-acre of non-tidal waters of the United States. This NWP does not authorize discharges of dredged or fill material into non-tidal wetlands adjacent to tidal waters.

Notification: The permittee must submit a pre-construction notification to the district engineer prior to commencing the activity. (See general condition 32.) (Authorities: Sections 10 and 404)

Note: For any activity that involves the construction of a wind energy generating structure, solar tower, or overhead transmission line, a copy of the PCN and NWP verification will be provided by the Corps to the Department of Defense Siting

Clearinghouse, which will evaluate potential effects on military activities.

Nationwide Permit General Conditions

Note: To qualify for NWP authorization, the prospective permittee must comply with the following general conditions, as applicable, in addition to any regional or case-specific conditions imposed by the division engineer or district engineer. Prospective permittees should contact the appropriate Corps district office to determine if regional conditions have been imposed on an NWP. Prospective permittees should also contact the appropriate Corps district office to determine the status of Clean Water Act Section 401 water quality certification and/or Coastal Zone Management Act consistency for an NWP. Every person who may wish to obtain permit authorization under one or more NWPs, or who is currently relying on an existing or prior permit authorization under one or more NWPs, has been and is on notice that all of the provisions of 33 CFR 330.1 through 330.6 apply to every NWP authorization. Note especially 33 CFR 330.5 relating to the modification, suspension, or revocation of any NWP authorization.

1. **Navigation.** (a) No activity may cause more than a minimal adverse effect on navigation.

(b) Any safety lights and signals prescribed by the U.S. Coast Guard, through regulations or otherwise, must be installed and maintained at the permittee's expense on authorized facilities in navigable waters of the United States.

(c) The permittee understands and agrees that, if future operations by the United States require the removal, relocation, or other alteration, of the structure or work herein authorized, or if, in the opinion of the

Secretary of the Army or his or her authorized representative, said structure or work shall cause unreasonable obstruction to the free navigation of the navigable waters, the permittee will be required, upon due notice from the Corps of Engineers, to remove, relocate, or alter the structural work or obstructions caused thereby, without expense to the United States. No claim shall be made against the United States on account of any such removal or alteration.

2. **Aquatic Life Movements.** No activity may substantially disrupt the necessary life cycle movements of those species of aquatic life indigenous to the waterbody, including those species that normally migrate through the area, unless the activity's primary purpose is to impound water. All permanent and temporary crossings of waterbodies shall be suitably culverted, bridged, or otherwise designed and constructed to maintain low flows to sustain the movement of those aquatic species. If a bottomless culvert cannot be used, then the crossing should be designed and constructed to minimize adverse effects to aquatic life movements.

3. **Spawning Areas.** Activities in spawning areas during spawning seasons must be avoided to the maximum extent practicable. Activities that result in the physical destruction (e.g., through excavation, fill, or downstream smothering by substantial turbidity) of an important spawning area are not authorized.

4. **Migratory Bird Breeding Areas.** Activities in waters of the United States that serve as breeding areas for migratory birds must be avoided to the maximum extent practicable.

5. **Shellfish Beds.** No activity may occur in areas of concentrated shellfish populations, unless the activity is directly related to a

shellfish harvesting activity authorized by NWP 4 and 48, or is a shellfish seeding or habitat restoration activity authorized by NWP 27.

6. Suitable Material. No activity may use unsuitable material (e.g., trash, debris, car bodies, asphalt, etc.). Material used for construction or discharged must be free from toxic pollutants in toxic amounts (see section 307 of the Clean Water Act).

7. Water Supply Intakes. No activity may occur in the proximity of a public water supply intake, except where the activity is for the repair or improvement of public water supply intake structures or adjacent bank stabilization.

8. Adverse Effects From Impoundments. If the activity creates an impoundment of water, adverse effects to the aquatic system due to accelerating the passage of water, and/or restricting its flow must be minimized to the maximum extent practicable.

9. Management of Water Flows. To the maximum extent practicable, the pre-construction course, condition, capacity, and location of open waters must be maintained for each activity, including stream channelization, storm water management activities, and temporary and permanent road crossings, except as provided below. The activity must be constructed to withstand expected high flows. The activity must not restrict or impede the passage of normal or high flows, unless the primary purpose of the activity is to impound water or manage high flows. The activity may alter the pre-construction course, condition, capacity, and location of open waters if it benefits the aquatic environment (e.g., stream restoration or relocation activities).

10. Fills Within 100-Year Floodplains. The activity must comply with applicable FEMA-approved state or local floodplain management requirements.

11. Equipment. Heavy equipment working in wetlands or mudflats must be placed on mats, or other measures must be taken to minimize soil disturbance.

12. Soil Erosion and Sediment Controls. Appropriate soil erosion and sediment controls must be used and maintained in effective operating condition during construction, and all exposed soil and other fills, as well as any work below the ordinary high water mark or high tide line, must be permanently stabilized at the earliest practicable date. Permittees are encouraged to perform work within waters of the United States during periods of low-flow or no-flow, or during low tides.

13. Removal of Temporary Structures and Fills. Temporary structures must be removed, to the maximum extent practicable, after their use has been discontinued. Temporary fills must be removed in their entirety and the affected areas returned to pre-construction elevations. The affected areas must be revegetated, as appropriate.

14. Proper Maintenance. Any authorized structure or fill shall be properly maintained, including maintenance to ensure public safety and compliance with applicable NWP general conditions, as well as any activity-specific conditions added by the district engineer to an NWP authorization.

15. Single and Complete Project. The activity must be a single and complete project. The same NWP cannot be used more than once for the same single and complete project.

16. Wild and Scenic Rivers. (a) No NWP activity may occur in a component of the National Wild and Scenic River System, or in a river officially designated by Congress as a “study river” for possible inclusion in the system while the river is in an official study status, unless the appropriate Federal agency with direct management responsibility for such river, has determined in writing that the proposed activity will not adversely affect the Wild and Scenic River designation or study status.

(b) If a proposed NWP activity will occur in a component of the National Wild and Scenic River System, or in a river officially designated by Congress as a “study river” for possible inclusion in the system while

the river is in an official study status, the permittee must submit a pre-construction notification (see general condition 32). The district engineer will coordinate the PCN with the Federal agency with direct management responsibility for that river. Permittees shall not begin the NWP activity until notified by the district engineer that the Federal agency with direct management responsibility for that river has determined in writing that the proposed NWP activity will not adversely affect the Wild and Scenic River designation or study status.

(c) Information on Wild and Scenic Rivers may be obtained from the appropriate Federal land management agency responsible for the designated Wild and Scenic River or study river (e.g., National Park Service, U.S. Forest Service, Bureau of Land Management, U.S. Fish and Wildlife Service). Information on these rivers is also available at: <http://www.rivers.gov/>.

17. Tribal Rights. No activity or its operation may impair reserved tribal rights, including, but not limited to, reserved water rights and treaty fishing and hunting rights.

18. Endangered Species. (a) No activity is authorized under any NWP which is likely to directly or indirectly jeopardize the continued existence of a threatened or endangered species or a species proposed for such designation, as identified under the Federal Endangered Species Act (ESA), or which will directly or indirectly destroy or adversely modify designated critical habitat or critical habitat proposed for such designation. No activity is authorized under any NWP which “may affect” a listed species or critical habitat, unless ESA section 7 consultation addressing the consequences of the proposed activity on listed species or critical habitat has been completed. See 50 CFR 402.02 for the definition of “effects of the action” for the purposes of ESA section 7 consultation, as well as 50 CFR 402.17, which provides further explanation under ESA section 7 regarding “activities that are reasonably certain to occur” and “consequences caused by the proposed action.”

(b) Federal agencies should follow their own procedures for complying with the

requirements of the ESA (see 33 CFR 330.4(f)(1)). If pre-construction notification is required for the proposed activity, the Federal permittee must provide the district engineer with the appropriate documentation to demonstrate compliance with those requirements. The district engineer will verify that the appropriate documentation has been submitted. If the appropriate documentation has not been submitted, additional ESA section 7 consultation may be necessary for the activity and the respective federal agency would be responsible for fulfilling its obligation under section 7 of the ESA.

(c) Non-federal permittees must submit a pre-construction notification to the district engineer if any listed species (or species proposed for listing) or designated critical habitat (or critical habitat proposed for such designation) might be affected or is in the vicinity of the activity, or if the activity is located in designated critical habitat or critical habitat proposed for such designation, and shall not begin work on the activity until notified by the district engineer that the requirements of the ESA have been satisfied and that the activity is authorized. For activities that might affect Federally-listed endangered or threatened species (or species proposed for listing) or designated critical habitat (or critical habitat proposed for such designation), the pre-construction notification must include the name(s) of the endangered or threatened species (or species proposed for listing) that might be affected by the proposed activity or that utilize the designated critical habitat (or critical habitat proposed for such designation) that might be affected by the proposed activity. The district engineer will determine whether the proposed activity "may affect" or will have "no effect" to listed species and designated critical habitat and will notify the non-Federal applicant of the Corps' determination within 45 days of receipt of a complete pre-construction notification. For activities where the non-Federal applicant has identified listed species (or species proposed for listing) or designated critical habitat (or critical habitat proposed for such designation) that might be affected or is in the vicinity of the activity, and has so notified the Corps, the applicant shall not begin work until the Corps has provided notification that the

proposed activity will have "no effect" on listed species (or species proposed for listing or designated critical habitat (or critical habitat proposed for such designation), or until ESA section 7 consultation or conference has been completed. If the non-Federal applicant has not heard back from the Corps within 45 days, the applicant must still wait for notification from the Corps.

(d) As a result of formal or informal consultation or conference with the FWS or NMFS the district engineer may add species-specific permit conditions to the NWP.

(e) Authorization of an activity by an NWP does not authorize the "take" of a threatened or endangered species as defined under the ESA. In the absence of separate authorization (e.g., an ESA Section 10 Permit, a Biological Opinion with "incidental take" provisions, etc.) from the FWS or the NMFS, the Endangered Species Act prohibits any person subject to the jurisdiction of the United States to take a listed species, where "take" means to harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct. The word "harm" in the definition of "take" means an act which actually kills or injures wildlife. Such an act may include significant habitat modification or degradation where it actually kills or injures wildlife by significantly impairing essential behavioral patterns, including breeding, feeding or sheltering.

(f) If the non-federal permittee has a valid ESA section 10(a)(1)(B) incidental take permit with an approved Habitat Conservation Plan for a project or a group of projects that includes the proposed NWP activity, the non-federal applicant should provide a copy of that ESA section 10(a)(1)(B) permit with the PCN required by paragraph (c) of this general condition. The district engineer will coordinate with the agency that issued the ESA section 10(a)(1)(B) permit to determine whether the proposed NWP activity and the associated incidental take were considered in the internal ESA section 7 consultation conducted for the ESA section 10(a)(1)(B) permit. If that coordination results in

concurrence from the agency that the proposed NWP activity and the associated incidental take were considered in the internal ESA section 7 consultation for the ESA section 10(a)(1)(B) permit, the district engineer does not need to conduct a separate ESA section 7 consultation for the proposed NWP activity. The district engineer will notify the non-federal applicant within 45 days of receipt of a complete pre-construction notification whether the ESA section 10(a)(1)(B) permit covers the proposed NWP activity or whether additional ESA section 7 consultation is required.

(g) Information on the location of threatened and endangered species and their critical habitat can be obtained directly from the offices of the FWS and NMFS or their world wide web pages at <http://www.fws.gov/> or <http://www.fws.gov/ipac> and <http://www.nmfs.noaa.gov/pr/species/esa/> respectively.

19. Migratory Birds and Bald and Golden Eagles. The permittee is responsible for ensuring that an action authorized by an NWP complies with the Migratory Bird Treaty Act and the Bald and Golden Eagle Protection Act. The permittee is responsible for contacting the appropriate local office of the U.S. Fish and Wildlife Service to determine what measures, if any, are necessary or appropriate to reduce adverse effects to migratory birds or eagles, including whether "incidental take" permits are necessary and available under the Migratory Bird Treaty Act or Bald and Golden Eagle Protection Act for a particular activity.

20. Historic Properties. (a) No activity is authorized under any NWP which may have the potential to cause effects to properties listed, or eligible for listing, in the National Register of Historic Places until the requirements of Section 106 of the National Historic Preservation Act (NHPA) have been satisfied.

(b) Federal permittees should follow their own procedures for complying with the requirements of section 106 of the National Historic Preservation Act (see 33 CFR 330.4(g)(1)). If pre-construction

notification is required for the proposed NWP activity, the Federal permittee must provide the district engineer with the appropriate documentation to demonstrate compliance with those requirements. The district engineer will verify that the appropriate documentation has been submitted. If the appropriate documentation is not submitted, then additional consultation under section 106 may be necessary. The respective federal agency is responsible for fulfilling its obligation to comply with section 106.

(c) Non-federal permittees must submit a pre-construction notification to the district engineer if the NWP activity might have the potential to cause effects to any historic properties listed on, determined to be eligible for listing on, or potentially eligible for listing on the National Register of Historic Places, including previously unidentified properties. For such activities, the pre-construction notification must state which historic properties might have the potential to be affected by the proposed NWP activity or include a vicinity map indicating the location of the historic properties or the potential for the presence of historic properties. Assistance regarding information on the location of, or potential for, the presence of historic properties can be sought from the State Historic Preservation Officer, Tribal Historic Preservation Officer, or designated tribal representative, as appropriate, and the National Register of Historic Places (see 33 CFR 330.4(g)). When reviewing pre-construction notifications, district engineers will comply with the current procedures for addressing the requirements of section 106 of the National Historic Preservation Act. The district engineer shall make a reasonable and good faith effort to carry out appropriate identification efforts commensurate with potential impacts, which may include background research, consultation, oral history interviews, sample field investigation, and/or field survey. Based on the information submitted in the PCN and these identification efforts, the district engineer shall determine whether the proposed NWP activity has the potential to cause effects on the historic properties. Section 106 consultation is not required when the district engineer determines that the activity

does not have the potential to cause effects on historic properties (see 36 CFR 800.3(a)). Section 106 consultation is required when the district engineer determines that the activity has the potential to cause effects on historic properties. The district engineer will conduct consultation with consulting parties identified under 36 CFR 800.2(c) when he or she makes any of the following effect determinations for the purposes of section 106 of the NHPA: no historic properties affected, no adverse effect, or adverse effect.

(d) Where the non-Federal applicant has identified historic properties on which the proposed NWP activity might have the potential to cause effects and has so notified the Corps, the non-Federal applicant shall not begin the activity until notified by the district engineer either that the activity has no potential to cause effects to historic properties or that NHPA section 106 consultation has been completed. For non-federal permittees, the district engineer will notify the prospective permittee within 45 days of receipt of a complete pre-construction notification whether NHPA section 106 consultation is required. If NHPA section 106 consultation is required, the district engineer will notify the non-Federal applicant that he or she cannot begin the activity until section 106 consultation is completed. If the non-Federal applicant has not heard back from the Corps within 45 days, the applicant must still wait for notification from the Corps.

(e) Prospective permittees should be aware that section 110k of the NHPA (54 U.S.C. 306113) prevents the Corps from granting a permit or other assistance to an applicant who, with intent to avoid the requirements of section 106 of the NHPA, has intentionally significantly adversely affected a historic property to which the permit would relate, or having legal power to prevent it, allowed such significant adverse effect to occur, unless the Corps, after consultation with the Advisory Council on Historic Preservation (ACHP), determines that circumstances justify granting such assistance despite the adverse effect created or permitted by the applicant. If circumstances justify granting the assistance, the Corps is required to notify

the ACHP and provide documentation specifying the circumstances, the degree of damage to the integrity of any historic properties affected, and proposed mitigation. This documentation must include any views obtained from the applicant, SHPO/THPO, appropriate Indian tribes if the undertaking occurs on or affects historic properties on tribal lands or affects properties of interest to those tribes, and other parties known to have a legitimate interest in the impacts to the permitted activity on historic properties.

21. Discovery of Previously Unknown Remains and Artifacts. Permittees that discover any previously unknown historic, cultural or archeological remains and artifacts while accomplishing the activity authorized by an NWP, they must immediately notify the district engineer of what they have found, and to the maximum extent practicable, avoid construction activities that may affect the remains and artifacts until the required coordination has been completed. The district engineer will initiate the Federal, Tribal, and state coordination required to determine if the items or remains warrant a recovery effort or if the site is eligible for listing in the National Register of Historic Places.

22. Designated Critical Resource Waters. Critical resource waters include, NOAA-managed marine sanctuaries and marine monuments, and National Estuarine Research Reserves. The district engineer may designate, after notice and opportunity for public comment, additional waters officially designated by a state as having particular environmental or ecological significance, such as outstanding national resource waters or state natural heritage sites. The district engineer may also designate additional critical resource waters after notice and opportunity for public comment.

(a) Discharges of dredged or fill material into waters of the United States are not authorized by NWPs 7, 12, 14, 16, 17, 21, 29, 31, 35, 39, 40, 42, 43, 44, 49, 50, 51, 52, 57 and 58 for any activity within, or directly affecting, critical resource waters, including wetlands adjacent to such waters.

(b) For NWP 3, 8, 10, 13, 15, 18, 19, 22, 23, 25, 27, 28, 30, 33, 34, 36, 37, 38, and 54, notification is required in accordance with general condition 32, for any activity proposed by permittees in the designated critical resource waters including wetlands adjacent to those waters. The district engineer may authorize activities under these NWPs only after she or he determines that the impacts to the critical resource waters will be no more than minimal.

23. Mitigation. The district engineer will consider the following factors when determining appropriate and practicable mitigation necessary to ensure that the individual and cumulative adverse environmental effects are no more than minimal:

(a) The activity must be designed and constructed to avoid and minimize adverse effects, both temporary and permanent, to waters of the United States to the maximum extent practicable at the project site (i.e., on site).

(b) Mitigation in all its forms (avoiding, minimizing, rectifying, reducing, or compensating for resource losses) will be required to the extent necessary to ensure that the individual and cumulative adverse environmental effects are no more than minimal.

(c) Compensatory mitigation at a minimum one-for-one ratio will be required for all wetland losses that exceed 1/10-acre and require pre-construction notification, unless the district engineer determines in writing that either some other form of mitigation would be more environmentally appropriate or the adverse environmental effects of the proposed activity are no more than minimal, and provides an activity-specific waiver of this requirement. For wetland losses of 1/10-acre or less that require pre-construction notification, the district engineer may determine on a case-by-case basis that compensatory mitigation is required to ensure that the activity results in only minimal adverse environmental effects.

(d) Compensatory mitigation at a minimum one-for-one ratio will be required for all losses of stream bed that exceed 3/100-acre

and require pre-construction notification, unless the district engineer determines in writing that either some other form of mitigation would be more environmentally appropriate or the adverse environmental effects of the proposed activity are no more than minimal, and provides an activity-specific waiver of this requirement. This compensatory mitigation requirement may be satisfied through the restoration or enhancement of riparian areas next to streams in accordance with paragraph (e) of this general condition. For losses of stream bed of 3/100-acre or less that require pre-construction notification, the district engineer may determine on a case-by-case basis that compensatory mitigation is required to ensure that the activity results in only minimal adverse environmental effects. Compensatory mitigation for losses of streams should be provided, if practicable, through stream rehabilitation, enhancement, or preservation, since streams are difficult-to-replace resources (see 33 CFR 332.3(e)(3)).

(e) Compensatory mitigation plans for NWP activities in or near streams or other open waters will normally include a requirement for the restoration or enhancement, maintenance, and legal protection (e.g., conservation easements) of riparian areas next to open waters. In some cases, the restoration or maintenance/protection of riparian areas may be the only compensatory mitigation required. If restoring riparian areas involves planting vegetation, only native species should be planted. The width of the required riparian area will address documented water quality or aquatic habitat loss concerns. Normally, the riparian area will be 25 to 50 feet wide on each side of the stream, but the district engineer may require slightly wider riparian areas to address documented water quality or habitat loss concerns. If it is not possible to restore or maintain/protect a riparian area on both sides of a stream, or if the waterbody is a lake or coastal waters, then restoring or maintaining/protecting a riparian area along a single bank or shoreline may be sufficient. Where both wetlands and open waters exist on the project site, the district engineer will determine the appropriate compensatory mitigation (e.g., riparian areas and/or

wetlands compensation) based on what is best for the aquatic environment on a watershed basis. In cases where riparian areas are determined to be the most appropriate form of minimization or compensatory mitigation, the district engineer may waive or reduce the requirement to provide wetland compensatory mitigation for wetland losses.

(f) Compensatory mitigation projects provided to offset losses of aquatic resources must comply with the applicable provisions of 33 CFR part 332.

(1) The prospective permittee is responsible for proposing an appropriate compensatory mitigation option if compensatory mitigation is necessary to ensure that the activity results in no more than minimal adverse environmental effects. For the NWPs, the preferred mechanism for providing compensatory mitigation is mitigation bank credits or in-lieu fee program credits (see 33 CFR 332.3(b)(2) and (3)). However, if an appropriate number and type of mitigation bank or in-lieu credits are not available at the time the PCN is submitted to the district engineer, the district engineer may approve the use of permittee-responsible mitigation.

(2) The amount of compensatory mitigation required by the district engineer must be sufficient to ensure that the authorized activity results in no more than minimal individual and cumulative adverse environmental effects (see 33 CFR 330.1(e)(3)). (See also 33 CFR 332.3(f).)

(3) Since the likelihood of success is greater and the impacts to potentially valuable uplands are reduced, aquatic resource restoration should be the first compensatory mitigation option considered for permittee-responsible mitigation.

(4) If permittee-responsible mitigation is the proposed option, the prospective permittee is responsible for submitting a mitigation plan. A conceptual or detailed mitigation plan may be used by the district engineer to make the decision on the NWP verification request, but a final mitigation plan that addresses the applicable requirements of 33 CFR 332.4(c)(2)

through (14) must be approved by the district engineer before the permittee begins work in waters of the United States, unless the district engineer determines that prior approval of the final mitigation plan is not practicable or not necessary to ensure timely completion of the required compensatory mitigation (see 33 CFR 332.3(k)(3)). If permittee-responsible mitigation is the proposed option, and the proposed compensatory mitigation site is located on land in which another federal agency holds an easement, the district engineer will coordinate with that federal agency to determine if proposed compensatory mitigation project is compatible with the terms of the easement.

(5) If mitigation bank or in-lieu fee program credits are the proposed option, the mitigation plan needs to address only the baseline conditions at the impact site and the number of credits to be provided (see 33 CFR 332.4(c)(1)(ii)).

(6) Compensatory mitigation requirements (e.g., resource type and amount to be provided as compensatory mitigation, site protection, ecological performance standards, monitoring requirements) may be addressed through conditions added to the NWP authorization, instead of components of a compensatory mitigation plan (see 33 CFR 332.4(c)(1)(ii)).

(g) Compensatory mitigation will not be used to increase the acreage losses allowed by the acreage limits of the NWPs. For example, if an NWP has an acreage limit of 1/2-acre, it cannot be used to authorize any NWP activity resulting in the loss of greater than 1/2-acre of waters of the United States, even if compensatory mitigation is provided that replaces or restores some of the lost waters. However, compensatory mitigation can and should be used, as necessary, to ensure that an NWP activity already meeting the established acreage limits also satisfies the no more than minimal impact requirement for the NWPs.

(h) Permittees may propose the use of mitigation banks, in-lieu fee programs, or permittee-responsible mitigation. When developing a compensatory mitigation proposal, the permittee must consider appropriate and practicable options

consistent with the framework at 33 CFR 332.3(b). For activities resulting in the loss of marine or estuarine resources, permittee-responsible mitigation may be environmentally preferable if there are no mitigation banks or in-lieu fee programs in the area that have marine or estuarine credits available for sale or transfer to the permittee. For permittee-responsible mitigation, the special conditions of the NWP verification must clearly indicate the party or parties responsible for the implementation and performance of the compensatory mitigation project, and, if required, its long-term management.

(i) Where certain functions and services of waters of the United States are permanently adversely affected by a regulated activity, such as discharges of dredged or fill material into waters of the United States that will convert a forested or scrub-shrub wetland to a herbaceous wetland in a permanently maintained utility line right-of-way, mitigation may be required to reduce the adverse environmental effects of the activity to the no more than minimal level.

24. Safety of Impoundment Structures. To ensure that all impoundment structures are safely designed, the district engineer may require non-Federal applicants to demonstrate that the structures comply with established state or federal, dam safety criteria or have been designed by qualified persons. The district engineer may also require documentation that the design has been independently reviewed by similarly qualified persons, and appropriate modifications made to ensure safety.

25. Water Quality. (a) Where the certifying authority (state, authorized tribe, or EPA, as appropriate) has not previously certified compliance of an NWP with CWA section 401, a CWA section 401 water quality certification for the proposed discharge must be obtained or waived (see 33 CFR 330.4(c)). If the permittee cannot comply with all of the conditions of a water quality certification previously issued by certifying authority for the issuance of the NWP, then the permittee must obtain a water quality certification or waiver for the proposed discharge in order for the activity to be authorized by an NWP.

(b) If the NWP activity requires pre-construction notification and the certifying authority has not previously certified compliance of an NWP with CWA section 401, the proposed discharge is not authorized by an NWP until water quality certification is obtained or waived. If the certifying authority issues a water quality certification for the proposed discharge, the permittee must submit a copy of the certification to the district engineer. The discharge is not authorized by an NWP until the district engineer has notified the permittee that the water quality certification requirement has been satisfied by the issuance of a water quality certification or a waiver.

(c) The district engineer or certifying authority may require additional water quality management measures to ensure that the authorized activity does not result in more than minimal degradation of water quality.

26. Coastal Zone Management. In coastal states where an NWP has not previously received a state coastal zone management consistency concurrence, an individual state coastal zone management consistency concurrence must be obtained, or a presumption of concurrence must occur (see 33 CFR 330.4(d)). If the permittee cannot comply with all of the conditions of a coastal zone management consistency concurrence previously issued by the state, then the permittee must obtain an individual coastal zone management consistency concurrence or presumption of concurrence in order for the activity to be authorized by an NWP. The district engineer or a state may require additional measures to ensure that the authorized activity is consistent with state coastal zone management requirements.

27. Regional and Case-By-Case Conditions. The activity must comply with any regional conditions that may have been added by the Division Engineer (see 33 CFR 330.4(e)) and with any case specific conditions added by the Corps or by the state, Indian Tribe, or U.S. EPA in its CWA section 401 Water Quality Certification, or by the state in its Coastal Zone

Management Act consistency determination.

28. Use of Multiple Nationwide Permits. The use of more than one NWP for a single and complete project is authorized, subject to the following restrictions:

(a) If only one of the NWPs used to authorize the single and complete project has a specified acreage limit, the acreage loss of waters of the United States cannot exceed the acreage limit of the NWP with the highest specified acreage limit. For example, if a road crossing over tidal waters is constructed under NWP 14, with associated bank stabilization authorized by NWP 13, the maximum acreage loss of waters of the United States for the total project cannot exceed 1/3-acre.

(b) If one or more of the NWPs used to authorize the single and complete project has specified acreage limits, the acreage loss of waters of the United States authorized by those NWPs cannot exceed their respective specified acreage limits. For example, if a commercial development is constructed under NWP 39, and the single and complete project includes the filling of an upland ditch authorized by NWP 46, the maximum acreage loss of waters of the United States for the commercial development under NWP 39 cannot exceed 1/2-acre, and the total acreage loss of waters of United States due to the NWP 39 and 46 activities cannot exceed 1 acre.

29. Transfer of Nationwide Permit Verifications. If the permittee sells the property associated with a nationwide permit verification, the permittee may transfer the nationwide permit verification to the new owner by submitting a letter to the appropriate Corps district office to validate the transfer. A copy of the nationwide permit verification must be attached to the letter, and the letter must contain the following statement and signature:

“When the structures or work authorized by this nationwide permit are still in existence at the time the property is transferred, the terms and conditions of this nationwide permit, including any special conditions,

will continue to be binding on the new owner(s) of the property. To validate the transfer of this nationwide permit and the associated liabilities associated with compliance with its terms and conditions, have the transferee sign and date below.”

(Transferee)

(Date)

30. Compliance Certification. Each permittee who receives an NWP verification letter from the Corps must provide a signed certification documenting completion of the authorized activity and implementation of any required compensatory mitigation. The success of any required permittee-responsible mitigation, including the achievement of ecological performance standards, will be addressed separately by the district engineer. The Corps will provide the permittee the certification document with the NWP verification letter. The certification document will include:

(a) A statement that the authorized activity was done in accordance with the NWP authorization, including any general, regional, or activity-specific conditions;

(b) A statement that the implementation of any required compensatory mitigation was completed in accordance with the permit conditions. If credits from a mitigation bank or in-lieu fee program are used to satisfy the compensatory mitigation requirements, the certification must include the documentation required by 33 CFR 332.3(l)(3) to confirm that the permittee secured the appropriate number and resource type of credits; and

(c) The signature of the permittee certifying the completion of the activity and mitigation.

The completed certification document must be submitted to the district engineer within 30 days of completion of the authorized activity or the implementation of any

required compensatory mitigation, whichever occurs later.

31. Activities Affecting Structures or Works Built by the United States. If an NWP activity also requires review by, or permission from, the Corps pursuant to 33 U.S.C. 408 because it will alter or temporarily or permanently occupy or use a U.S. Army Corps of Engineers (USACE) federally authorized Civil Works project (a “USACE project”), the prospective permittee must submit a pre-construction notification. See paragraph (b)(10) of general condition 32. An activity that requires section 408 permission and/or review is not authorized by an NWP until the appropriate Corps office issues the section 408 permission or completes its review to alter, occupy, or use the USACE project, and the district engineer issues a written NWP verification.

32. Pre-Construction Notification. (a) *Timing.* Where required by the terms of the NWP, the prospective permittee must notify the district engineer by submitting a pre-construction notification (PCN) as early as possible. The district engineer must determine if the PCN is complete within 30 calendar days of the date of receipt and, if the PCN is determined to be incomplete, notify the prospective permittee within that 30 day period to request the additional information necessary to make the PCN complete. The request must specify the information needed to make the PCN complete. As a general rule, district engineers will request additional information necessary to make the PCN complete only once. However, if the prospective permittee does not provide all of the requested information, then the district engineer will notify the prospective permittee that the PCN is still incomplete and the PCN review process will not commence until all of the requested information has been received by the district engineer. The prospective permittee shall not begin the activity until either:

(1) He or she is notified in writing by the district engineer that the activity may proceed under the NWP with any special conditions imposed by the district or division engineer; or

(2) 45 calendar days have passed from the district engineer's receipt of the complete PCN and the prospective permittee has not received written notice from the district or division engineer. However, if the permittee was required to notify the Corps pursuant to general condition 18 that listed species or critical habitat might be affected or are in the vicinity of the activity, or to notify the Corps pursuant to general condition 20 that the activity might have the potential to cause effects to historic properties, the permittee cannot begin the activity until receiving written notification from the Corps that there is "no effect" on listed species or "no potential to cause effects" on historic properties, or that any consultation required under Section 7 of the Endangered Species Act (see 33 CFR 330.4(f)) and/or section 106 of the National Historic Preservation Act (see 33 CFR 330.4(g)) has been completed. If the proposed activity requires a written waiver to exceed specified limits of an NWP, the permittee may not begin the activity until the district engineer issues the waiver. If the district or division engineer notifies the permittee in writing that an individual permit is required within 45 calendar days of receipt of a complete PCN, the permittee cannot begin the activity until an individual permit has been obtained. Subsequently, the permittee's right to proceed under the NWP may be modified, suspended, or revoked only in accordance with the procedure set forth in 33 CFR 330.5(d)(2).

(b) *Contents of Pre-Construction Notification:* The PCN must be in writing and include the following information:

- (1) Name, address and telephone numbers of the prospective permittee;
- (2) Location of the proposed activity;
- (3) Identify the specific NWP or NWP(s) the prospective permittee wants to use to authorize the proposed activity;
- (4) (i) A description of the proposed activity; the activity's purpose; direct and indirect adverse environmental effects the activity would cause, including the anticipated amount of loss of wetlands, other special aquatic sites, and other waters expected to result from the NWP activity,

in acres, linear feet, or other appropriate unit of measure; a description of any proposed mitigation measures intended to reduce the adverse environmental effects caused by the proposed activity; and any other NWP(s), regional general permit(s), or individual permit(s) used or intended to be used to authorize any part of the proposed project or any related activity, including other separate and distant crossings for linear projects that require Department of the Army authorization but do not require pre-construction notification. The description of the proposed activity and any proposed mitigation measures should be sufficiently detailed to allow the district engineer to determine that the adverse environmental effects of the activity will be no more than minimal and to determine the need for compensatory mitigation or other mitigation measures.

(ii) For linear projects where one or more single and complete crossings require pre-construction notification, the PCN must include the quantity of anticipated losses of wetlands, other special aquatic sites, and other waters for each single and complete crossing of those wetlands, other special aquatic sites, and other waters (including those single and complete crossings authorized by an NWP but do not require PCNs). This information will be used by the district engineer to evaluate the cumulative adverse environmental effects of the proposed linear project, and does not change those non-PCN NWP activities into NWP PCNs.

(iii) Sketches should be provided when necessary to show that the activity complies with the terms of the NWP. (Sketches usually clarify the activity and when provided results in a quicker decision. Sketches should contain sufficient detail to provide an illustrative description of the proposed activity (e.g., a conceptual plan), but do not need to be detailed engineering plans);

(5) The PCN must include a delineation of wetlands, other special aquatic sites, and other waters, such as lakes and ponds, and perennial and intermittent streams, on the project site. Wetland delineations must be prepared in accordance with the current method required by the Corps. The

permittee may ask the Corps to delineate the special aquatic sites and other waters on the project site, but there may be a delay if the Corps does the delineation, especially if the project site is large or contains many wetlands, other special aquatic sites, and other waters. Furthermore, the 45-day period will not start until the delineation has been submitted to or completed by the Corps, as appropriate;

(6) If the proposed activity will result in the loss of greater than 1/10-acre of wetlands or 3/100-acre of stream bed and a PCN is required, the prospective permittee must submit a statement describing how the mitigation requirement will be satisfied, or explaining why the adverse environmental effects are no more than minimal and why compensatory mitigation should not be required. As an alternative, the prospective permittee may submit a conceptual or detailed mitigation plan.

(7) For non-federal permittees, if any listed species (or species proposed for listing) or designated critical habitat (or critical habitat proposed for such designation) might be affected or is in the vicinity of the activity, or if the activity is located in designated critical habitat (or critical habitat proposed for such designation), the PCN must include the name(s) of those endangered or threatened species (or species proposed for listing) that might be affected by the proposed activity or utilize the designated critical habitat (or critical habitat proposed for such designation) that might be affected by the proposed activity. For NWP activities that require pre-construction notification, Federal permittees must provide documentation demonstrating compliance with the Endangered Species Act;

(8) For non-federal permittees, if the NWP activity might have the potential to cause effects to a historic property listed on, determined to be eligible for listing on, or potentially eligible for listing on, the National Register of Historic Places, the PCN must state which historic property might have the potential to be affected by the proposed activity or include a vicinity map indicating the location of the historic property. For NWP activities that require pre-construction notification, Federal

permittees must provide documentation demonstrating compliance with section 106 of the National Historic Preservation Act;

(9) For an activity that will occur in a component of the National Wild and Scenic River System, or in a river officially designated by Congress as a “study river” for possible inclusion in the system while the river is in an official study status, the PCN must identify the Wild and Scenic River or the “study river” (see general condition 16); and

(10) For an NWP activity that requires permission from, or review by, the Corps pursuant to 33 U.S.C. 408 because it will alter or temporarily or permanently occupy or use a U.S. Army Corps of Engineers federally authorized civil works project, the pre-construction notification must include a statement confirming that the project proponent has submitted a written request for section 408 permission from, or review by, the Corps office having jurisdiction over that USACE project.

(c) Form of Pre-Construction Notification: The nationwide permit pre-construction notification form (Form ENG 6082) should be used for NWP PCNs. A letter containing the required information may also be used. Applicants may provide electronic files of PCNs and supporting materials if the district engineer has established tools and procedures for electronic submittals.

(d) Agency Coordination: (1) The district engineer will consider any comments from Federal and state agencies concerning the proposed activity’s compliance with the terms and conditions of the NWPs and the need for mitigation to reduce the activity’s adverse environmental effects so that they are no more than minimal.

(2) Agency coordination is required for: (i) all NWP activities that require pre-construction notification and result in the loss of greater than 1/2-acre of waters of the United States; (ii) NWP 13 activities in excess of 500 linear feet, fills greater than one cubic yard per running foot, or involve discharges of dredged or fill material into special aquatic sites; and (iii) NWP 54 activities in excess of 500 linear feet, or that extend into the waterbody more than 30 feet

from the mean low water line in tidal waters or the ordinary high water mark in the Great Lakes.

(3) When agency coordination is required, the district engineer will immediately provide (e.g., via e-mail, facsimile transmission, overnight mail, or other expeditious manner) a copy of the complete PCN to the appropriate Federal or state offices (FWS, state natural resource or water quality agency, EPA, and, if appropriate, the NMFS). With the exception of NWP 37, these agencies will have 10 calendar days from the date the material is transmitted to notify the district engineer via telephone, facsimile transmission, or e-mail that they intend to provide substantive, site-specific comments. The comments must explain why the agency believes the adverse environmental effects will be more than minimal. If so contacted by an agency, the district engineer will wait an additional 15 calendar days before making a decision on the pre-construction notification. The district engineer will fully consider agency comments received within the specified time frame concerning the proposed activity’s compliance with the terms and conditions of the NWPs, including the need for mitigation to ensure that the net adverse environmental effects of the proposed activity are no more than minimal. The district engineer will provide no response to the resource agency, except as provided below. The district engineer will indicate in the administrative record associated with each pre-construction notification that the resource agencies’ concerns were considered. For NWP 37, the emergency watershed protection and rehabilitation activity may proceed immediately in cases where there is an unacceptable hazard to life or a significant loss of property or economic hardship will occur. The district engineer will consider any comments received to decide whether the NWP 37 authorization should be modified, suspended, or revoked in accordance with the procedures at 33 CFR 330.5.

(4) In cases of where the prospective permittee is not a Federal agency, the district engineer will provide a response to NMFS within 30 calendar days of receipt of any Essential Fish Habitat conservation

recommendations, as required by section 305(b)(4)(B) of the Magnuson-Stevens Fishery Conservation and Management Act.

(5) Applicants are encouraged to provide the Corps with either electronic files or multiple copies of pre-construction notifications to expedite agency coordination.

2021 District Engineer’s Decision

1. In reviewing the PCN for the proposed activity, the district engineer will determine whether the activity authorized by the NWP will result in more than minimal individual or cumulative adverse environmental effects or may be contrary to the public interest. If a project proponent requests authorization by a specific NWP, the district engineer should issue the NWP verification for that activity if it meets the terms and conditions of that NWP, unless he or she determines, after considering mitigation, that the proposed activity will result in more than minimal individual and cumulative adverse effects on the aquatic environment and other aspects of the public interest and exercises discretionary authority to require an individual permit for the proposed activity. For a linear project, this determination will include an evaluation of the single and complete crossings of waters of the United States that require PCNs to determine whether they individually satisfy the terms and conditions of the NWP(s), as well as the cumulative effects caused by all of the crossings of waters of the United States authorized by an NWP. If an applicant requests a waiver of an applicable limit, as provided for in NWPs 13, 36, or 54, the district engineer will only grant the waiver upon a written determination that the NWP activity will result in only minimal individual and cumulative adverse environmental effects.

2. When making minimal adverse environmental effects determinations the district engineer will consider the direct and indirect effects caused by the NWP activity. He or she will also consider the cumulative adverse environmental effects caused by activities authorized by an NWP and whether those cumulative adverse

environmental effects are no more than minimal. The district engineer will also consider site specific factors, such as the environmental setting in the vicinity of the NWP activity, the type of resource that will be affected by the NWP activity, the functions provided by the aquatic resources that will be affected by the NWP activity, the degree or magnitude to which the aquatic resources perform those functions, the extent that aquatic resource functions will be lost as a result of the NWP activity (e.g., partial or complete loss), the duration of the adverse effects (temporary or permanent), the importance of the aquatic resource functions to the region (e.g., watershed or ecoregion), and mitigation required by the district engineer. If an appropriate functional or condition assessment method is available and practicable to use, that assessment method may be used by the district engineer to assist in the minimal adverse environmental effects determination. The district engineer may add case-specific special conditions to the NWP authorization to address site-specific environmental concerns.

3. If the proposed activity requires a PCN and will result in a loss of greater than 1/10-acre of wetlands or 3/100-acre of stream bed, the prospective permittee should submit a mitigation proposal with the PCN. Applicants may also propose compensatory mitigation for NWP activities with smaller impacts, or for impacts to other types of waters. The district engineer will consider any proposed compensatory mitigation or other mitigation measures the applicant has included in the proposal in determining whether the net adverse environmental effects of the proposed activity are no more than minimal. The compensatory mitigation proposal may be either conceptual or detailed. If the district engineer determines that the activity complies with the terms and conditions of the NWP and that the adverse environmental effects are no more than minimal, after considering mitigation, the district engineer will notify the permittee and include any activity-specific conditions in the NWP verification the district engineer deems necessary. Conditions for compensatory mitigation requirements must comply with the appropriate provisions at 33 CFR 332.3(k). The district engineer must approve the final mitigation

plan before the permittee commences work in waters of the United States, unless the district engineer determines that prior approval of the final mitigation plan is not practicable or not necessary to ensure timely completion of the required compensatory mitigation. If the prospective permittee elects to submit a compensatory mitigation plan with the PCN, the district engineer will expeditiously review the proposed compensatory mitigation plan. The district engineer must review the proposed compensatory mitigation plan within 45 calendar days of receiving a complete PCN and determine whether the proposed mitigation would ensure that the NWP activity results in no more than minimal adverse environmental effects. If the net adverse environmental effects of the NWP activity (after consideration of the mitigation proposal) are determined by the district engineer to be no more than minimal, the district engineer will provide a timely written response to the applicant. The response will state that the NWP activity can proceed under the terms and conditions of the NWP, including any activity-specific conditions added to the NWP authorization by the district engineer.

4. If the district engineer determines that the adverse environmental effects of the proposed activity are more than minimal, then the district engineer will notify the applicant either: (a) that the activity does not qualify for authorization under the NWP and instruct the applicant on the procedures to seek authorization under an individual permit; (b) that the activity is authorized under the NWP subject to the applicant's submission of a mitigation plan that would reduce the adverse environmental effects so that they are no more than minimal; or (c) that the activity is authorized under the NWP with specific modifications or conditions. Where the district engineer determines that mitigation is required to ensure no more than minimal adverse environmental effects, the activity will be authorized within the 45-day PCN period (unless additional time is required to comply with general conditions 18, 20, and/or 31), with activity-specific conditions that state the mitigation requirements. The authorization will include the necessary conceptual or detailed mitigation plan or a requirement that the applicant submit a

mitigation plan that would reduce the adverse environmental effects so that they are no more than minimal. When compensatory mitigation is required, no work in waters of the United States may occur until the district engineer has approved a specific mitigation plan or has determined that prior approval of a final mitigation plan is not practicable or not necessary to ensure timely completion of the required compensatory mitigation.

2021 Further Information

1. District engineers have authority to determine if an activity complies with the terms and conditions of an NWP.
2. NWPs do not obviate the need to obtain other federal, state, or local permits, approvals, or authorizations required by law.
3. NWPs do not grant any property rights or exclusive privileges.
4. NWPs do not authorize any injury to the property or rights of others.
5. NWPs do not authorize interference with any existing or proposed Federal project (see general condition 31).

2021 Nationwide Permit Definitions

Best management practices (BMPs): Policies, practices, procedures, or structures implemented to mitigate the adverse environmental effects on surface water quality resulting from development. BMPs are categorized as structural or non-structural.

Compensatory mitigation: The restoration (re-establishment or rehabilitation), establishment (creation), enhancement, and/or in certain circumstances preservation of aquatic resources for the purposes of offsetting unavoidable adverse impacts which remain after all appropriate and practicable avoidance and minimization has been achieved.

Currently serviceable: Useable as is or with some maintenance, but not so degraded as to essentially require reconstruction.

Direct effects: Effects that are caused by the activity and occur at the same time and place.

Discharge: The term “discharge” means any discharge of dredged or fill material into waters of the United States.

Ecological reference: A model used to plan and design an aquatic habitat and riparian area restoration, enhancement, or establishment activity under NWP 27. An ecological reference may be based on the structure, functions, and dynamics of an aquatic habitat type or a riparian area type that currently exists in the region where the proposed NWP 27 activity is located. Alternatively, an ecological reference may be based on a conceptual model for the aquatic habitat type or riparian area type to be restored, enhanced, or established as a result of the proposed NWP 27 activity. An ecological reference takes into account the range of variation of the aquatic habitat type or riparian area type in the region.

Enhancement: The manipulation of the physical, chemical, or biological characteristics of an aquatic resource to heighten, intensify, or improve a specific aquatic resource function(s). Enhancement results in the gain of selected aquatic resource function(s), but may also lead to a decline in other aquatic resource function(s). Enhancement does not result in a gain in aquatic resource area.

Establishment (creation): The manipulation of the physical, chemical, or biological characteristics present to develop an aquatic resource that did not previously exist at an upland site. Establishment results in a gain in aquatic resource area.

High Tide Line: The line of intersection of the land with the water’s surface at the maximum height reached by a rising tide. The high tide line may be determined, in the absence of actual data, by a line of oil or scum along shore objects, a more or less continuous deposit of fine shell or debris on the foreshore or berm, other physical markings or characteristics, vegetation lines, tidal gages, or other suitable means that delineate the general height reached by a rising tide. The line encompasses spring high tides and other high tides that occur

with periodic frequency but does not include storm surges in which there is a departure from the normal or predicted reach of the tide due to the piling up of water against a coast by strong winds such as those accompanying a hurricane or other intense storm.

Historic Property: Any prehistoric or historic district, site (including archaeological site), building, structure, or other object included in, or eligible for inclusion in, the National Register of Historic Places maintained by the Secretary of the Interior. This term includes artifacts, records, and remains that are related to and located within such properties. The term includes properties of traditional religious and cultural importance to an Indian tribe or Native Hawaiian organization and that meet the National Register criteria (36 CFR part 60).

Independent utility: A test to determine what constitutes a single and complete non-linear project in the Corps Regulatory Program. A project is considered to have independent utility if it would be constructed absent the construction of other projects in the project area. Portions of a multi-phase project that depend upon other phases of the project do not have independent utility. Phases of a project that would be constructed even if the other phases were not built can be considered as separate single and complete projects with independent utility.

Indirect effects: Effects that are caused by the activity and are later in time or farther removed in distance, but are still reasonably foreseeable.

Loss of waters of the United States: Waters of the United States that are permanently adversely affected by filling, flooding excavation, or drainage because of the regulated activity. The loss of stream bed includes the acres of stream bed that are permanently adversely affected by filling or excavation because of the regulated activity. Permanent adverse effects include permanent discharges of dredged or fill material that change an aquatic area to dry land, increase the bottom elevation of a waterbody, or change the use of a waterbody. The acreage of loss of waters of

the United States is a threshold measurement of the impact to jurisdictional waters or wetlands for determining whether a project may qualify for an NWP; it is not a net threshold that is calculated after considering compensatory mitigation that may be used to offset losses of aquatic functions and services. Waters of the United States temporarily filled, flooded, excavated, or drained, but restored to pre-construction contours and elevations after construction, are not included in the measurement of loss of waters of the United States. Impacts resulting from activities that do not require Department of the Army authorization, such as activities eligible for exemptions under section 404(f) of the Clean Water Act, are not considered when calculating the loss of waters of the United States.

Navigable waters: Waters subject to section 10 of the Rivers and Harbors Act of 1899. These waters are defined at 33 CFR part 329.

Non-tidal wetland: A non-tidal wetland is a wetland that is not subject to the ebb and flow of tidal waters. Non-tidal wetlands contiguous to tidal waters are located landward of the high tide line (i.e., spring high tide line).

Open water: For purposes of the NWPs, an open water is any area that in a year with normal patterns of precipitation has water flowing or standing above ground to the extent that an ordinary high water mark can be determined. Aquatic vegetation within the area of flowing or standing water is either non-emergent, sparse, or absent. Vegetated shallows are considered to be open waters. Examples of “open waters” include rivers, streams, lakes, and ponds.

Ordinary High Water Mark: The term ordinary high water mark means that line on the shore established by the fluctuations of water and indicated by physical characteristics such as a clear, natural line impressed on the bank, shelving, changes in the character of soil, destruction of terrestrial vegetation, the presence of litter and debris, or other appropriate means that consider the characteristics of the surrounding areas.

Perennial stream: A perennial stream has surface water flowing continuously year-round during a typical year.

Practicable: Available and capable of being done after taking into consideration cost, existing technology, and logistics in light of overall project purposes.

Pre-construction notification: A request submitted by the project proponent to the Corps for confirmation that a particular activity is authorized by nationwide permit. The request may be a permit application, letter, or similar document that includes information about the proposed work and its anticipated environmental effects. Pre-construction notification may be required by the terms and conditions of a nationwide permit, or by regional conditions. A pre-construction notification may be voluntarily submitted in cases where pre-construction notification is not required and the project proponent wants confirmation that the activity is authorized by nationwide permit.

Preservation: The removal of a threat to, or preventing the decline of, aquatic resources by an action in or near those aquatic resources. This term includes activities commonly associated with the protection and maintenance of aquatic resources through the implementation of appropriate legal and physical mechanisms. Preservation does not result in a gain of aquatic resource area or functions.

Re-establishment: The manipulation of the physical, chemical, or biological characteristics of a site with the goal of returning natural/historic functions to a former aquatic resource. Re-establishment results in rebuilding a former aquatic resource and results in a gain in aquatic resource area and functions.

Rehabilitation: The manipulation of the physical, chemical, or biological characteristics of a site with the goal of repairing natural/historic functions to a degraded aquatic resource. Rehabilitation results in a gain in aquatic resource function, but does not result in a gain in aquatic resource area.

Restoration: The manipulation of the physical, chemical, or biological characteristics of a site with the goal of returning natural/historic functions to a former or degraded aquatic resource. For the purpose of tracking net gains in aquatic resource area, restoration is divided into two categories: re-establishment and rehabilitation.

Riffle and pool complex: Riffle and pool complexes are special aquatic sites under the 404(b)(1) Guidelines. Riffle and pool complexes sometimes characterize steep gradient sections of streams. Such stream sections are recognizable by their hydraulic characteristics. The rapid movement of water over a coarse substrate in riffles results in a rough flow, a turbulent surface, and high dissolved oxygen levels in the water. Pools are deeper areas associated with riffles. A slower stream velocity, a streaming flow, a smooth surface, and a finer substrate characterize pools.

Riparian areas: Riparian areas are lands next to streams, lakes, and estuarine-marine shorelines. Riparian areas are transitional between terrestrial and aquatic ecosystems, through which surface and subsurface hydrology connects riverine, lacustrine, estuarine, and marine waters with their adjacent wetlands, non-wetland waters, or uplands. Riparian areas provide a variety of ecological functions and services and help improve or maintain local water quality. (See general condition 23.)

Shellfish seeding: The placement of shellfish seed and/or suitable substrate to increase shellfish production. Shellfish seed consists of immature individual shellfish or individual shellfish attached to shells or shell fragments (i.e., spat on shell). Suitable substrate may consist of shellfish shells, shell fragments, or other appropriate materials placed into waters for shellfish habitat.

Single and complete linear project: A linear project is a project constructed for the purpose of getting people, goods, or services from a point of origin to a terminal point, which often involves multiple crossings of one or more waterbodies at separate and distant locations. The term “single and complete project” is defined as

that portion of the total linear project proposed or accomplished by one owner/developer or partnership or other association of owners/developers that includes all crossings of a single water of the United States (i.e., a single waterbody) at a specific location. For linear projects crossing a single or multiple waterbodies several times at separate and distant locations, each crossing is considered a single and complete project for purposes of NWP authorization. However, individual channels in a braided stream or river, or individual arms of a large, irregularly shaped wetland or lake, etc., are not separate waterbodies, and crossings of such features cannot be considered separately.

Single and complete non-linear project: For non-linear projects, the term “single and complete project” is defined at 33 CFR 330.2(i) as the total project proposed or accomplished by one owner/developer or partnership or other association of owners/developers. A single and complete non-linear project must have independent utility (see definition of “independent utility”). Single and complete non-linear projects may not be “piecemealed” to avoid the limits in an NWP authorization.

Stormwater management: Stormwater management is the mechanism for controlling stormwater runoff for the purposes of reducing downstream erosion, water quality degradation, and flooding and mitigating the adverse effects of changes in land use on the aquatic environment.

Stormwater management facilities: Stormwater management facilities are those facilities, including but not limited to, stormwater retention and detention ponds and best management practices, which retain water for a period of time to control runoff and/or improve the quality (i.e., by reducing the concentration of nutrients, sediments, hazardous substances and other pollutants) of stormwater runoff.

Stream bed: The substrate of the stream channel between the ordinary high water marks. The substrate may be bedrock or inorganic particles that range in size from clay to boulders. Wetlands contiguous to the stream bed, but outside of the ordinary

high water marks, are not considered part of the stream bed.

Stream channelization: The manipulation of a stream's course, condition, capacity, or location that causes more than minimal interruption of normal stream processes. A channelized jurisdictional stream remains a water of the United States.

Structure: An object that is arranged in a definite pattern of organization. Examples of structures include, without limitation, any pier, boat dock, boat ramp, wharf, dolphin, weir, boom, breakwater, bulkhead, revetment, riprap, jetty, artificial island, artificial reef, permanent mooring structure, power transmission line, permanently moored floating vessel, piling, aid to navigation, or any other manmade obstacle or obstruction.

Tidal wetland: A tidal wetland is a jurisdictional wetland that is inundated by tidal waters. Tidal waters rise and fall in a predictable and measurable rhythm or cycle due to the gravitational pulls of the moon and sun. Tidal waters end where the rise and fall of the water surface can no longer be practically measured in a predictable rhythm due to masking by other waters, wind, or other effects. Tidal wetlands are located channelward of the high tide line.

Tribal lands: Any lands title to which is either: 1) held in trust by the United States for the benefit of any Indian tribe or individual; or 2) held by any Indian tribe or individual subject to restrictions by the United States against alienation.

Tribal rights: Those rights legally accruing to a tribe or tribes by virtue of inherent sovereign authority, unextinguished aboriginal title, treaty, statute, judicial decisions, executive order or agreement, and that give rise to legally enforceable remedies.

Vegetated shallows: Vegetated shallows are special aquatic sites under the 404(b)(1) Guidelines. They are areas that are permanently inundated and under normal circumstances have rooted aquatic vegetation, such as seagrasses in marine and estuarine systems and a variety of

vascular rooted plants in freshwater systems.

Waterbody: For purposes of the NWP, a waterbody is a "water of the United States." If a wetland is adjacent to a waterbody determined to be a water of the United States, that waterbody and any adjacent wetlands are considered together as a single aquatic unit (see 33 CFR 328.4(c)(2)).



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

Section 401 Water Quality Certification

VIA ELECTRONIC MAIL:

IDEM Number: 2023-720-22-ERL-A
USACE Number: LRL-2023-00651
Project Name: Old Vincennes Road
Authority: 327 IAC 2. CWA Sections: 301, 302, 303, 306, 307, & 401
Date of Issuance: September 5, 2023
Impacts must be completed by: September 5, 2025

Approved:

Brian Wolff, Branch Chief
Surface Water and Operations
Office of Water Quality

Applicant / Permittee:

Thieneman Group, LLC
Attention: Don Thieneman
5031 Old Vincennes Road
Floyds Knobs, IN 47119

Agent:

Paul Primavera & Associates
Attention: Matt Blake
301 East Chestnut Street
Corydon, IN 47112

Project Location:

Floyd County
Latitude 38.315264, Longitude -85.901703
5031 Old Vincennes Road
Floyds Knobs, IN 47119
Southwest of the intersection of Old Vincennes Road and
Schrieber Road near Floyds Knobs

Project Description: Permanently impact 467 linear feet (lft) of Unnamed Tributary to Little Indian Creek through fill, relocation, and encapsulation for the purpose of constructing a commercial development and associated infrastructure.

Mitigate for permanent impacts to aquatic resources through the purchase of 560 stream credits from the Indiana Stream and Wetland Mitigation Program (IN SWMP) in-lieu fee.

Authorized Impacts

STREAM IMPACT(S)	Length of Impact (linear feet)		
Type of Impact:	Ephemeral	Intermittent	Perennial
Fill, relocation, and encapsulation		467	

Project Mitigation

MITIGATION BANKS AND IN-LIEU FEE	Stream (Linear Feet)		
Type of Purchase	Ephemeral	Intermittent	Perennial
Bank Credits:			
In-Lieu Fee Credits:		560	

Mitigation Location: Upper Ohio Service Area

Application Signed: August 7, 2023

Application Received: August 7, 2023

Application Amendments Received: August 8, 2023

Based on available information, it is the judgment of this office that the impacts from the proposed project as outlined by this Section 401 Water Quality Certification and described in your application will comply with the applicable provisions of 327 IAC 2 and Sections 301, 302, 303, 306, and 307 of the Clean Water Act if you comply with the conditions set forth below. Therefore, subject to the following conditions, the Indiana Department of Environmental Management (IDEM) hereby grants Section 401 Water Quality Certification for the project described in your application. Any changes in project design or scope not detailed in the application described above or modified by this Section 401 Water Quality Certification are not authorized.

Failure to comply with the terms and conditions of this Section 401 Water Quality Certification may result in enforcement action against you. If an enforcement action is pursued, you could be assessed up to \$25,000 per day in civil penalties. You may also be subject to criminal liability if it is determined that the Section 401 Water Quality Certification was violated willfully or negligently.

Conditions of the Section 401 Water Quality Certification

1.0 General

- (a) Implement the project as depicted and described in the application for Section 401 Water Quality Certification as modified by the conditions of this certification.
- (b) Per 33 CFR 325.6(c), 327 IAC 5-2-6, IC 13-15-3-2 the federal license shall have an established timeframe. Therefore, all approved discharges must be completed within the term of the valid federal permit.
- (c) Per IC 13-14-2-2, the department may inspect public or private property to inspect for and investigate possible violations of environmental management laws. Therefore, the commissioner or an authorized representative of the commissioner (including an authorized contractor), upon the presentation of credentials must be allowed:
 - (1) to enter your property, including impact and mitigation site(s);
 - (2) to have access to and copy at reasonable times any records that must be kept under the conditions of this certification;
 - (3) to inspect, at reasonable times, any monitoring or operational equipment or method; collection, treatment, pollution management or discharge facility or device; practices required by this certification; and any mitigation wetland site;
 - (4) to sample or monitor any discharge of pollutants or any mitigation site.

2.0 Mitigation

Per 327 IAC 2, the goal of Indiana's water quality standards is to restore and maintain the chemical, physical and biological integrity of the state's waters. Mitigation of dredge and fill impacts to Indiana's water resources is required to maintain water quality.

- (a) Per 40 CFR 230.91; 33 CFR 332.3; 327 IAC 2-1; 327 IAC 2-1.5, implementation of the submitted and approved mitigation plan is to ensure the

water quality functions of the impacted waters are replaced, preventing a reduction in water quality. Therefore, implement the mitigation plan as described in the application (referred to collectively hereinafter as the "mitigation plan"), and as modified by the conditions of this certification.

(b) Per 33 CFR 332.3 (f); 327 IAC 2-1; 327 IAC 2-1.5, the amount of mitigation required must be listed within the permit.

(1) Provide to IDEM proof of the purchase of 560 linear feet of in-lieu fee stream credits in the Upper Ohio Service Area from the Indiana Stream and Wetland Mitigation Program (IN SWMP):

(A) Within one (1) year of the date of this authorization;

(B) Before authorized impacts to waters of the State.

Be aware that credits may not be available at all times.

Failure to purchase credits by the required date may result in additional mitigation requirements to compensate for temporal loss.

3.0 Erosion and Sediment Control

Per 40 CFR 122.26, 327 IAC 15; 327 IAC 2-1; 327 IAC 2-1.5, the use of appropriate stormwater control measures and maintenance thereof will prevent any sediment laden water from migrating off site and entering waterways and wetlands, potentially impairing water quality. Therefore, the following erosion and sediment control steps must be completed.

(a) Implement erosion and sediment control measures on the construction site prior to land disturbance to minimize soil from leaving the site or entering a waterbody. Erosion and sediment control measures shall be implemented using an appropriate order of construction (sequencing) relative to the land-disturbing activities associated with the project. Appropriate measures include, but are not limited to, silt fence, diversions, and sediment traps.

(b) Monitor and maintain erosion control measures and devices regularly, especially after rain events, until all soils disturbed by construction activities have been permanently stabilized.

(c) Use run-off control measures, including but not limited to diversions and slope drains. These measures are effective for directing and managing run-off to sediment control measures and for preventing direct run-off into waterbodies.

(d) Install and make appropriate modifications to erosion and sediment control measures based on current site conditions as construction progresses on the

site. The Indiana Storm Water Quality Manual or similar guidance documents are available to assist in the selection of measures that are applicable to individual project sites.

- (e) Implement appropriate erosion and sediment control measures for all temporary run-arounds, cofferdams, temporary causeways, temporary crossings, or other such structures that are to be constructed within any waters of the state. Minimize disturbance to riparian areas when constructing these structures. Structures must be included in reviewed designs or approved by IDEM prior to use. Construct temporary run-arounds, temporary cofferdams, temporary causeways, temporary crossings, or other such structures of non-erodible materials. Temporary crossings and causeways must be completely removed upon completion of the project and the affected area restored to pre-construction contours, grades, and vegetative conditions.
- (f) Install stream pump-around operations in accordance with the plans and ensure in-stream component is constructed of non-sediment producing materials. The discharge at the outlet shall not cause erosion of the stream bottom and banks.
- (g) Direct cofferdam dewatering activities to an appropriate sediment control measure or a combination of measures prior to discharging into a water of the state to minimize the discharge of sediment-laden water.
- (h) Ensure cut and fill slopes located adjacent to wetlands and streams (including encapsulated streams) or that directly discharge to these aquatic features are stabilized using rapid/incremental seeding or other appropriate stabilization measures.
- (i) Stabilize and re-vegetate disturbed soils as final grades are achieved. Initiation of stabilization must occur immediately or, at a minimum, within the requirements of a construction site run-off permit after work is completed. Use a mixture of herbaceous species beneficial for wildlife or an emergent wetland seed mix wherever possible and appropriate. Tall fescue may only be planted in ditch bottoms and ditch side slopes and must be a low endophyte seed mix. Stabilize the channel before releasing stream flows into the channel.
- (j) As work progresses, re-vegetate areas void of protective ground cover. Areas that are to be re-vegetated shall use seeding and anchored mulch. **If alternative methods are required to ensure stabilization, erosion control blankets may be used that are biodegradable, that use loose-woven/leno-woven netting to minimize the entrapment and snaring of small-bodied wildlife such as snakes and turtles (follow manufacturer's recommendations for selection and installation).**

- (k) Anchor mulch. Anchoring shall be appropriate for the site characteristics such as slope, slope length, and concentrated flows. **Anchoring methods may not include loose netting over straw, but can range from crimping of straw, erosion control blankets as specified above that minimize wildlife entrapment, or net free blankets.** Tackifiers with mulch and hydro-mulch are acceptable and shall be applied to the manufacturer specifications.

4.0 Construction

Per 327 IAC 2-1-6(b)(4) the protection of existing uses for aquatic life is required and, per 327 IAC 2-1.3-2 (4) the utilization of best management practices helps ensure the protection of existing uses. Therefore, the following best management practices are required.

- (a) Avoid in stream channel work during the fish spawning season (April 1 through June 30).
- (b) Clearly mark wetlands and streams that are to remain undisturbed on the project site.
- (c) Restrict channel work and vegetation clearing to the minimum necessary for the installation of any structures. Work from only one side of the stream, and, where possible, from the side of the stream which does not have adjacent wetlands. If no wetlands are present, work from the side with the fewest trees and woody vegetation.
- (d) Ensure permanent in-stream structures, including but not limited to culverts and other stream encapsulations, are embedded and sized appropriately so as not to impede surface flows or create abnormal impediments to aquatic life.
- (e) Deposit any dredged material in a contained upland (non-wetland) disposal area to prevent sediment run-off to any waterbody.
- (f) Create temporary structures constructed in streams such that near normal stream flows are maintained. (327 IAC definitions Stream Design Flow)

Other Applicable Permits

Based on the proposed land disturbance, a construction stormwater general permit is required for the project. Permit coverage must be obtained prior to the initiation of land-disturbing activities. Information related to obtaining permit coverage is available at www.in.gov/idem/stormwater or by contacting the IDEM, Stormwater Program at 317-233-1864 or via email at Stormwat@idem.IN.gov.

This certification does not relieve you of the responsibility of obtaining any other permits or authorizations that may be required for this project or related activities from IDEM or any other agency or person. You may wish to contact the Indiana Department of Natural Resources at 317-232-4160 (toll free at 877-928-3755) concerning the possible requirement of natural freshwater lake or floodway permits.

This certification does not:

- (1) Authorize impacts or activities outside the scope of this certification;
- (2) Authorize any injury to persons or private property or invasion of other private rights, or any infringement of federal, state or local laws or regulations;
- (3) Convey any property rights of any sort, or any exclusive privileges;
- (4) Preempt any duty to obtain federal, state or local permits or authorizations required by law for the execution of the project or related activities; or
- (5) Authorize changes in the plan design detailed in the application.

Notice of Right to Administrative Review (Permits)

If you wish to challenge this permit, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are found in IC 4-21.5-3-7, IC 13-15-6-1 and 315 IAC 1-3-2. A summary of the requirements of these laws is provided below.

A Petition for Administrative Review must be filed with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the issuance of this notice (eighteen (18) days if you received this notice by U.S. Mail), and a copy must be served upon IDEM. Addresses are:

Director	Commissioner
Office of Environmental Adjudication	Indiana Dept. of Environmental Management
Indiana Government Center North	Indiana Government Center North
100 North Senate Avenue, Room N103	100 North Senate Avenue, Room 1301
Indianapolis, Indiana 46204	Indianapolis, Indiana 46204

The petition must contain the following information:

- (a) The name, address and telephone number of each petitioner.
- (b) A description of each petitioner's interest in the permit.
- (c) A statement of facts demonstrating that each petitioner is:
 - (1) a person to whom the order is directed;
 - (2) aggrieved or adversely affected by the permit; or
 - (3) entitled to administrative review under any law.
- (d) The reasons for the request for administrative review.

- (e) The particular legal issues proposed for review.
- (f) The alleged environmental concerns or technical deficiencies of the permit.
- (g) The permit terms and conditions that the petitioner believes would be appropriate and would comply with the law.
- (h) The identity of any persons represented by the petitioner.
- (i) The identity of the person against whom administrative review is sought.
- (j) A copy of the permit that is the basis of the petition.
- (k) A statement identifying petitioner's attorney or other representative, if any.

Failure to meet the requirements of the law with respect to a Petition for Administrative Review may result in a waiver of your right to seek administrative review of the permit. Examples are:

- (a) Failure to file a Petition by the applicable deadline;
- (b) Failure to serve a copy of the Petition upon IDEM when it is filed; or
- (c) Failure to include the information required by law.

If you seek to have a permit stayed during the administrative review, you may need to file a Petition for a Stay of Effectiveness. The specific requirements for such a Petition can be found in 315 IAC 1-3-2 and 315 IAC 1-3-2.1.

Pursuant to IC 4-21.5-3-17, OEA will provide all parties with notice of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action. If you are entitled to notice under IC 4-21.5-3-5(b) and would like to obtain notices of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action without intervening in the proceeding you must submit a written request to OEA at the address above.

If you have procedural or scheduling questions regarding your Petition for Administrative Review, additional information on the review process is available at the website of the Office of Environmental Adjudication at <http://www.in.gov/oea>.

If you have any questions about this certification, please contact Erin Lish, Project Manager, by email at ELish@IDEM.IN.Gov or by phone at 317-296-0737.

cc: Amanda Winters, USACE – Louisville District
Sarah Harrison - U.S. Fish & Wildlife Service
Daniel Gautier, IDNR
Indiana Stream and Wetland Mitigation Program
Matt Blake, Paul Primavera & Associates



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Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

Section 401 Water Quality Certification

VIA ELECTRONIC MAIL:

IDEM Number: 2023-720-22-ERL-A
USACE Number: LRL-2023-00651
Project Name: Old Vincennes Road
Authority: 327 IAC 2. CWA Sections: 301, 302, 303, 306, 307, & 401
Date of Issuance: September 5, 2023
Impacts must be completed by: September 5, 2025

Approved:

Brian Wolff, Branch Chief
Surface Water and Operations
Office of Water Quality

Applicant / Permittee:

Thieneman Group, LLC
Attention: Don Thieneman
5031 Old Vincennes Road
Floyds Knobs, IN 47119

Agent:

Paul Primavera & Associates
Attention: Matt Blake
301 East Chestnut Street
Corydon, IN 47112

Project Location:

Floyd County
Latitude 38.315264, Longitude -85.901703
5031 Old Vincennes Road
Floyds Knobs, IN 47119
Southwest of the intersection of Old Vincennes Road and
Schrieber Road near Floyds Knobs

Project Description: Permanently impact 467 linear feet (lft) of Unnamed Tributary to Little Indian Creek through fill, relocation, and encapsulation for the purpose of constructing a commercial development and associated infrastructure.

Mitigate for permanent impacts to aquatic resources through the purchase of 560 stream credits from the Indiana Stream and Wetland Mitigation Program (IN SWMP) in-lieu fee.

Authorized Impacts

STREAM IMPACT(S)	Length of Impact (linear feet)		
Type of Impact:	Ephemeral	Intermittent	Perennial
Fill, relocation, and encapsulation		467	

Project Mitigation

MITIGATION BANKS AND IN-LIEU FEE	Stream (Linear Feet)		
Type of Purchase	Ephemeral	Intermittent	Perennial
Bank Credits:			
In-Lieu Fee Credits:		560	

Mitigation Location: Upper Ohio Service Area

Application Signed: August 7, 2023

Application Received: August 7, 2023

Application Amendments Received: August 8, 2023

Based on available information, it is the judgment of this office that the impacts from the proposed project as outlined by this Section 401 Water Quality Certification and described in your application will comply with the applicable provisions of 327 IAC 2 and Sections 301, 302, 303, 306, and 307 of the Clean Water Act if you comply with the conditions set forth below. Therefore, subject to the following conditions, the Indiana Department of Environmental Management (IDEM) hereby grants Section 401 Water Quality Certification for the project described in your application. Any changes in project design or scope not detailed in the application described above or modified by this Section 401 Water Quality Certification are not authorized.

Failure to comply with the terms and conditions of this Section 401 Water Quality Certification may result in enforcement action against you. If an enforcement action is pursued, you could be assessed up to \$25,000 per day in civil penalties. You may also be subject to criminal liability if it is determined that the Section 401 Water Quality Certification was violated willfully or negligently.

Conditions of the Section 401 Water Quality Certification

1.0 General

- (a) Implement the project as depicted and described in the application for Section 401 Water Quality Certification as modified by the conditions of this certification.
- (b) Per 33 CFR 325.6(c), 327 IAC 5-2-6, IC 13-15-3-2 the federal license shall have an established timeframe. Therefore, all approved discharges must be completed within the term of the valid federal permit.
- (c) Per IC 13-14-2-2, the department may inspect public or private property to inspect for and investigate possible violations of environmental management laws. Therefore, the commissioner or an authorized representative of the commissioner (including an authorized contractor), upon the presentation of credentials must be allowed:
 - (1) to enter your property, including impact and mitigation site(s);
 - (2) to have access to and copy at reasonable times any records that must be kept under the conditions of this certification;
 - (3) to inspect, at reasonable times, any monitoring or operational equipment or method; collection, treatment, pollution management or discharge facility or device; practices required by this certification; and any mitigation wetland site;
 - (4) to sample or monitor any discharge of pollutants or any mitigation site.

2.0 Mitigation

Per 327 IAC 2, the goal of Indiana's water quality standards is to restore and maintain the chemical, physical and biological integrity of the state's waters. Mitigation of dredge and fill impacts to Indiana's water resources is required to maintain water quality.

- (a) Per 40 CFR 230.91; 33 CFR 332.3; 327 IAC 2-1; 327 IAC 2-1.5, implementation of the submitted and approved mitigation plan is to ensure the

water quality functions of the impacted waters are replaced, preventing a reduction in water quality. Therefore, implement the mitigation plan as described in the application (referred to collectively hereinafter as the "mitigation plan"), and as modified by the conditions of this certification.

(b) Per 33 CFR 332.3 (f); 327 IAC 2-1; 327 IAC 2-1.5, the amount of mitigation required must be listed within the permit.

(1) Provide to IDEM proof of the purchase of 560 linear feet of in-lieu fee stream credits in the Upper Ohio Service Area from the Indiana Stream and Wetland Mitigation Program (IN SWMP):

(A) Within one (1) year of the date of this authorization;

(B) Before authorized impacts to waters of the State.

Be aware that credits may not be available at all times.

Failure to purchase credits by the required date may result in additional mitigation requirements to compensate for temporal loss.

3.0 Erosion and Sediment Control

Per 40 CFR 122.26, 327 IAC 15; 327 IAC 2-1; 327 IAC 2-1.5, the use of appropriate stormwater control measures and maintenance thereof will prevent any sediment laden water from migrating off site and entering waterways and wetlands, potentially impairing water quality. Therefore, the following erosion and sediment control steps must be completed.

(a) Implement erosion and sediment control measures on the construction site prior to land disturbance to minimize soil from leaving the site or entering a waterbody. Erosion and sediment control measures shall be implemented using an appropriate order of construction (sequencing) relative to the land-disturbing activities associated with the project. Appropriate measures include, but are not limited to, silt fence, diversions, and sediment traps.

(b) Monitor and maintain erosion control measures and devices regularly, especially after rain events, until all soils disturbed by construction activities have been permanently stabilized.

(c) Use run-off control measures, including but not limited to diversions and slope drains. These measures are effective for directing and managing run-off to sediment control measures and for preventing direct run-off into waterbodies.

(d) Install and make appropriate modifications to erosion and sediment control measures based on current site conditions as construction progresses on the

site. The Indiana Storm Water Quality Manual or similar guidance documents are available to assist in the selection of measures that are applicable to individual project sites.

- (e) Implement appropriate erosion and sediment control measures for all temporary run-arounds, cofferdams, temporary causeways, temporary crossings, or other such structures that are to be constructed within any waters of the state. Minimize disturbance to riparian areas when constructing these structures. Structures must be included in reviewed designs or approved by IDEM prior to use. Construct temporary run-arounds, temporary cofferdams, temporary causeways, temporary crossings, or other such structures of non-erodible materials. Temporary crossings and causeways must be completely removed upon completion of the project and the affected area restored to pre-construction contours, grades, and vegetative conditions.
- (f) Install stream pump-around operations in accordance with the plans and ensure in-stream component is constructed of non-sediment producing materials. The discharge at the outlet shall not cause erosion of the stream bottom and banks.
- (g) Direct cofferdam dewatering activities to an appropriate sediment control measure or a combination of measures prior to discharging into a water of the state to minimize the discharge of sediment-laden water.
- (h) Ensure cut and fill slopes located adjacent to wetlands and streams (including encapsulated streams) or that directly discharge to these aquatic features are stabilized using rapid/incremental seeding or other appropriate stabilization measures.
- (i) Stabilize and re-vegetate disturbed soils as final grades are achieved. Initiation of stabilization must occur immediately or, at a minimum, within the requirements of a construction site run-off permit after work is completed. Use a mixture of herbaceous species beneficial for wildlife or an emergent wetland seed mix wherever possible and appropriate. Tall fescue may only be planted in ditch bottoms and ditch side slopes and must be a low endophyte seed mix. Stabilize the channel before releasing stream flows into the channel.
- (j) As work progresses, re-vegetate areas void of protective ground cover. Areas that are to be re-vegetated shall use seeding and anchored mulch. **If alternative methods are required to ensure stabilization, erosion control blankets may be used that are biodegradable, that use loose-woven/leno-woven netting to minimize the entrapment and snaring of small-bodied wildlife such as snakes and turtles (follow manufacturer's recommendations for selection and installation).**

- (k) Anchor mulch. Anchoring shall be appropriate for the site characteristics such as slope, slope length, and concentrated flows. **Anchoring methods may not include loose netting over straw, but can range from crimping of straw, erosion control blankets as specified above that minimize wildlife entrapment, or net free blankets.** Tackifiers with mulch and hydro-mulch are acceptable and shall be applied to the manufacturer specifications.

4.0 Construction

Per 327 IAC 2-1-6(b)(4) the protection of existing uses for aquatic life is required and, per 327 IAC 2-1.3-2 (4) the utilization of best management practices helps ensure the protection of existing uses. Therefore, the following best management practices are required.

- (a) Avoid in stream channel work during the fish spawning season (April 1 through June 30).
- (b) Clearly mark wetlands and streams that are to remain undisturbed on the project site.
- (c) Restrict channel work and vegetation clearing to the minimum necessary for the installation of any structures. Work from only one side of the stream, and, where possible, from the side of the stream which does not have adjacent wetlands. If no wetlands are present, work from the side with the fewest trees and woody vegetation.
- (d) Ensure permanent in-stream structures, including but not limited to culverts and other stream encapsulations, are embedded and sized appropriately so as not to impede surface flows or create abnormal impediments to aquatic life.
- (e) Deposit any dredged material in a contained upland (non-wetland) disposal area to prevent sediment run-off to any waterbody.
- (f) Create temporary structures constructed in streams such that near normal stream flows are maintained. (327 IAC definitions Stream Design Flow)

Other Applicable Permits

Based on the proposed land disturbance, a construction stormwater general permit is required for the project. Permit coverage must be obtained prior to the initiation of land-disturbing activities. Information related to obtaining permit coverage is available at www.in.gov/idem/stormwater or by contacting the IDEM, Stormwater Program at 317-233-1864 or via email at Stormwat@idem.IN.gov.

This certification does not relieve you of the responsibility of obtaining any other permits or authorizations that may be required for this project or related activities from IDEM or any other agency or person. You may wish to contact the Indiana Department of Natural Resources at 317-232-4160 (toll free at 877-928-3755) concerning the possible requirement of natural freshwater lake or floodway permits.

This certification does not:

- (1) Authorize impacts or activities outside the scope of this certification;
- (2) Authorize any injury to persons or private property or invasion of other private rights, or any infringement of federal, state or local laws or regulations;
- (3) Convey any property rights of any sort, or any exclusive privileges;
- (4) Preempt any duty to obtain federal, state or local permits or authorizations required by law for the execution of the project or related activities; or
- (5) Authorize changes in the plan design detailed in the application.

Notice of Right to Administrative Review (Permits)

If you wish to challenge this permit, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are found in IC 4-21.5-3-7, IC 13-15-6-1 and 315 IAC 1-3-2. A summary of the requirements of these laws is provided below.

A Petition for Administrative Review must be filed with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the issuance of this notice (eighteen (18) days if you received this notice by U.S. Mail), and a copy must be served upon IDEM. Addresses are:

Director	Commissioner
Office of Environmental Adjudication	Indiana Dept. of Environmental Management
Indiana Government Center North	Indiana Government Center North
100 North Senate Avenue, Room N103	100 North Senate Avenue, Room 1301
Indianapolis, Indiana 46204	Indianapolis, Indiana 46204

The petition must contain the following information:

- (a) The name, address and telephone number of each petitioner.
- (b) A description of each petitioner's interest in the permit.
- (c) A statement of facts demonstrating that each petitioner is:
 - (1) a person to whom the order is directed;
 - (2) aggrieved or adversely affected by the permit; or
 - (3) entitled to administrative review under any law.
- (d) The reasons for the request for administrative review.

- (e) The particular legal issues proposed for review.
- (f) The alleged environmental concerns or technical deficiencies of the permit.
- (g) The permit terms and conditions that the petitioner believes would be appropriate and would comply with the law.
- (h) The identity of any persons represented by the petitioner.
- (i) The identity of the person against whom administrative review is sought.
- (j) A copy of the permit that is the basis of the petition.
- (k) A statement identifying petitioner's attorney or other representative, if any.

Failure to meet the requirements of the law with respect to a Petition for Administrative Review may result in a waiver of your right to seek administrative review of the permit. Examples are:

- (a) Failure to file a Petition by the applicable deadline;
- (b) Failure to serve a copy of the Petition upon IDEM when it is filed; or
- (c) Failure to include the information required by law.

If you seek to have a permit stayed during the administrative review, you may need to file a Petition for a Stay of Effectiveness. The specific requirements for such a Petition can be found in 315 IAC 1-3-2 and 315 IAC 1-3-2.1.

Pursuant to IC 4-21.5-3-17, OEA will provide all parties with notice of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action. If you are entitled to notice under IC 4-21.5-3-5(b) and would like to obtain notices of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action without intervening in the proceeding you must submit a written request to OEA at the address above.

If you have procedural or scheduling questions regarding your Petition for Administrative Review, additional information on the review process is available at the website of the Office of Environmental Adjudication at <http://www.in.gov/oea>.

If you have any questions about this certification, please contact Erin Lish, Project Manager, by email at ELish@IDEM.IN.Gov or by phone at 317-296-0737.

cc: Amanda Winters, USACE – Louisville District
Sarah Harrison - U.S. Fish & Wildlife Service
Daniel Gautier, IDNR
Indiana Stream and Wetland Mitigation Program
Matt Blake, Paul Primavera & Associates



New Albany Wastewater Utility

Application for Sewer Tap in / Project Worksheet

Date of Application

1/10/2025

Name of Applicant:
(Owner)

Thompson Group, LLC

Applicant Address:

5031 Old Vincennes Road
Floyd Knobs, IN 47119

Telephone:

(812) 923-0771

Project Name:

Knobs Landing

Project Location:
(address or description)

5031-5053 Old Vincennes Road
Floyd Knobs, IN 47119

Description of Project:
(include phases, timing
& multifamily unit count)

Mixed use development with 11,317 SF of retail/bank
and 125 multi-family units

Total design flow for the project:

See Attached Worksheet

(New Albany Code of Ordinance 51.102(C) (1) (b) states "The estimated flow in gallons per day from the structure in accordance with the provisions of 327 IAC 3-6-11.")

Number of employees anticipated (in design):

See Attached

Net gain in impervious surface for the project:

N/A

Anticipated construction start date:

July 2025

(i.e., complete project design, obtain IDEM construction permit, etc.)

Estimated date when project is fully complete:

December 2028

**All projects over 15,500 GPD must complete an Approved Capacity Study
and Approved Sewer Board Review**

Knobs Landing
Sanitary Sewer Calculations
(All flows per 327 IAC 3-6-11)

Multi-family dwellings:

80 - 1 bedroom	@	200 GPD/unit	=	16,000
45 - 2 bedroom	@	300 GPD/unit	=	13,500

Commercial:

11,317 s.f.	@	0.1 GPD/s.f.	=	1,132
20 employees	@	20 GPD/emp.	=	400
50 swimmers	@	10 GPD/swim	=	500

Total	=	31,532
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New Albany, Indiana
Wastewater Utility
Michael Wallace, Utility Director

10/15/2024

Thieneman Group LLC

RE: Sanitary Sewer Availability

Please be advised that our records indicate we are able to serve your projects at 5031 and 5053 Old Vincennes Road. (Retail, commercial, and multi-family units)

Michael Wallace

New Albany Wastewater Utility Director

38 West 10th St.

New Albany, IN 47150

P: 812-948-5320

F: 812-948-6805

CC: Asset Manager Scott Wilkinson

DMR Copy of Record

Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 01/01/24 to 01/31/24

DMR Due Date:

02/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration								# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	8.1					19 - mg/L	0	01/01 - Daily	3R - 3GR24H	
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L			3R - 3GR24H	
					Value NODI																
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.0			=	7.7	12 - SU	0	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			GR - GRAB	
					Value NODI																
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	1407.0	=	2093.0	26 - lb/d			=	10.8	=	14.29	19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG	<=	45.0 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	578.31			26 - lb/d			=	13.2			19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	111.5	=	199.64	26 - lb/d			=	0.839	=	1.506	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24	
					Permit Req.	<=	300.0 MO AVG	<=	451.0 MX WK AV	26 - lb/d			<=	3.0 MO AVG	<=	4.5 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	69.53			26 - lb/d			=	0.613			19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.015	=	0.04	19 - mg/L	0	01/07 - Weekly	24 - COMP24	
					Permit Req.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L			24 - COMP24	
					Value NODI																
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample								=	0.154	=	0.22	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24	
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L			24 - COMP24	
					Value NODI																
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	11.045			03 - MGD								0	01/01 - Daily	TM - TOTALZ	
					Permit Req.		Req Mon MO AVG			03 - MGD										TM - TOTALZ	

					Value NODI																
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																
					Permit Req.																
					Value NODI																
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	876.2	=	1397.0	26 - lb/d		=	6.5		=	9.1429	19 - mg/L			01/01 - Daily	24 - COMP24
					Permit Req.	<=	1502.0 MO AVG	<=	2303.0 MX WK AV	26 - lb/d		<=	15.0 MO AVG		<=	23.0 MX WK AV	19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Value NODI																
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	342.38	80 - Mgal/mo										01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo										01/30 - Monthly	RT - RCOTOT
					Value NODI																

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0023884_100A__MRO_2024_01.pdf	pdf	536127.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-02-26 10:45 (Time Zone: -05:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-02-26 13:52 (Time Zone: -05:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884		Outfall 100 A	
Month January	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320		
E-mail address: mwallace@cityofnewalbany.com					
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470	Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE										
				6.46			Precipitation - Inches	Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l		
29	Fri	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.							6.9											
30	Sat								6.22											
31	Sun								5.92											
1	Mon			0					5.56	7.3	147	6816.4	106	4915.3	3.5	17.3				
2	Tue			0					5.31	7.2	140	6200	160	7085.7	3.63	17.7				
3	Wed			0					5.52	7.3	130	5984.8	180	8286.6	4.18	17.3				
4	Thu			0					5.42	7.3	93	4203.9	180	8136.5	4.32	17.6				
5	Fri			0					5.32	7.2	140	6211.6	125	5546.1	4.22	20.1				
6	Sat			0.39					5.54	7.2	154	7115.4	173	7993.2	4.38					
7	Sun			0.06					9.32	7.5	172	13369	280	21764	3.6					
8	Mon			0					6.65	7.5	134	7431.8	93	5157.9	3.15	16.3				
9	Tue			1.32					14.62	7.3	135	16461	196	23898	3.68	14.2				
10	Wed			0.52					29.64	7.6	72	17798	373	92205	9.43	2.46				
11	Thu			0		X			13.84	7.6	40	4617	53	6117.6	1.06	4.91				
12	Fri			0.29					12.5	7.1	41	4274.3	113	11780	3.18	5.41				
13	Sat			1.08					30.82	7.3	93	23905	176	45239	3.72					
14	Sun			0					16	7.6	70	9340.8	55	7339.2	1.15					
15	Mon			0					10.2	7.6	177	15057	600	51041	12.7	9.09				
16	Tue			0					8.66	7.1	87	6283.5	123	8883.6	2.23	8.45				
17	Wed			0					7.75	7.3	93	6011.1	93	6011.1	2.72	10				
18	Thu			0					7.75	7.2	115	7433	128	8273.3	2.62	11.3				
19	Fri			0					7.04	7.3	132	7750.2	107	6282.4	3.02	13				
20	Sat			0.01					6.69	7.2	167	9317.7	123	6862.7	3.04					
21	Sun			0					6.41	7.5	125	6682.4	100	5345.9	2.92					
22	Mon			0.01					6.41	7.4	145	7751.6	120	6415.1	3.99	14.4				
23	Tue			0.05					6.47	7.5	180	9712.8	167	9011.3	3.69	14.8				
24	Wed			1.13					14.09	7.4	120	14101	76	8930.8	2.65	11				
25	Thu			0.28					27.98	7.5	80	18668	123	28702	2.4	3.12				
26	Fri			0.23					15.59	7.0	66	8581.4	44	5720.9	1.04	3.95				
27	Sat			0					15.38	7.1	111	14238	285	36557	5.86					
28	Sun			1.03					22.8	7.4	113	21487	400	76061	10					
29	Mon			0.01					21.95	7.4	61	11167	51	9336.2	0.955	3.14				
30	Tue			0					13.12	7.2	69	7550	68	7440.6	0.963	4.74				
31	Wed			0.05					11.48	7.4	57	5457.4	62	5936.1	1.57	5.8				
Average									12.124		111.6	10032	159.13	17493	3.728	10.7				
Maximum				1.32					30.82	7.6	180	23905	600	92205	12.7	20.1				
Minimum									5.31	7.0	40	4203.9	44	4915.3	0.955	2.46				
# of Data				31	0	1	0	0	0	31	31	31	31	31	31	31	23			

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

Prepared by or under the direction of (Certified Operator): 	Date (month, day, year) 2/26/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) 	Date (month, day, year) 2/26/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	January	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			39	4990	78	0.4		5.63	11330							7.5		9.3	
2			38	5115	74	0.9		5.32	10660							7.4		10.0	
3			36	5020	72	1.4		5.51	10810							7.5		8.6	
4			40	4900	82	1.0		5.42	11460							7.4		8.4	
5			38	5265	72	1.3		5.31	9690							7.3		9.8	
6			35	4680	75	1.6		5.52	8960							7.4		9.4	
7			39	4990	78	1.8		8.97	9270							7.6		8.3	
8			49	5900	83	1.2		6.65	11290							7.6		9.9	
9								9.39	10980							7.5		9.5	
10						2.7		17.86	10470							7.6		8.7	
11			15	2870	52	3.6		13.57	6950							7.7		10.6	
12			19	4010	47	1.9		12.45	3980							7.2		10.0	
13								17.72	5040							7.3		10.6	
14			16	2130	75	3.1		14.1								7.5		11.4	
15			29	4555	64	0.5		10.1	3480							7.5		10.0	
16			30	5130	58	1.3		8.55	10100							7.0		8.8	
17			40	5330	75	1.6		7.65	10260							7.4		9.8	
18			34	4945	69	1.9		7.65	8850							7.3		10.7	
19			35	4645	75	2.2		6.96	8840							7.4		10.6	
20				4585		2.4		6.61	8060							7.2		10.6	
21				4745		1.1		6.35	8270							7.4		10.3	
22			31	4960	63	2.0		6.36	7890							7.5		10.8	
23			32	5115	63	1.7		6.41	7360							7.7		9.2	
24			38	5020	76	1.2		13.63	8020							7.5		10.7	
25						3.8		17.87	9020							7.6		9.3	
26				3163		6.2		14.91	2900							7.2		10.6	
27			28	4090	68	3.5		14.56	6140							7.4		10.6	
28								15.3	7350							7.3		10.9	
29			22	2980	74	1.9		17.18								7.3		8.9	
30			38	4850	78	2.8		12.93	6730							7.2		8.1	
31			47	5750	82	3.2		11.31	10740							7.4		8.5	
Avg.			33.39	4605	71.01	2.079		10.25	8445									9.771	
Max.			49	5900	83	6.2		17.87	11460							7.7		11.4	
Min.			15	2130	47	0.4		5.31	2900							7.0		8.1	
Daily Max																			
# of Days above 235																			
Data	0	0	23	26	23	28	0	31	29	0	0		0	0	0	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	January	2024

Day Of Month	Day Of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
29	Fri	6.44		3		161.2254		8		429.9344		0.019		1.021084		0.595	31.98
30	Sat	5.94		3		148.7079		10		495.693						0.641	31.77
31	Sun	5.55		3		138.9443		9		416.8328						0.737	34.13
1	Mon	5.27		4		175.9		6		263.9		0.021		0.924		0.866	38.09
2	Tue	5.07		2		84.62		9		380.8		0.019		0.783		0.875	37
3	Wed	5.25		3		131.4		10		438.1		0.016		0.701		0.956	41.88
4	Thu	5.19		2		86.62		10		433.1		0.015		0.65		1.055	45.69
5	Fri	5.04		3		126.2		8		336.5		0.015		0.631		0.484	20.34
6	Sat	5.12	5.2129	2	2.7143	85.45	118.5	9	8.714	384.5	379.1		0.017		0.7376	0.451	19.27
7	Sun	8.65		5		360.9		7		505.3						0.477	34.43
8	Mon	6.36		3		159.2		8		424.6		0.033		1.725		0.483	25.63
9	Tue	9.72		5		405.6		16		1298		0.181		14.68		0.782	63.43
10	Wed	27.57		10		2301		25		5752		2.295		528		1.43	329
11	Thu	12.76		7		745.4		10		1065		1.755		186.9		0.777	82.68
12	Fri	11.57		4		386.2		4		386.2		0.017		1.641		0.243	23.46
13	Sat	25.64	14.61	13	6.7143	2782	1020	18	12.57	3851	1897		0.856		146.59	0.644	137.7
14	Sun	14.4		11		1322		12		1442						0.694	83.4
15	Mon	9.31		5		388.5		4		310.8		1.02		79.21		0.402	31.19
16	Tue	7.82		3		195.8		4		261		0.603		39.35		0.298	19.41
17	Wed	7.03		3		176		7		410.7		0.418		24.49		0.361	21.18
18	Thu	7.03		3		176		3		176		0.594		34.82		0.212	12.41
19	Fri	6.52		2		108.8		3		163.2		0.233		12.68		0.185	10.07
20	Sat	6.15	8.3229	6	4.7143	307.9	382.1	4	5.286	205.3	424.1		0.573		38.109	0.235	12.06
21	Sun	5.99		3		150		2		99.97						0.38	18.99
22	Mon	5.95		4		198.6		4		198.6		0.766		38.01		0.255	12.66
23	Tue	6.1		4		203.6		3		152.7		1.185		60.32		0.256	13.01
24	Wed	12.69		3		317.7		5		529.5		1.32		139.8		0.393	41.62
25	Thu	23.5		34		6668		43		8433		2.765		542.2		2.12	415.7
26	Fri	17.46		12		1748		8		1166		1.495		217.8		0.506	73.73
27	Sat	14.82	12.359	4	9.1429	494.7	1397	8	10.43	989.4	1653		1.506		199.64	0.213	26.28
28	Sun	21.4		10		1786		18		3214						0.744	132.9
29	Mon	20.32		26		4409		53		8987		2.635		446.8		1.61	273
30	Tue	12.19		5		508.6		9		915.5		1.825		185.6		0.422	42.88
31	Wed	10.49	12.9	2	8	175.1	1117	5	14.29	437.7	2093	0.076	1.063	6.653	139.52	0.188	16.41
Avg		11.045		6.5		876.2		10.8		1407		0.839		111.5		0.613	69.53
Max		27.57	14.61	34	9.1429	6668	1397	53	14.29	8987	2093	2.765	1.506	542.2	199.64	2.12	415.7
Min		5.04	5.2129	2	2.7143	84.62	118.5	2	5.286	99.97	379.1	0.015	0.017	0.631	0.7376	0.185	10.07
Data		31	5	31	5	31	5	31	5	31	5	23	5	23	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 342.38
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			Percent Capacity
Overall Treatment	94.1	93.2	92.2	83.6	(actual flow/design) 92%
Phosphorus limit would be 75 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal	IN0023884	January	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1		0.103													
2		0.103											16.9		
3		0.103													
4		0.103											16.5		
5		0.103													
6		0.103													
7		0.103													
8		0.103											16.7		
9		0.086													
10		0.051													
11		0.102											16.8		
12		0.102													
13		0.051													
14		0.102													
15		0.102													
16		0.102													
17		0.102													
18		0.102													
19		0.102													
20		0.102													
21		0.103													
22		0.102													
23		0.103											16.9		
24		0.102													
25		0.063													
26		0.102											16		
27		0.103													
28		0.051													
29		0.083													
30		0.102													
31		0.102													
Avg.		0.095											16.63		
Max.		0.103											16.9		
Min.		0.051											16		
Data	0	31	0	0	0	0	0	0	0	0	0	0	6	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	January	2024
Substitute for State Form 30530			

Day Of Month	Final Effluent																	
	Chloride		Total Nitrogen															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day														
29								Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L			
30																		
31																		
1																		
2																		
3			13.2	578.31											0.088			
4																		
5																		
6																		
7																		
8																		
9																		
10															0.22			
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg			13.2	578.31											0.154			
Max			13.2	578.31											0.22			
Min			13.2	578.31											0.088			
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9/2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal	IN0023884	January	2024
Substitute for State Form 30530			

Day Of Month	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L								
1																
2																
3							0.014									
4																
5																
6																
7																
8																
9																
10							0.04									
11																
12																
13																
14																
15																
16																
17							0.008									
18																
19																
20																
21																
22																
23																
24							0.006									
25																
26																
27																
28																
29																
30																
31							0.01									
Avg							0.015									
Max							0.04									
Min							0.006									
Data	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to www.reports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 W 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 1/11/24 3:11 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/11/24 4:30 ☐ AM ☒ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 718 West Cotton Ave	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released Check one: ☒ Estimated ☐ Actual 100 Gallons			(11) WWTP Flow During Release 15.66 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☒ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☒ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Our jet truck cleared the obstruction in the main line and flow resumed. We will CCTV the main line today to determine the cause and add this section to preventative maintenance as needed.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☒ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☒ Other: Notified Andrew Dryden on 1/11/24 via email.					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris Homeowner chose to do clean up.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The main line will be inspected and added to our preventative maintenance program as needed.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to www.Reports@idem.IN.gov)

SIGNATURE: Michael Wallace

DATE (month, day, year): 1-12-24

Individual Making Report (printed)

Michael Wallace

Telephone Number

812-948-5320

Contact E-mail

Mwallace@cityofnewalbany.com

Date (month, day, year) / Time IDEM

Notified
1/12/24 8:00

☒ AM

☐ PM

DMR Copy of Record

Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 02/01/24 to 02/29/24

DMR Due Date:

03/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

					Value NODI																
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																
					Permit Req.																
					Value NODI																
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	208.1	=	247.2	26 - lb/d		=	3.5		=	3.857	19 - mg/L				
					Permit Req.	<=	1502.0 MO AVG	<=	2303.0 MX WK AV	26 - lb/d		<=	15.0 MO AVG		<=	23.0 MX WK AV	19 - mg/L	0			
					Value NODI																
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	199.22	80 - Mgal/mo											
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo											
					Value NODI																

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0023884_100A__MRO_2024_02.pdf	pdf	2343117.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-03-27 08:28 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-03-27 08:37 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP			Permit Number IN0023884	
Month February	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320	
E-mail address: mwallace@cityofnewalbany.com			100	A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470	Expiration Date 6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.4	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE								
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu			0						10.1	7.2	79	6654.5	129	10866	2.08	7.38	
2	Fri			0		X				9.19	7.1	129	9887.2	97	7434.5	2.09	7	
3	Sat			0						8.49	7.1	114	8072	90	6372.6	2.22		
4	Sun			0						7.56	7.5	124	7818.2	104	6557.2	2.38		
5	Mon			0						7.3	7.6	159	9680.2	129	7853.8	3.69	13.3	
6	Tue			0						6.88	6.7	160	9180.7	120	6885.5	2.88	12.5	
7	Wed			0						6.52	7.2	115	6253.3	130	7069	3.28	17.7	
8	Thu			0						5.13	7.2	160	6845.5	220	9412.5	4.24	16.9	
9	Fri			0						6.33	7.2	174	9185.8	143	7549.3	3.44	15.2	
10	Sat			0.48						6.33	6.5	170	8974.7	183	9661	4.15		
11	Sun			0.02						13.46	7.4	252	28289	236	26493	4.02		
12	Mon			0						8.01	7.0	42	2805.7	26	1736.9	1.5	9.09	
13	Tue			0						7.45	7.0	144	8947.2	93	5778.4	2.54	11.9	
14	Wed			0						6.89	7.3	134	7700	105	6033.6	2.91	12	
15	Thu			0						6.51	7.2	165	8958.4	154	8361.2	3.82	12.5	
16	Fri			0						6.35	7.2	195	10327	158	8367.5	3.48	13.3	
17	Sat			0.02						6.38	7.1	185	9843.7	147	7821.8	3.21		
18	Sun			0.04						6.34	7.5	165	8724.5	123	6503.7	3.37		
19	Mon			0						6.18	7.3	177	9122.8	137	7061.1	3.69	16.5	
20	Tue			0						6.08	7.3	194	9837.2	320	16226	6.67	13.5	
21	Wed			0						5.88	7.3	189	9268.4	181	8876.1	4.27	17	
22	Thu			0						7.46	7.3	245	15243	485	30175	10.6	12.8	
23	Fri			0.56						11.6	7.2	224	21671	707	68398	13.7	10.9	
24	Sat			0						8.3	7.3	132	9137.3	160	11076	4.93		
25	Sun			0						7.15	7.4	102	6082.4	78	4651.2	2.84		
26	Mon			0.01						6.77	7.3	118	6662.5	44	2484.3	2.73	15.5	
27	Tue			0.09						6.67	7.2	129	7176	120	6675.3	3.38	13.4	
28	Wed			0.16						7.29	7.2	182	11065	425	25839	6.15	13.4	
29	Thu			0.02						7.75	7.1	180	11634	230	14866	3.32	12.5	
Average										7.4603		156.5	9829.2	181.9	11968	4.054	13.06	
Maximum				0.56						13.46	7.6	252	28289	707	68398	13.7	17.7	
Minimum										5.13	6.5	42	2805.7	26	1736.9	1.5	7	
# of Data				29	0	1	0	0	0	29	29	29	29	29	29	29	21	0

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 3/27/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 3/27/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	February	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1			60	5950	101	3.0		9.95	18190						7.2		8.2	
2			50	6045	83	2.8		9.1	13270						7.2		8.5	
3			45	5735	78	3.0		8.37	12010						7.4		8.6	
4			48	5665	85	2.1		7.46	12430						7.5		8.3	
5			53	5555	95	1.5		7.22	9580						7.5		8.9	
6			34	3825	89	2.5		6.78	13050						6.9		7.7	
7			65	7045	92	3.0		9.56	8030						7.6		6.5	
8			43	5045	85	2.5		5.2	5960						7.5		8.6	
9			30	4630	65	2.2		5.66	6770						7.5		11.2	
10			51	6585	77	1.0		8.74	8470						6.8		10.0	
11			70	6515	107	0.9		8.33	4030						7.3		10.2	
12			65	7085	92	1.4		7.92	15020						7.5		10.7	
13			71	6705	106	2.0		8.27	16480						7.2		10.5	
14			76	6730	113	1.6		7.97	14410						7.5		10.2	
15			65	6535	99	2.3		6.63	14280						7.4		9.0	
16			70	6525	107	2.7		6.5	14350						7.5		8.9	
17			59	6190	95	1.7		6.53	11270						7.4		8.9	
18			60	6150	98	2.1		6.54	10630						7.7		9.4	
19			70	6095	115	1.7		6.46	12010						7.4		9.2	
20			80	6785	118	1.5		6.44	12710						7.7		8.6	
21			70	7050	99	1.4		6.24	12840						7.4		8.9	
22			18	4080	44	2.8		5.03	11270						7.6		8.6	
23			55	6065	91	1.9		12.1	14760						7.3		10.1	
24			62	6130	101	2.8		9.85	5290						7.3		9.7	
25			69	6235	111	4.3		8.64	12270						7.2		9.8	
26			69	6030	114	2.9		7.79	11180						7.2		9.0	
27			60	6050	99	1.8		7.19	11700						7.2		8.7	
28			57	5825	98	2.4		7.72	10850						7.3		9.0	
29			68	5795	117	3.2		8.15	13790						7.1		9.7	
Avg.			58.38	6023	95.72	2.241		7.667	11617								9.159	
Max.			80	7085	117.9	4.3		12.1	18190						7.7		11.2	
Min.			18	3825	44.12	0.9		5.03	4030						6.8		6.5	
Daily Max																		
# of Days above 235																		
Data	0	0	29	29	29	29	0	29	29	0	0	0	0	0	29	29	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	February	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Thu	9.29		2		155.1		6		465.2		0.288		22.33		0.141	10.93
2	Fri	8.82		8		588.8		5		368		0.491		36.14		0.156	11.45
3	Sat	7.79		3		195		4		260						0.138	8.939
4	Sun	6.95		3		174		6		348						0.153	8.845
5	Mon	6.71		5		280		6		336		0.985		55.16		0.168	9.407
6	Tue	6.33		3		158.5		12		633.9		1.09		57.58		0.633	33.44
7	Wed	5.98		3		149.7		5		249.5		0.096		4.791		0.197	9.806
8	Thu	5.95		2		99.31		6		297.9		0.083		4.096		0.532	26.39
9	Fri	6.37		7		372.1		5		265.8		0.019		0.983		0.227	12.04
10	Sat	6.13	6.3457	2	3.571	102.3	190.8	6	6.571	306.9	348.3		0.454		24.521	0.141	7.187
11	Sun	9.74		10		812.8		2		162.6						0.12	9.754
12	Mon	7.6		2		126.8		3		190.3		0.018		1.142		0.166	10.5
13	Tue	7.17		2		119.7		4		239.3		0.015		0.898		0.136	8.137
14	Wed	6.5		3		162.7		5		271.2		0.015		0.814		0.147	7.974
15	Thu	6.15		3		154		7		359.3		0.015		0.77		0.165	8.442
16	Fri	6.12		4		204.3		8		408.6		0.015		0.766		0.143	7.278
17	Sat	5.99	7.0386	3	3.857	150	247.2	9	5.429	449.9	297.3		0.016		0.8777	0.581	29.04
18	Sun	5.91		4		197.3		5		246.6						0.174	8.581
19	Mon	5.84		3		146.2		6		292.4		0.02		0.975		0.193	9.381
20	Tue	5.84		3		146.2		4		194.9		0.015		0.731		0.185	8.992
21	Wed	5.58		2		93.13		4		186.3		0.015		0.698		0.709	32.99
22	Thu	4.48		3		112.2		3		112.2		0.015		0.561		0.558	20.84
23	Fri	10.68		3		267.4		3		267.4		2.275		202.8		0.922	82.13
24	Sat	7.94	6.61	2	2.857	132.5	156.4	2	3.857	132.5	204.6		0.468		41.145	0.425	28.13
25	Sun	6.5		3		162.7		2		108.5						0.18	9.737
26	Mon	6.41		6		320.9		2		107		0.015		0.802		0.158	8.452
27	Tue	6.41		3		160.5		2		107		0.015		0.802		0.231	12.36
28	Wed	6.92		3		173.2		2		115.5		0.015		0.866		0.236	13.6
29	Thu	7.12	6.6686	2	3	118.8	165.5	3	2.286	178.2	127.2	0.015	0.015	0.891	0.8284	0.294	17.47
Avg		6.8697		3.5		208.1		4.7		264.2		0.263		18.79		0.283	16.28
Max		10.68	7.0386	10	3.857	812.8	247.2	12	6.571	633.9	348.3	2.275	0.468	202.8	41.145	0.922	82.13
Min		4.48	6.3457	2	2.857	93.13	156.4	2	2.286	107	127.2	0.015	0.015	0.561	0.8284	0.12	7.187
Data		29	4	29	4	29	4	29	4	29	4	21	4	21	4	29	29

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 199.22
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 57%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	97.8	97.4	98.0	93.0	
Phosphorus limit would be 80 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	February	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION														
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids				
			pH	Gas Production Cubic Ft. x 1000	Temperature - F												
1		0.103															
2		0.103															
3		0.102															
4		0.102															
5		0.103															
6		0.102															
7		0.103															
8		0.103											17.3				
9		0.103															
10		0.109															
11		0.103															
12		0.103											17.8				
13		0.115															
14		0.119															
15		0.119											16.6				
16		0.119															
17		0.119															
18		0.119															
19		0.119															
20		0.119											16.7				
21		0.131															
22		0.135											16.6				
23		0.134															
24		0.134															
25		0.134															
26		0.134											17				
27		0.134															
28		0.135															
29		0.135											15.5				
Avg.		0.117											16.79				
Max.		0.135											17.8				
Min.		0.102											15.5				
Data	0	29	0	0	0	0	0	0	0	0	0	0	7	0			

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	February	2024

Substitute for State Form 30530

Day Of Month	Final Effluent																	
	Chloride		Total Nitrogen															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day														
1																		
2																		
3																		
4																		
5																		
6																		
7			6.5	324.37													0.16	
8																		
9																		
10																		
11																		
12																		
13																		
14																	0.057	
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
Avg			6.5	324.37													0.109	
Max			6.5	324.37													0.16	
Min			6.5	324.37													0.057	
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	February	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cynide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3																
4																
5																
6																
7									0.013							
8																
9																
10																
11																
12																
13																
14									0.009							
15																
16																
17																
18																
19																
20																
21									0.009							
22																
23																
24																
25																
26																
27																
28									0.017							
29																
Avg									0.012							
Max									0.017							
Min									0.009							
Data	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 W 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 2/2/24 7:09 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 2/2/24 10:10 ☐ AM ☒ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Charlestown Rd / Mt Tabor Rd	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released Check one: ☒ Estimated ☐ Actual 200 Gallons			(11) WWTP Flow During Release 11.39 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation _____ inches					
(16) System Component(s) (Select one or more.) ☒ Manhole ☐ House Lateral ☐ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Our jet truck cleared the obstruction in the main line and flow resumed. Grease was found to be the issue.		(18) Description of the Area Impacted (Check all that apply.) ☐ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☒ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☒ Other: Notified Andrew Dryden on 2/2/24 via email.					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris City staff vacuumed at MH 1 removing debris.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The main line will be inspected and added to our preventative maintenance program. Crews will be inspecting upstream to locate the source of the grease.					

(22)

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@Idem.IN.gov)			
SIGNATURE: <u>Michael Wallace</u>		DATE (month, day, year): <u>2/5/24</u>	
Individual Making Report (printed) Michael Wallace	Telephone Number 812-948-5320	Contact E-mail Mwallace@cityofnewalbany.com	Date (month, day, year) / Time IDEM Notified 2/5/24 8:50 ☒ AM ☐ PM

DMR Copy of Record

Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 03/01/24 to 03/31/24

DMR Due Date:

04/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

					Value NODI																
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																
					Permit Req.																
					Value NODI																
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	263.3	=	446.8	26 - lb/d		=	3.2		=	4.0	19 - mg/L				
					Permit Req.	<=	1502.0 MO AVG	<=	2303.0 MX WK AV	26 - lb/d		<=	15.0 MO AVG		<=	23.0 MX WK AV	19 - mg/L	0			
					Value NODI																
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	278.04	80 - Mgal/mo											
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0			
					Value NODI																

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_03.pdf	pdf	458888.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-04-25 14:50 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-04-26 10:15 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-AQ
MAIN OUTFALL QUARTERLY PARAMETERS

Report Dates & Status

Monitoring Period:

From 03/01/24 to 03/31/24

DMR Due Date:

04/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI:

--

					Value NODI															
01118	Chromium, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.0019	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Permit Req.										Req Mon DAILY MX	19 - mg/L	0	01/90 - Quarterly	24 - COMP24	
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0023884_100A__MRO_2024_03.pdf	pdf	458888.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-04-26 10:12 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-04-26 10:15 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884	
Month March	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470
		Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Fri			0						6.63	7.1	157	8681.2	136	7520	3.2	14.2
2	Sat			0.21						7.65	7.0	179	11420	144	9187.3	3.26	
3	Sun			0.01						7.54	7.0	139	8740.8	93	5848.2	2.48	
4	Mon			0						7.19	6.8	177	10614	105	6296.3	3.12	13
5	Tue			0						6.95	7.1	194	11245	152	8810.4	3.55	13.3
6	Wed			0.85						14.36	7.0	152	18204	192	22994	2.95	10.5
7	Thu			0.01						16.83	7.0	104	14598	95	13334	1.77	4.34
8	Fri			0.06		X				10.97	6.8	86	7868.1	82	7502.2	2.19	6.37
9	Sat			1.24						27.98	6.9	139	32436	188	43870	2.65	
10	Sun			0						19.1	6.8	75	11947	100	15929	2.81	
11	Mon			0						13.33	6.6	182	20233	830	92273	15.2	7.15
12	Tue			0						9.78	6.9	123	10033	355	28956	7.5	8.61
13	Wed			0						8.72	6.8	124	9017.9	129	9381.5	3.18	9.48
14	Thu			0						8.24	6.8	202	13882	160	10995	3.19	10.7
15	Fri			0.97						15.03	6.6	164	20557	180	22563	3.86	10.6
16	Sat			0						16.64	6.9	91	12629	70	9714.4	1.36	
17	Sun			0						11.1	6.9	180	16663	590	54619	13.4	
18	Mon			0						8.78	6.8	160	11716	120	8787	3.04	9.76
19	Tue			0						7.89	7.0	430	28295	113	7435.7	2.87	10.7
20	Wed			0						7.65	7.0	93	5933.5	133	8485.5	3.17	12.2
21	Thu			0						6.97	6.9	195	11335	133	7731.3	2.98	12.2
22	Fri			0						6.79	7.0	157	8890.7	200	11326	2.46	10.5
23	Sat			0.01						6.53	7.1	190	10347	150	8169	3.09	
24	Sun			0						6.34	7.0	164	8671.6	110	5816.3	3.68	
25	Mon			0						6.27	7.0	165	8628.1	106	5542.9	2.93	13.4
26	Tue			0.26						6.81	6.6	212	12041	140	7951.4	3.8	13.2
27	Wed			0.07						7.48	6.7	204	12726	44	2744.9	2.15	10.3
28	Thu			0						6.46	6.8	150	8081.5	111	5980.3	2.78	14.1
29	Fri			0						6.17	7.0	165	8490.5	140	7204.1	3.24	14.7
30	Sat			0						5.92	6.7	230	11356	157	7751.5	3.58	
31	Sun			0.15						6.54	6.8	184	10036	154	8399.7	3.77	
Average										9.8271		166.7	12752	174.6	15262	3.845	10.92
Maximum				1.24						27.98	7.1	430	32436	830	92273	15.2	14.7
Minimum										5.92	6.6	75	5933.5	44	2744.9	1.36	4.34
# of Data				31	0	1	0	0	0	31	31	31	31	31	31	31	21

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 4/25/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 4/25/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	March	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			66	5915	112	2.6		7.01	12620							7.5		9.2	
2			66	5665	117	3.4		9.11	11190							7.1		10.0	
3			54	5520	98	3.7		9.03	12500							7.0		10.5	
4			59	5845	101	3.1		8.64	10150							6.9		10.4	
5			56	5435	103	2.5		8.33	13080							7.0		9.1	
6			45	5260	86	1.8		14.88	10960							7.0		8.9	
7			60	5700	105	3.7		16.48	9130							7.0		9.1	
8			70	5880	119	2.3		13.01	13380							7.0		10.5	
9								16.76	8750							7.0		9.9	
10			37	4275	87	1.9		17.26								6.9		9.4	
11			61	6150	99	2.0		15.54	8820							6.9		10.3	
12			68	6165	110	2.4		11.6	9820							7.0		9.0	
13			61	6535	93	1.8		10.46	9590							7.1		9.1	
14			65	6690	97	1.9		9.56	12790							7.1		8.6	
15								12.5	11400							6.8		9.2	
16			43	4910	88	1.7		16.96								7.1		8.4	
17			65	5970	109	3.5		13.2	10060							7.1		9.1	
18			58	6350	91	3.0		10.47	11180							7.1		8.8	
19			70	6405	109	3.1		9.47	10690							7.3		10.0	
20			69	6305	109	3.3		9.18	12080							7.2		9.9	
21			74	6195	119	3.4		8.33	12170							7.2		9.7	
22			58	6015	96	2.5		8.12	12640							7.3		9.0	
23			63	5940	106	2.5		7.83	11810							7.2		9.1	
24			57	5745	99	3.5		7.6	10370							7.3		9.3	
25			56	5565	101	3.2		7.51	9670							7.1		9.9	
26			61	5990	102	1.5		8.13	10550							7.0		8.1	
27			53	5490	97	2.7		8.94	10530							7.1		10.1	
28			62	5715	108	1.8		7.71	12050							7.1		9.7	
29			52	5450	95	2.8		7.4	12570							7.2		9.5	
30			60	5560	108	1.4		7.07	10000							7.0		9.4	
31			59	5670	104	1.7		7.87	8680							7.1		9.4	
Avg.			59.59	5804	102.4	2.576		10.51	11008									9.439	
Max.			74	6690	119.5	3.7		17.26	13380							7.5		10.5	
Min.			37	4275	85.55	1.4		7.01	8680							6.8		8.1	
Daily Max																			
# of Days above 235																			
Data	0	0	29	29	29	29	0	31	29	0	0		0	0	0	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	March	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Fri	6.23		2		104		3		156		0.015		0.78		0.294	15.28
2	Sat	7.09		2		118.3		2		118.3						0.337	19.91
3	Sun	7.03		3		176		2		117.3						0.266	15.6
4	Mon	6.76		6		338.5		2		112.8		0.015		0.846		0.393	22.14
5	Tue	6.81		2		113.7		2		113.7		0.015		0.852		1.03	58.53
6	Wed	13.14		2		219.3		4		438.6		0.93		102		1.375	150.8
7	Thu	15.77		3		394.8		5		658		0.015		1.974		0.716	94.23
8	Fri	10.22		2		170.6		2		170.6		0.015		1.279		0.211	18
9	Sat	23.43	11.88	4	3.143	782.1	313.6	15	4.571	2933	649.1		0.198		21.386	0.633	123.7
10	Sun	17.62		10		1470		9		1323						1.425	209.5
11	Mon	12.25		3		306.7		5		511.1		0.041		4.14		0.199	20.29
12	Tue	9.27		2		154.7		2		154.7		0.019		1.431		0.167	12.88
13	Wed	8.11		3		203		2		135.4		0.15		10.15		0.406	27.48
14	Thu	7.56		3		189.3		3		189.3		0.015		0.946		0.409	25.8
15	Fri	11.82		3		295.9		4		394.6		0.081		7.99		0.167	16.42
16	Sat	15.2	11.69	4	4	507.4	446.8	6	4.429	761.1	495.6		0.061		4.9318	0.559	70.91
17	Sun	10.2		4		340.5		4		340.5						0.19	16.17
18	Mon	8.03		4		268		2		134		0.015		1.005		0.145	9.683
19	Tue	7.33		4		244.7		2		122.3		0.037		2.263		1.13	69.12
20	Wed	6.98		3		174.7		2		116.5		0.015		0.874		0.612	35.62
21	Thu	6.51		4		217.3		2		108.7		0.015		0.815		0.487	26.43
22	Fri	6.14		2		102.5		2		102.5		0.015		0.769		0.502	25.7
23	Sat	6.15	7.3343	3	3.429	154	214.5	2	2.286	102.6	146.7		0.019		1.1451	0.131	6.697
24	Sun	5.81		3		145.5		5		242.4						1.325	64.24
25	Mon	5.78		3		144.7		2		96.47		0.016		0.772		0.416	20.07
26	Tue	6.39		2		106.6		3		160		0.015		0.8		0.491	26.18
27	Wed	7.05		3		176.5		2		117.7		0.015		0.882		0.363	21.36
28	Thu	5.93		2		98.97		2		98.97		0.015		0.742		0.31	15.34
29	Fri	5.79		2		96.64		2		96.64		0.015		0.725		0.428	20.68
30	Sat	5.52	6.0386	2	2.429	92.13	123	2	2.571	92.13	129.2		0.015		0.7842	0.419	19.28
31	Sun	6.12		5		255.4		2		102.1						0.469	23.93
Avg		8.969		3.2		263.3		3.4		332.9		0.071		6.763		0.516	42
Max		23.43	11.88	10	4	1470	446.8	15	4.571	2933	649.1	0.93	0.198	102	21.386	1.425	209.5
Min		5.52	6.0386	2	2.429	92.13	123	2	2.286	92.13	129.2	0.015	0.015	0.725	0.7842	0.131	6.697
Data		31	4	31	4	31	4	31	4	31	4	21	4	21	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 278.04
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 75%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	98.1	98.1	99.4	86.6	
Phosphorus limit would be 75 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	March	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1															
2															
3															
4													15.4		
5															
6													17.1		
7															
8													16.9		
9															
10															
11															
12															
13															
14													16.8		
15															
16															
17															
18													16.8		
19															
20													16.7		
21															
22													17.3		
23															
24															
25													16.6		
26															
27															
28													16.5		
29															
30															
31															
Avg.													16.68		
Max.													17.3		
Min.													15.4		
Data	0	0	0	0	0	0	0	0	0	0	0	0	9	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	March	2024

Substitute for State Form 30530

Day Of Month	Final Effluent						Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.075		
7																
8																
9																
10																
11																
12																
13														0.068		
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Avg			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.072		
Max			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.075		
Min			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.068		
Data	0	0	1	1	0	0	1	1	1	1	1	1	1	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	March	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3																
4																
5																
6		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.013							
7																
8																
9																
10																
11																
12																
13									0.007							
14																
15																
16																
17																
18																
19																
20									0.007							
21																
22																
23																
24																
25																
26																
27									0.013							
28																
29																
30																
31																
Avg		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.01							
Max		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.013							
Min		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.007							
Data	0	1	1	1	1	1	1	1	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 W 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 3/8/24 9:19 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/8/24 10:50 ☐ AM ☒ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1617 Sprigler Ct	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 50 Gallons			(11) WWTP Flow During Release 23.60 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☒ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Our jet truck cleared the obstruction in the main line and flow resumed. We will CCTV the main line to determine the cause and add this section to preventative maintenance as needed.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☒ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☒ Other: Notified Andrew Dryden on 3/8/24 via email.					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris Pro4mance was called to sanitize and mitigate water damage.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The main line will be inspected and added to our preventative maintenance program as needed.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwreports@idem.IN.gov)

SIGNATURE:

Michael Wallace

DATE (month, day, year):

3-11-24

Individual Making Report (printed)

Michael Wallace

Telephone Number

812-948-5320

Contact E-mail

Mwallace@cityofnewalbany.com

Date (month, day, year) / Time IDEM

Notified
3/11/24 8:15

☒ AM
☐ PM



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884	
Month March	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470
		Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Fri			0						6.63	7.1	157	8681.2	136	7520	3.2	14.2
2	Sat			0.21						7.65	7.0	179	11420	144	9187.3	3.26	
3	Sun			0.01						7.54	7.0	139	8740.8	93	5848.2	2.48	
4	Mon			0						7.19	6.8	177	10614	105	6296.3	3.12	13
5	Tue			0						6.95	7.1	194	11245	152	8810.4	3.55	13.3
6	Wed			0.85						14.36	7.0	152	18204	192	22994	2.95	10.5
7	Thu			0.01						16.83	7.0	104	14598	95	13334	1.77	4.34
8	Fri			0.06		X				10.97	6.8	86	7868.1	82	7502.2	2.19	6.37
9	Sat			1.24						27.98	6.9	139	32436	188	43870	2.65	
10	Sun			0						19.1	6.8	75	11947	100	15929	2.81	
11	Mon			0						13.33	6.6	182	20233	830	92273	15.2	7.15
12	Tue			0						9.78	6.9	123	10033	355	28956	7.5	8.61
13	Wed			0						8.72	6.8	124	9017.9	129	9381.5	3.18	9.48
14	Thu			0						8.24	6.8	202	13882	160	10995	3.19	10.7
15	Fri			0.97						15.03	6.6	164	20557	180	22563	3.86	10.6
16	Sat			0						16.64	6.9	91	12629	70	9714.4	1.36	
17	Sun			0						11.1	6.9	180	16663	590	54619	13.4	
18	Mon			0						8.78	6.8	160	11716	120	8787	3.04	9.76
19	Tue			0						7.89	7.0	430	28295	113	7435.7	2.87	10.7
20	Wed			0						7.65	7.0	93	5933.5	133	8485.5	3.17	12.2
21	Thu			0						6.97	6.9	195	11335	133	7731.3	2.98	12.2
22	Fri			0						6.79	7.0	157	8890.7	200	11326	2.46	10.5
23	Sat			0.01						6.53	7.1	190	10347	150	8169	3.09	
24	Sun			0						6.34	7.0	164	8671.6	110	5816.3	3.68	
25	Mon			0						6.27	7.0	165	8628.1	106	5542.9	2.93	13.4
26	Tue			0.26						6.81	6.6	212	12041	140	7951.4	3.8	13.2
27	Wed			0.07						7.48	6.7	204	12726	44	2744.9	2.15	10.3
28	Thu			0						6.46	6.8	150	8081.5	111	5980.3	2.78	14.1
29	Fri			0						6.17	7.0	165	8490.5	140	7204.1	3.24	14.7
30	Sat			0						5.92	6.7	230	11356	157	7751.5	3.58	
31	Sun			0.15						6.54	6.8	184	10036	154	8399.7	3.77	
Average										9.8271		166.7	12752	174.6	15262	3.845	10.92
Maximum				1.24						27.98	7.1	430	32436	830	92273	15.2	14.7
Minimum										5.92	6.6	75	5933.5	44	2744.9	1.36	4.34
# of Data				31	0	1	0	0	0	31	31	31	31	31	31	31	21

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 4/25/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 4/25/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	March	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			66	5915	112	2.6		7.01	12620							7.5		9.2	
2			66	5665	117	3.4		9.11	11190							7.1		10.0	
3			54	5520	98	3.7		9.03	12500							7.0		10.5	
4			59	5845	101	3.1		8.64	10150							6.9		10.4	
5			56	5435	103	2.5		8.33	13080							7.0		9.1	
6			45	5260	86	1.8		14.88	10960							7.0		8.9	
7			60	5700	105	3.7		16.48	9130							7.0		9.1	
8			70	5880	119	2.3		13.01	13380							7.0		10.5	
9								16.76	8750							7.0		9.9	
10			37	4275	87	1.9		17.26								6.9		9.4	
11			61	6150	99	2.0		15.54	8820							6.9		10.3	
12			68	6165	110	2.4		11.6	9820							7.0		9.0	
13			61	6535	93	1.8		10.46	9590							7.1		9.1	
14			65	6690	97	1.9		9.56	12790							7.1		8.6	
15								12.5	11400							6.8		9.2	
16			43	4910	88	1.7		16.96								7.1		8.4	
17			65	5970	109	3.5		13.2	10060							7.1		9.1	
18			58	6350	91	3.0		10.47	11180							7.1		8.8	
19			70	6405	109	3.1		9.47	10690							7.3		10.0	
20			69	6305	109	3.3		9.18	12080							7.2		9.9	
21			74	6195	119	3.4		8.33	12170							7.2		9.7	
22			58	6015	96	2.5		8.12	12640							7.3		9.0	
23			63	5940	106	2.5		7.83	11810							7.2		9.1	
24			57	5745	99	3.5		7.6	10370							7.3		9.3	
25			56	5565	101	3.2		7.51	9670							7.1		9.9	
26			61	5990	102	1.5		8.13	10550							7.0		8.1	
27			53	5490	97	2.7		8.94	10530							7.1		10.1	
28			62	5715	108	1.8		7.71	12050							7.1		9.7	
29			52	5450	95	2.8		7.4	12570							7.2		9.5	
30			60	5560	108	1.4		7.07	10000							7.0		9.4	
31			59	5670	104	1.7		7.87	8680							7.1		9.4	
Avg.			59.59	5804	102.4	2.576		10.51	11008									9.439	
Max.			74	6690	119.5	3.7		17.26	13380							7.5		10.5	
Min.			37	4275	85.55	1.4		7.01	8680							6.8		8.1	
Daily Max																			
# of Days above 235																			
Data	0	0	29	29	29	29	0	31	29	0	0		0	0	0	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	March	2024

Day Of Month	Day Of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Fri	6.23		2		104		3		156		0.015		0.78		0.294	15.28
2	Sat	7.09		2		118.3		2		118.3						0.337	19.91
3	Sun	7.03		3		176		2		117.3						0.266	15.6
4	Mon	6.76		6		338.5		2		112.8		0.015		0.846		0.393	22.14
5	Tue	6.81		2		113.7		2		113.7		0.015		0.852		1.03	58.53
6	Wed	13.14		2		219.3		4		438.6		0.93		102		1.375	150.8
7	Thu	15.77		3		394.8		5		658		0.015		1.974		0.716	94.23
8	Fri	10.22		2		170.6		2		170.6		0.015		1.279		0.211	18
9	Sat	23.43	11.88	4	3.143	782.1	313.6	15	4.571	2933	649.1		0.198		21.386	0.633	123.7
10	Sun	17.62		10		1470		9		1323						1.425	209.5
11	Mon	12.25		3		306.7		5		511.1		0.041		4.14		0.199	20.29
12	Tue	9.27		2		154.7		2		154.7		0.019		1.431		0.167	12.88
13	Wed	8.11		3		203		2		135.4		0.15		10.15		0.406	27.48
14	Thu	7.56		3		189.3		3		189.3		0.015		0.946		0.409	25.8
15	Fri	11.82		3		295.9		4		394.6		0.081		7.99		0.167	16.42
16	Sat	15.2	11.69	4	4	507.4	446.8	6	4.429	761.1	495.6		0.061		4.9318	0.559	70.91
17	Sun	10.2		4		340.5		4		340.5						0.19	16.17
18	Mon	8.03		4		268		2		134		0.015		1.005		0.145	9.683
19	Tue	7.33		4		244.7		2		122.3		0.037		2.263		1.13	69.12
20	Wed	6.98		3		174.7		2		116.5		0.015		0.874		0.612	35.62
21	Thu	6.51		4		217.3		2		108.7		0.015		0.815		0.487	26.43
22	Fri	6.14		2		102.5		2		102.5		0.015		0.769		0.502	25.7
23	Sat	6.15	7.3343	3	3.429	154	214.5	2	2.286	102.6	146.7		0.019		1.1451	0.131	6.697
24	Sun	5.81		3		145.5		5		242.4						1.325	64.24
25	Mon	5.78		3		144.7		2		96.47		0.016		0.772		0.416	20.07
26	Tue	6.39		2		106.6		3		160		0.015		0.8		0.491	26.18
27	Wed	7.05		3		176.5		2		117.7		0.015		0.882		0.363	21.36
28	Thu	5.93		2		98.97		2		98.97		0.015		0.742		0.31	15.34
29	Fri	5.79		2		96.64		2		96.64		0.015		0.725		0.428	20.68
30	Sat	5.52	6.0386	2	2.429	92.13	123	2	2.571	92.13	129.2		0.015		0.7842	0.419	19.28
31	Sun	6.12		5		255.4		2		102.1						0.469	23.93
Avg		8.969		3.2		263.3		3.4		332.9		0.071		6.763		0.516	42
Max		23.43	11.88	10	4	1470	446.8	15	4.571	2933	649.1	0.93	0.198	102	21.386	1.425	209.5
Min		5.52	6.0386	2	2.429	92.13	123	2	2.286	92.13	129.2	0.015	0.015	0.725	0.7842	0.131	6.697
Data		31	4	31	4	31	4	31	4	31	4	21	4	21	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 278.04
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 75%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	98.1	98.1	99.4	86.6	
Phosphorus limit would be 75 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	March	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION													
			Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids			
	pH	Gas Production Cubic Ft. x 1000	Temperature - F													
1																
2																
3																
4														15.4		
5																
6														17.1		
7																
8														16.9		
9																
10																
11																
12																
13																
14														16.8		
15																
16																
17																
18														16.8		
19																
20														16.7		
21																
22														17.3		
23																
24																
25														16.6		
26																
27																
28														16.5		
29																
30																
31																
Avg.														16.68		
Max.														17.3		
Min.														15.4		
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	March	2024

Substitute for State Form 30530

Day Of Month	Final Effluent						Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.075		
7																
8																
9																
10																
11																
12																
13														0.068		
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Avg			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.072		
Max			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.075		
Min			10.7	1173.29			0.01	0.006	0.001	0.14	0.0005	0.003	0.002	0.068		
Data	0	0	1	1	0	0	1	1	1	1	1	1	1	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	March	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3																
4																
5																
6		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.013							
7																
8																
9																
10																
11																
12																
13									0.007							
14																
15																
16																
17																
18																
19																
20									0.007							
21																
22																
23																
24																
25																
26																
27									0.013							
28																
29																
30																
31																
Avg		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.01							
Max		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.013							
Min		0.01	0.005	0.001	0.025	0.0005	0.001	0.0005	0.007							
Data	0	1	1	1	1	1	1	1	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 W 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 3/8/24 9:19 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/8/24 10:50 ☐ AM ☒ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1617 Sprigler Ct	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 50 Gallons			(11) WWTP Flow During Release 23.60 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☒ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Our jet truck cleared the obstruction in the main line and flow resumed. We will CCTV the main line to determine the cause and add this section to preventative maintenance as needed.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☒ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☒ Other: Notified Andrew Dryden on 3/8/24 via email.					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris Pro4mance was called to sanitize and mitigate water damage.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The main line will be inspected and added to our preventative maintenance program as needed.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwreports@idem.IN.gov)

SIGNATURE:

Michael Wallace

DATE (month, day, year):

3-11-24

Individual Making Report (printed)

Michael Wallace

Telephone Number

812-948-5320

Contact E-mail

Mwallace@cityofnewalbany.com

Date (month, day, year) / Time IDEM

Notified
3/11/24 8:15

☒ AM
☐ PM

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:

IN0023884
Yes

Permittee:
Permittee Address:

NEW ALBANY WWTP
30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:
Facility Location:

NEW ALBANY WWTP
30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 04/01/24 to 04/30/24

DMR Due Date:

05/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:
Last Name:

Jeff
Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration								# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	6.5					19 - mg/L	0	01/01 - Daily	3R - 3GR24H	
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L			3R - 3GR24H	
					Value NODI																
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.3			=	7.9	12 - SU	0	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			GR - GRAB	
					Value NODI																
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	368.6	=	761.0	26 - lb/d			=	3.4	=	5.143	19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG	<=	45.0 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	589.5158			26 - lb/d			=	4.1			19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	29.37	=	64.623	26 - lb/d			=	0.198	=	0.512	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24	
					Permit Req.	<=	300.0 MO AVG	<=	451.0 MX WK AV	26 - lb/d			<=	3.0 MO AVG	<=	4.5 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	52.23			26 - lb/d			=	0.617			19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
					Sample								=	0.01	=	0.017	19 - mg/L		01/07 - Weekly	24 - COMP24	
					Permit															24 -	

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI									<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample									=	0.103	=	0.12	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.										Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L			
					Value NODI																
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	10.069			03 - MGD									0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD											
					Value NODI																
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.										9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample									=	17.0	=	225.0	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Permit Req.									<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL			
					Value NODI																
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	444.8	=	872.2	26 - lb/d				=	4.5	=	6.286	19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req.	<=	1502.0 MO AVG	<=	2303.0 MX WK AV	26 - lb/d				<=	15.0 MO AVG	<=	23.0 MX WK AV	19 - mg/L			
					Value NODI																
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	302.06	80 - Mgal/mo									0	01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo											
					Value NODI																

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0023884_100A__MRO_2024_04.pdf	pdf	448196.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-05-23 12:56 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-05-23 13:33 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP			Permit Number IN0023884	
Month April	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320	
E-mail address: mwallace@cityofnewalbany.com			100	A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470	Expiration Date 6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 5.25	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal/Day	Lbs/Day or Gal/Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l		
1	Mon			0						6.43	6.8	170	9116.5	100	5362.6	3.22	14.6		
2	Tue			0.36						6.27	6.5	237	12393	91	4758.6	3.84	15.6		
3	Wed			1.17						21.46	6.9	128	22909	67	11991	2.84	9.12		
4	Thu			0.11						14.8	6.7	100	12343	180	22218	3.45	5.24		
5	Fri			0.01						10.32	6.7	168	14460	965	83056	18.6	9.73		
6	Sat			0						8.6	6.7	154	11045	113	8104.8	2.74			
7	Sun			0						9.35	6.8	134	10449	109	8499.7	3.18			
8	Mon			0.08						10.5	6.5	92	8056.4	120	10508	2.82	9.46		
9	Tue			0						11.48	6.8	110	10532	106	10149	2.5	6.26		
10	Wed			0.05						9.95	6.8	130	10788	82	6804.6	2.03	9.73		
11	Thu			1.2		X				14.63	6.5	192	23427	200	24403	3.28	8.48		
12	Fri			0.42						27.76	6.7	64	14817	83	19216	1.34	2.58		
13	Sat			0.22						18.12	6.6	56	8462.8	53	8009.4	0.899			
14	Sun			0						13.38	7.4	199	22206	860	95967	15.6			
15	Mon			0						11.19	6.6	77	7186	97	9052.5	2.31	7.63		
16	Tue			0						11.65	6.4	164	15934	217	21084	3.29	8.99		
17	Wed			0.36						13.17	6.3	100	10984	103	11313	2.23	6.84		
18	Thu			0						14.6	6.5	77	9375.8	76	9254.1	1.49	5.98		
19	Fri			0.58						13.87	6.2	75	8675.7	74	8560	1.83	7.61		
20	Sat			0						13.55	6.6	86	9718.6	25	2825.2	1.03			
21	Sun			0						9.04	6.5	99	7464	56	4222	2.44			
22	Mon			0						7.96	6.6	185	12281	103	6837.8	2.51	12		
23	Tue			0						7.42	6.4	169	10458	120	7425.9	2.94	11.7		
24	Wed			0.13						7.46	6.7	290	18043	89	5537.3	2.56	12.3		
25	Thu			0						7.03	7.0	182	10671	126	7387.4	3.08	11.3		
26	Fri			0						6.65	7.0	175	9705.7	560	31058	2.99	13.4		
27	Sat			0						6.3	7.1	214	11244	150	7881.3	3.61			
28	Sun			0						6.07	7.3	150	7593.6	152	7694.8	3.49			
29	Mon			0						6.08	7.1	144	7301.8	43	2180.4	2.67	16.5		
30	Tue			0.56						8.27	7.0	260	17933	200	13794	4.34	16.1		
Average										11.112		146	12186	177.3	15839	3.638	10.05		
Maximum				1.2						27.76	7.4	290	23427	965	95967	18.6	16.5		
Minimum										6.07	6.2	56	7186	25	2180.4	0.899	2.58		
# of Data				30	0	1	0	0	0	30	30	30	30	30	30	30	22	0	

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 5/23/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 5/23/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	April	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			58	6105	95	1.1		7.95	12720						14	7.0		8.8	
2			58	6535	89	0.9		7.91	8940						20	7.0		9.2	
3						0.6		14.89	11120						17800	6.9		9.3	
4			34	4060	84	3.6		16.4	10540						225	6.9		10.8	
5			63	6125	103	1.6		12.22	6150						42	7.0		9.9	
6			60	5905	102	2.6		10.3	7810						12	6.9		9.8	
7			70	6020	116	3.5		11.2	12630						14	6.9		9.9	
8			65	5800	112	3.3		12.5	10660						26	6.9		10.8	
9			54	5695	95	3.6		13.67	9870						72	6.9		9.9	
10			58	5660	102	2.8		11.9	11390						13	7.2		10.7	
11				5060		1.6		14.5	11520						18300	6.7		9.0	
12				4480		2.1		18.1	11280						6400	6.9		9.8	
13			24	2880	83	3.0		17.8	13950						203	6.7		7.9	
14			47	5080	93	2.0		15.5	6120						28	7.9		10.9	
15			53	5950	89	1.7		13.31	9180						17	6.8		9.9	
16			49	5815	84	2.2		13.85	11050						5	6.6		9.1	
17			45	5475	82	1.3		15.33	11390						10	6.7		7.4	
18			55	5620	98	2.0		16.25	10690						2	6.7		6.5	
19			41	5225	78	1.9		14.99	10640						4	6.4		7.7	
20			55	5615	98	3.1		15.16	10670						5	6.6		6.8	
21			49	5655	87	3.4		10.8	10910						4	6.7		6.9	
22			54	5845	92	2.2		9.52	5010						2	6.9		9.4	
23			50	5610	89	2.0		8.91	10330						4	6.3		8.3	
24			54	4965	109	2.1		8.93	7350						2	7.1		8.5	
25			47	5405	87	2.4		8.44	11780						1	7.2		8.7	
26			48	5310	90	3.2		8.02	10610						2	7.0		10.4	
27			41	5335	77	2.3		7.62	9450						1	7.2		8.5	
28			39	5075	77	1.8		7.35	8880						1	7.6		7.9	
29			42	5275	80	1.0		7.43	9000						3	7.3		7.4	
30			40	5335	75	1.6		9.83	10660						7	7.2		7.6	
Avg.			50.11	5411	91.33	2.217		12.02	10077						17			8.923	
Max.			70	6535	116.3	3.6		18.1	13950						18300	7.9		10.9	
Min.			24	2880	74.98	0.6		7.35	5010						1	6.3		6.5	
Daily Max																			
# of Days above 235																			
Data	0	0	27	29	27	30	0	30	30	0	0		0	0	30	30		30	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	April	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Mon	6.03		5		251.6		2		100.6		0.031		1.56		0.582	29.29
2	Tue	5.97		5		249.1		2		99.64		0.051		2.541		0.722	35.97
3	Wed	17.23		6		862.7		8		1150		1.32		189.8		1.23	176.9
4	Thu	13.4		4		447.3		5		559.1		1.145		128		0.735	82.19
5	Fri	9.43		3		236.1		3		236.1		0.015		1.18		0.162	12.71
6	Sat	8	9.4543	2	4.286	133.5	348	2	3.429	133.5	340.2		0.512		64.623	0.131	8.712
7	Sun	8.41		4		280.7		2		140.4						0.122	8.527
8	Mon	9.65		2		161.1		2		161.1		0.015		1.208		0.139	11.15
9	Tue	10.5		3		262.9		2		175.2		0.015		1.314		0.204	17.87
10	Wed	9.33		3		233.6		3		233.6		0.015		1.168		0.198	15.38
11	Thu	13.18		8		879.9		3		330		0.015		1.65		0.184	20.18
12	Fri	23.47		17		3330		17		3330		1.55		303.6		0.841	164.7
13	Sat	16.39	12.99	7	6.286	957.4	872.2	7	5.143	957.4	761		0.322		61.784	0.708	96.84
14	Sun	12.2		6		610.9		3		305.4						0.213	21.63
15	Mon	10.35		3		259.1		3		259.1		0.015		1.296		0.599	51.74
16	Tue	10.69		8		713.7		3		267.6		0.015		1.338		0.37	33.01
17	Wed	11.89		3		297.7		3		297.7		0.015		1.488		0.815	80.82
18	Thu	13.31		3		333.2		3		333.2		0.015		1.666		0.825	91.58
19	Fri	12.62		4		421.3		3		315.9		0.015		1.58		0.862	90.73
20	Sat	12.34	11.914	4	4.429	411.9	435.4	4	3.143	411.9	313		0.015		1.4736	0.242	24.92
21	Sun	8.23		3		206		2		137.4						0.972	66.76
22	Mon	7.27		9		546		2		121.3		0.015		0.91		0.61	37.01
23	Tue	6.91		3		173		2		115.3		0.015		0.865		0.742	42.79
24	Wed	6.89		3		172.5		2		115		0.016		0.92		0.553	31.8
25	Thu	6.68		3		167.2		2		111.5		0.015		0.836		0.467	26.03
26	Fri	6.16		3		154.2		2		102.8		0.015		0.771		0.48	24.67
27	Sat	6.12	6.8943	3	3.857	153.2	224.6	2	2	102.1	115.1		0.015		0.8604	0.979	50
28	Sun	5.8		2		96.8		2		96.8						0.722	34.92
29	Mon	5.82		3		145.7		2		97.14		0.02		0.947		1.415	68.72
30	Tue	7.79		3		195		4		260		0.022		1.398		1.685	109.5
Avg		10.069		4.5		444.8		3.4		368.6		0.198		29.37		0.617	52.23
Max		23.47	12.99	17	6.286	3330	872.2	17	5.143	3330	761	1.55	0.512	303.6	64.623	1.685	176.9
Min		5.8	6.8943	2	3.857	96.8	224.6	2	2	96.8	115.1	0.015	0.015	0.771	0.8604	0.122	8.527
Data		30	4	30	4	30	4	30	4	30	4	22	4	22	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	302.06
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 84%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	96.9	98.1	98.0	83.0	
Phosphorus limit would be 75 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	April	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1		0.15													
2		0.15											16		
3		0.122													
4		0.15													
5		0.148											17.1		
6		0.15													
7		0.15													
8		0.149											15.6		
9		0.15													
10		0.15													
11		0.149											16.6		
12		0.099													
13		0.148													
14		0.149													
15		0.149											17		
16		0.15													
17		0.15													
18		0.149											17		
19		0.15													
20		0.149													
21		0.149													
22		0.15											17.1		
23		0.15													
24		0.15											17		
25		0.15													
26		0.15											16.7		
27		0.15													
28		0.15													
29		0.15											17.3		
30		0.15													
Avg.		0.147											16.74		
Max.		0.15											17.3		
Min.		0.099											15.6		
Data	0	30	0	0	0	0	0	0	0	0	0	0	10	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of	Year
New Albany Municip	IN0023884	April	2024

Substitute for State Form 30530

Day Of Month	Final Effluent						Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3			4.1	589.5158										0.12		
4																
5																
6																
7																
8																
9																
10														0.086		
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
Avg			4.1	589.5158										0.103		
Max			4.1	589.5158										0.12		
Min			4.1	589.5158										0.086		
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	April	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3									0.008							
4																
5																
6																
7																
8																
9																
10									0.011							
11																
12																
13																
14																
15																
16																
17									0.006							
18																
19																
20																
21																
22																
23																
24									0.017							
25																
26																
27																
28																
29																
30																
Avg									0.01							
Max									0.017							
Min									0.006							
Data	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 W 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 4/11/24 8:45 ☒ AM ☐ PM	(7) Date (mm/dd/yy) and Time Release Stopped 4/11/24 11:20 ☒ AM ☐ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 522 Virginia Ave	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 100 Gallons			(11) WWTP Flow During Release 44.04 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☒ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☒ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☒ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Overflow from cleanout in yard. Crews cleared the obstruction in the main line and flow resumed.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☒ Lime ☐ Clean-Up Debris Removed blockage from mainline and added lime around cleanout.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The main line will be inspected and added to our preventative maintenance program as needed.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwreports@idem.IN.gov)

SIGNATURE:

Michael Wallace

DATE (month, day, year):

4/11/24

Individual Making Report (printed)

Michael Wallace

Telephone Number

812-948-5320

Contact E-mail

Mwallace@cityofnewalbany.com

Date (month, day, year) / Time IDEM

Notified
4/11/24 2:15

☐ AM
☒ PM

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:

IN0023884
Yes

Permittee:
Permittee Address:

NEW ALBANY WWTP
30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:
Facility Location:

NEW ALBANY WWTP
30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 05/01/24 to 05/31/24

DMR Due Date:

06/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:
Last Name:

Jeff
Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration								# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	6.9					19 - mg/L	0	01/01 - Daily	3R - 3GR24H	
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L			3R - 3GR24H	
					Value NODI																
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.8			=	7.6	12 - SU	0	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			GR - GRAB	
					Value NODI																
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	378.5	=	566.7	26 - lb/d			=	5.3		7.286	19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG		45.0 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	387.3			26 - lb/d			=	6.5			19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	4.637	=	13.872	26 - lb/d			=	0.057		0.138	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24	
					Permit Req.	<=	150.0 MO AVG	<=	230.0 MX WK AV	26 - lb/d			<=	1.5 MO AVG		2.3 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	59.14			26 - lb/d			=	0.853			19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
					Sample								=	0.009		0.012	19 - mg/L		01/07 - Weekly	24 - COMP24	
					Permit															24 -	

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI										<=	0.021 MO AVG		<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.05		=	0.058	19 - mg/L	0	02/30 - Twice Per Month 02/30 - Twice Per Month	24 - COMP24 24 - COMP24
					Permit Req.											Req Mon MO AVG			Req Mon DAILY MX	19 - mg/L			
					Value NODI																		
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	8.1913				03 - MGD										0	01/01 - Daily 01/01 - Daily	TM - TOTALZ TM - TOTALZ
					Permit Req.		Req Mon MO AVG				03 - MGD												
					Value NODI																		
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample										<	0.06 MO AVG		<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.																		
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Value NODI																0	01/01 - Daily 01/01 - Daily	GR - GRAB GR - GRAB
					Sample	=	5.0								=	5.0		=	110.0	3Z - CFU/100mL			
					Permit Req.										<=	125.0 MO GEO		<=	235.0 DAILY MX	3Z - CFU/100mL			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Value NODI																0	01/01 - Daily 01/01 - Daily	24 - COMP24 24 - COMP24
					Sample	=	242.3	=	311.2	26 - lb/d					=	3.4		=	4.0	19 - mg/L			
					Permit Req.	<=	1001.0 MO AVG	<=	1502.0 MX WK AV	26 - lb/d					<=	10.0 MO AVG		<=	15.0 MX WK AV	19 - mg/L			
82220	Flow, total	1 - Effluent Gross	0	--	Value NODI																0	01/30 - Monthly 01/30 - Monthly	RT - RCOTOT RT - RCOTOT
					Sample			=	253.93	80 - Mgal/mo													
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo													

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_05.pdf	pdf	461452.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-06-25 14:10 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-06-25 14:12 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-TS
SEMIANNUAL BIOMONITORING

Report Dates & Status

Monitoring Period:

From 12/01/23 to 05/31/24

DMR Due Date:

06/28/24

Status:

NetDMR Validated

Considerations for Form Completion

SEMIANNUAL BIOMONITORING DATA: REPORT RE-TAKE INFORMATION ON THE 100-TX NETDMR. EMAIL THE FULL WETT REPORT TO wwreports@idem.in.gov. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI:

--

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0023884_WETT_2024_02.pdf	pdf	28709.0

Report Last Saved By

NEW ALBANY WWTP

User:

cconrad@cityofnewalbany.com

Name:

Chris Conrad

E-Mail:

cconrad@cityofnewalbany.com

Date/Time:

2024-02-29 07:52 (Time Zone: -05:00)

Report Last Signed By

MWALLACE@CITYOFNEWALBANY.COM

User:

MWALLACE@CITYOFNEWALBANY.COM

Name:

Michael Wallace

E-Mail:

mwallace@cityofnewalbany.com

Date/Time:

2024-02-29 08:02 (Time Zone: -05:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884	
Month May	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470
		Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 5.04	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal/Day	Lbs/Day or Gal/Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed			0						7.58	6.9	149	9419.4	52	3287.3	2.12	12.6	
2	Thu			0						6.45	6.9	260	13986	163	8768.3	3.37	14.4	
3	Fri			0.45						6.27	6.9	165	8628.1	163	8523.6	4.07	14.1	
4	Sat			0.07						10.9	6.9	162	14727	131	11909	2.09		
5	Sun			0.16						7.51	6.9	134	8392.9	105	6576.5	2.14		
6	Mon			0.54						8.93	6.6	119	8862.7	63	4692	2.75	12	
7	Tue			0.14						12.56	6.8	180	18855	168	17598	3	6.63	
8	Wed			0.51						12.44	6.8	119	12346	93	9648.7	1.88	7.41	
9	Thu			0.6						16.39	6.9	172	23511	76	10389	1.54	5.19	
10	Fri			0						13.73	6.9	74	8473.6	70	8015.6	1.28	4.93	
11	Sat			0						10.62	7.0	195	17271	760	67314	14.1		
12	Sun			0						7.81	6.9	172	11203	267	17391	6		
13	Mon			0						7.06	6.6	164	9656.4	228	13425	4.44	13	
14	Tue			0.04						6.72	6.5	235	13171	147	8238.6	3.41	14.7	
15	Wed			0.27						7.68	7.2	230	14732	200	12810	3.17	11.7	
16	Thu			0.05						7.3	6.6	207	12603	150	9132.3	2.95	11.2	
17	Fri			0.39						6.63	6.7	215	11888	170	9400	3.07	14.3	
18	Sat			0.12						11.61	6.5	147	14234	187	18107	3.02		
19	Sun			0						7.67	6.9	127	8123.9	89	5693.1	2.66		
20	Mon			0						6.85	6.8	169	9654.8	143	8169.4	3.14	14.2	
21	Tue			0						6.51	6.6	174	9447.1	147	7981.1	4.2	14.9	
22	Wed			0.04						6.24	6.7	194	10096	137	7129.7	3.35	16	
23	Thu			0.62						8.6	6.8	212	15205	197	14130	3.81	13.7	
24	Fri			0.16						8.21	6.7	187	12804	110	7531.9	2.45	11.1	
25	Sat			0						7.06	6.5	145	8537.7	97	5711.4	2.46		
26	Sun			0.01						6.45	6.7	167	8983.4	90	4841.4	3.15		
27	Mon			0.87						15.61	6.5	187	24345	167	21741	3.71	9.18	
28	Tue			0						14.16	6.6	116	13699	90	10628	1.9	5.78	
29	Wed			0		X				8.85	6.7	158	11662	1010	74547	15.4	11.2	
30	Thu			0						7.35	6.7	199	12199	200	12260	4.01	14.2	
31	Fri			0						6.67	6.6	230	12794	160	8900.4	4.87	14.1	
Average										8.9813		173	12565	188.1	14016	3.855	11.59	
Maximum				0.87						16.39	7.2	260	24345	1010	74547	15.4	16	
Minimum										6.24	6.5	74	8123.9	52	3287.3	1.28	4.93	
# of Data				31	0	1	0	0	0	31	31	31	31	31	31	31	23	0

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 6/25/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 6/25/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	May	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			43	5305	81	1.4		9.09	8030						5	7.1		7.4	
2			40	5215	77	1.2		7.74	9950						6	7.3		7.3	
3			42	5255	80	1.3		7.5	11280						2	7.3		7.9	
4			40	5175	77	2.0		12.18	7710						2	6.9		7.9	
5			41	5075	81	1.4		8.96	8930						2	7.0		7.9	
6			38	4580	83	0.9		10.02	7880						110	7.0		7.6	
7			44	5185	85	2.0		14.51	7900						4	6.9		7.5	
8			39	5080	77	1.5		14.28	8360						2	6.8		7.7	
9			38	4740	80	3.4		15.91	9160						60	7.0		11.4	
10			34	4240	80	2.7		15.25	5930						7	6.9		8.0	
11			41	5130	80	1.4		12.66	10000						2	7.4		7.7	
12			49	5540	88	2.3		9.35	10230						2	6.9		10.3	
13			46	5530	83	1.1		8.46	10620						64	6.9		9.3	
14			43	5230	82	1.3		8.06	10300						62	6.8		7.7	
15			52	5195	100	1.2		9.23	10840						66	7.6		7.6	
16			46	5260	87	1.2		8.83	10890						5	7.1		7.9	
17			49	5285	93	1.8		7.97	9330						20	7.0		6.9	
18			42	5285	79	1.2		13.11	8960						16	7.0		7.2	
19			46	5120	90	1.6		9.17	9300						2	6.9		8.1	
20			45	5580	81	1.2		8.2	11520						3	7.1		7.5	
21			50	5235	96	1.3		7.9	10080						3	7.1		7.8	
22			40	4880	82	1.1		7.63	11030						2	7.1		7.9	
23			46	5245	88	1.7		9.94	8670						3	7.1		8.4	
24			45	5045	89	1.1		9.86	9760						1	7.1		9.5	
25			49	4780	103	1.1		8.46	10700						1	7.1		8.0	
26			47	4985	94	1.2		7.75	8070						3	7.0		7.6	
27								14.23	10320						1	6.8		7.6	
28			38	4815	79	1.9		15.64	10420						1	7.1		8.2	
29			49	5280	93	1.4		10.55	2290						1	7.0		7.8	
30			56	5410	104	1.7		8.77	8740						3	7.1		9.0	
31			48	5210	92	1.3		8.07	9510						2	6.8		7.7	
Avg.			44.2	5130	86.11	1.53		10.3	9249						5			8.074	
Max.			56	5580	103.5	3.4		15.91	11520						110	7.6		11.4	
Min.			34	4240	76.7	0.9		7.5	2290							6.8		6.9	
Daily Max														110					
# of Days above 235														0					
Data	0	0	30	30	30	30	0	31	31	0	0		0	0	31	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	May	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Wed	7.14		4		238.3		3		178.7		0.017		1.013		0.913	54.4
2	Thu	6.17		2		103		4		206		0.028		1.416		0.959	49.38
3	Fri	5.84		3		146.2		3		146.2		0.037		1.779		0.602	29.34
4	Sat	10.28	6.9771	3	2.857	257.4	168.9	2	2.857	171.6	165.2		0.024		1.3105	0.73	62.58
5	Sun	7.07		3		177		3		177						0.417	24.6
6	Mon	8.25		2		137.7		3		206.5		0.016		1.102		1.11	76.42
7	Tue	11.78		5		491.5		6		589.8		0.019		1.819		0.932	91.62
8	Wed	11.45		2		191.1		5		477.8		0.015		1.433		0.493	47.11
9	Thu	14.98		3		375		8		1000		0.021		2.625		1.1	137.5
10	Fri	11.5		3		287.9		9		863.7		0.016		1.535		0.502	48.18
11	Sat	9.77	10.686	4	3.143	326.1	283.8	8	6	652.2	566.7		0.017		1.7028	1.03	83.98
12	Sun	7.3		4		243.7		8		487.3						0.861	52.45
13	Mon	6.43		4		214.6		9		482.9		0.044		2.361		1.36	72.98
14	Tue	6.35		4		212		9		476.9		0.025		1.298		0.96	50.87
15	Wed	7.21		3		180.5		8		481.3		0.039		2.347		0.846	50.87
16	Thu	7		3		175.2		7		408.9		0.027		1.548		0.863	50.38
17	Fri	6.27		4		209.3		6		313.9		0.04		2.093		0.559	29.22
18	Sat	10.81	7.3386	3	3.571	270.6	215.1	4	7.286	360.8	430.3		0.035		1.9293	0.864	77.94
19	Sun	7.25		4		242		7		423.5						0.632	38.21
20	Mon	6.43		4		214.6		4		214.6		0.058		3.112		0.949	50.89
21	Tue	6.15		2		102.6		4		205.3		0.051		2.617		1.335	68.51
22	Wed	5.63		3		140.9		4		187.9		0.059		2.772		1.115	52.39
23	Thu	7.7		3		192.8		5		321.3		0.077		4.948		0.987	63.39
24	Fri	7.47		3		187		3		187		0.024		1.465		0.902	56.23
25	Sat	6.37	6.7143	2	3	106.3	169.5	2	4.143	106.3	235.1		0.054		2.9828	0.545	28.97
26	Sun	5.87		3		147		4		195.9						0.609	29.83
27	Mon	12.04		5		502.4		5		502.4		0.282		28.28		0.915	91.93
28	Tue	12.79		8		853.9		9		960.6		0.358		38.21		1.4	149.4
29	Wed	8.04		4		268.4		4		268.4		0.016		1.074		0.758	50.86
30	Thu	6.56		3		164.2		6		328.5		0.019		1.013		0.638	34.93
31	Fri	6.03	8.1186	3	4	151	311.2	3	4.857	151	363.5	0.016	0.138	0.78	13.872	0.554	27.88
Avg		8.1913		3.4		242.3		5.3		378.5		0.057		4.637		0.853	59.14
Max		14.98	10.686	8	4	853.9	311.2	9	7.286	1000	566.7	0.358	0.138	38.21	13.872	1.4	149.4
Min		5.63	6.7143	2	2.857	102.6	168.9	2	2.857	106.3	165.2	0.015	0.017	0.78	1.3105	0.417	24.6
Data		31	5	31	5	31	5	31	5	31	5	23	5	23	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 253.93	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Percent Capacity (actual flow/design) 68%	
Primary Treatment	NA	NA				
Secondary Treatment	NA	NA				
Tertiary Treatment	NA	NA				
Overall Treatment	98.0	97.2	99.5	77.9		
Phosphorus limit would be 75 % removal. (compliance achieved)						

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	May	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		0.15											17	
2		0.15												
3		0.15											16.2	
4		0.149												
5		0.149												
6		0.149											17.6	
7		0.149												
8		0.15											17.5	
9		0.149												
10		0.149												
11		0.15												
12		0.15												
13		0.15											17.5	
14		0.15												
15		0.15											17.2	
16		0.15												
17		0.15											16.4	
18		0.15												
19		0.15												
20		0.15											16.1	
21		0.15												
22		0.15												
23		0.149											15.7	
24		0.15												
25		0.149												
26		0.146												
27		0.152												
28		0.144											16.6	
29		0.146												
30		0.147											17	
31		0.147												
Avg.		0.149											16.8	
Max.		0.152											17.6	
Min.		0.144											15.7	
Data	0	31	0	0	0	0	0	0	0	0	0	0	11	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10629 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	May	2024

Substitute for State Form 30530

Day Of Month	Final Effluent																	
	Chloride		Total															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day														
1			6.5	387.3				Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L			
2															0.058			
3																		
4																		
5																		
6																		
7																		
8															0.041			
9																		
10																		
11																		
12																		
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24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg			6.5	387.3											0.05			
Max			6.5	387.3											0.058			
Min			6.5	387.3											0.041			
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal	IN0023884	May	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L								
1									0.009								
2																	
3																	
4																	
5																	
6																	
7																	
8									0.006								
9																	
10																	
11																	
12																	
13																	
14																	
15									0.012								
16																	
17																	
18																	
19																	
20																	
21																	
22									0.012								
23																	
24																	
25																	
26																	
27																	
28																	
29									0.009								
30																	
31																	
Avg									0.009								
Max									0.012								
Min									0.006								
Data	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 West 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 5/29/24 7:52 ☒ AM ☐ PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/29/24 11:00 ☒ AM ☐ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2009 Old Vincennes Rd	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 500 Gallons			(11) WWTP Flow During Release 7.23 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None was observed.		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☒ Manhole ☐ House Lateral ☐ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Overflow was due to a blockage in the main line caused by roots.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☒ Lime ☐ Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Roots were removed and this segment of line added to our root control program. We have also entered this segment into our preventative maintenance program for annual CCTV and cleaning.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.in.gov)

SIGNATURE:

Michael Wallace

DATE (month, day, year): 5/29/24

Individual Making Report (printed)

Michael Wallace

Telephone Number

812-948-5320

Contact E-mail

mwallace@cityofnewalbany.com

Date (month, day, year) / Time IDEM

Notified 5/29/24 12:45

☐ AM
☒ PM

Biomonitor

Permittee/Location New Albany WWTP New Albany, IN			Permit Number: IN0023884			Outfall Number: 001		
Laboratory Name and Contact: Biomonitor Michael Britton			Report Due Date:			Report Date: February 2024		
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	First (per Reporting Frequency)	
			X					

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting
<i>Ceriodophnia dubio</i>	7-day Survival and Reproduction Definitive Static-Renewal	NOEC Survival	%	100			Laboratory Report
			TU _c	1			
		NOEC Reproduction	%	100			
			TU _c	1			
		IC25 Reproduction	%	100			
			TU _c	1			
		48 hr. LC50	%	>100			
			TU _a	<1			
		Toxicity (acute)	TU _a	<1	1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61425)
		Toxicity (chronic)	TU _c	1	1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61426)

<i>Pimephales promelas</i>	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	100			Laboratory Report
			TU _c	1			
		NOEC Growth	%	100			
			TU _c	1			
		IC25 Growth	%	100			
			TU _c	1			
		96 hr. LC50	%	>100			
			TU _a	<1			
		Toxicity (acute)	TU _a	<1	1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	1	1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61428)

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:

IN0023884
Yes

Permittee:
Permittee Address:

NEW ALBANY WWTP
30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:
Facility Location:

NEW ALBANY WWTP
30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 06/01/24 to 06/30/24

DMR Due Date:

07/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:
Last Name:

Jeff
Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	6.6					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L		01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.6			=	7.7	12 - SU	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	130.3	=	165.0	26 - lb/d			=	3.1	=	3.571	19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG	<=	45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI															
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	291.783			26 - lb/d			=	6.3			19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.797	=	1.9088	26 - lb/d			=	0.044	=	0.051	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	150.0 MO AVG	<=	230.0 MX WK AV	26 - lb/d			<=	1.5 MO AVG	<=	2.3 MX WK AV	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	33.5			26 - lb/d			=	0.804			19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI															
					Sample								=	0.009	=	0.01	19 - mg/L		01/07 - Weekly	24 - COMP24
					Permit															24 -

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI									<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample									=	0.117	=	0.14	19 - mg/L	0	02/30 - Twice Per Month 02/30 - Twice Per Month	24 - COMP24 24 - COMP24
					Permit Req.										Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L			
					Value NODI																
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	4.9893				03 - MGD								0	01/01 - Daily 01/01 - Daily	TM - TOTALZ TM - TOTALZ
					Permit Req.		Req Mon MO AVG				03 - MGD										
					Value NODI																
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.																
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Value NODI														0	01/01 - Daily 01/01 - Daily	GR - GRAB GR - GRAB
					Sample	=	1.0							=	1.0	=	4.0	3Z - CFU/100mL			
					Permit Req.	<=	125.0 MO GEO							<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Value NODI														0	01/01 - Daily 01/01 - Daily	24 - COMP24 24 - COMP24
					Sample	=	148.7	=	227.5	26 - lb/d				=	3.5	=	4.714	19 - mg/L			
					Permit Req.	<=	1001.0 MO AVG	<=	1502.0 MX WK AV	26 - lb/d				<=	10.0 MO AVG	<=	15.0 MX WK AV	19 - mg/L			
82220	Flow, total	1 - Effluent Gross	0	--	Value NODI														0	01/30 - Monthly 01/30 - Monthly	RT - RCOTOT RT - RCOTOT
					Sample			=	149.68	80 - Mgal/mo											
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo											

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_06.pdf	pdf	517708.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-07-25 14:33 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-07-26 08:07 (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 #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-AQ
MAIN OUTFALL QUARTERLY PARAMETERS

Report Dates & Status

Monitoring Period:

From 06/01/24 to 06/30/24

DMR Due Date:

07/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00717	Cyanide, free [as free]	1 - Effluent Gross	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
00717	Cyanide, free [as free]	G - Raw Sewage Influent	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample										=	0.003	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01074	Nickel, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.006	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01079	Silver total recoverable	G - Raw Sewage Influent	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample										=	0.017	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01094	Zinc, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.077	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L			
					Value NODI															
					Sample										<	0.001	19 - mg/L		01/90 - Quarterly	24 - COMP24

01113	Cadmium, total recoverable	G - Raw Sewage Influent	0	--	Permit Req.											Req Mon DAILY MX	19 - mg/L	0	01/90 - Quarterly	24 - COMP24	
					Value NODI																
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample											<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																
01114	Lead, total recoverable	G - Raw Sewage Influent	0	--	Sample											=	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample											<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																
01118	Chromium, total recoverable	G - Raw Sewage Influent	0	--	Sample											=	0.002	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-07-25 14:39 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-07-26 08:07 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-TX
SEMIANNUAL BIOMONITORING RE-TAKE

Report Dates & Status

Monitoring Period:

From 01/01/24 to 06/30/24

DMR Due Date:

07/28/24

Status:

NetDMR Validated

Considerations for Form Completion

SEMIANNUAL BIOMONITORING RETAKE DATA: IF CORRESPONDING 100-TS DID NOT FAIL YOU ARE ALLOWED TO REPORT NODI CODE "9" ON THIS NETDMR. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

NEW ALBANY WWTP

User:

cconrad@cityofnewalbany.com

Name:

Chris Conrad

E-Mail:

cconrad@cityofnewalbany.com

Date/Time:

2024-02-29 07:54 (Time Zone: -05:00)

Report Last Signed By

MWALLACE@CITYOFNEWALBANY.COM

User:

MWALLACE@CITYOFNEWALBANY.COM

Name:

Michael Wallace

E-Mail:

mwallace@cityofnewalbany.com

Date/Time:

2024-02-29 08:02 (Time Zone: -05:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884	
Month June	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470
		Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" if Occurred)	Sanitary Sewer Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Sat			0						6.16	6.8	310	15926	220	11302	4.04	
2	Sun			0.26						6.97	6.3	194	11277	240	13951	4.41	
3	Mon			0.05						6.91	6.9	185	10661	43	2478.1	3.06	13.5
4	Tue			0						6.33	7.0	380	20061	316	16682	3.95	13.2
5	Wed			0.03						6.09	7.0	217	11022	180	9142.3	3.69	15.3
6	Thu			0.09						6.26	6.7	220	11486	300	15663	6.15	15.1
7	Fri			0.01						5.93	7.0	230	11375	295	14590	7.47	14.2
8	Sat			0						5.55	7.0	209	9674	208	9627.7	5.65	
9	Sun			0						5.27	6.9	149	6548.8	192	8438.7	6.03	
10	Mon			0						5.3	7.0	224	9901.2	610	26963	12.5	18.5
11	Tue			0						5.24	6.5	242	10576	760	33213	13	17.9
12	Wed			0						5.21	6.8	232	10081	185	8038.5	7.51	18.4
13	Thu			0						5.12	7.1	255	10889	392	16739	8.62	18.4
14	Fri			0						5.11	7.1	255	10867	224	9546.3	4.43	17.6
15	Sat			0						4.1	7.0	290	9916.3	150	5129.1	4.26	
16	Sun			0						4.74	7.1	204	8064.4	157	6206.5	4.52	
17	Mon			0						4.78	6.8	290	11561	192	7654.1	6.46	21.5
18	Tue			0.05						4.44	7.1	390	14442	344	12738	6.67	19.7
19	Wed			0.09						4.33	7.0	330	11917	180	6500.2	4.25	18
20	Thu			0		X				4.36	7.0	430	15636	210	7636.1	4.15	17.8
21	Fri			0						4.28	7.1	410	14635	200	7139	4.23	15.9
22	Sat			0						4.7	7.1	197	7722	117	4586.2	5.33	
23	Sun			0						4.64	7.0	189	7313.8	205	7933	7.14	
24	Mon			0.1						4.89	6.7	205	8360.4	100	4078.3	4	20.9
25	Tue			0						4.7	7.1	157	6154.1	78	3057.4	3.37	16.8
26	Wed			0.27						5.45	7.1	340	15454	117	5318	3.94	20.4
27	Thu			0.43						6.09	6.6	290	14729	250	12698	4.48	19.7
28	Fri			0						5.42	7.3	199	8995.4	160	7232.4	3.4	17.1
29	Sat			0						6.83	7.0	200	11392	136	7746.9	4.92	
30	Sun			0		X				4.64	7.1	320	12383	1570	60755	30.8	
Average										5.328		258.1	11301	277.7	12093	6.414	17.5
Maximum				0.43						6.97	7.3	430	20061	1570	60755	30.8	21.5
Minimum										4.1	6.3	149	6154.1	43	2478.1	3.06	13.2
# of Data				30	0	2	0	0	0	30	30	30	30	30	30	30	20

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>		Date (month, day, year) 7/25/24
Signature of principal executive officer or authorized agent (or attested by NeIDMR subscriber agreement) <i>Michael Wallace</i>		Date (month, day, year) 7/25/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	June	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - F _{inal}	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			44	5105	86	2.4		7.38	8630						4	7.3		9.6	
2			47	5140	91	2.0		8.34	12430						2	6.6		8.7	
3			57	5235	109	1.3		8.3	10180						1	7.2		9.9	
4			48	5335	90	1.4		7.56	10010						1	7.5		9.0	
5			43	4625	93	1.4		7.42	9640						1	7.4		8.6	
6			45	5115	88	1.1		7.51	8500						2	7.3		8.2	
7			53	4875	109	1.4		7.39	9380						2	7.2		7.1	
8			42	4890	86	1.7		7.12	9130						1	7.4		8.5	
9			49	4760	103	2.3		6.92	9040						1	7.1		8.6	
10			41	5035	81	1.7		6.91	9190						1	7.1		8.2	
11			47	4715	100	2.1		6.88	5340						2	7.3		8.7	
12			49	4755	103	1.5		6.7	7190						1	7.3		7.6	
13			41	4805	85	2.0		5.95	6550						1	7.4		8.1	
14			44	4580	96	1.8		5.86	6550						1	7.6		8.9	
15			42	4290	98	1.5		5.64	4910						1	7.5		7.1	
16			38	4410	86	1.8		5.73	7800						3	7.3		7.2	
17			37	4420	84	1.0		5.73	7250						2	7.2		6.6	
18			43	4435	97	1.2		5.71	6990						1	7.4		6.6	
19			40	4190	95	1.9		5.74	4720						2	7.6		7.6	
20			41	4545	90	1.0		5.69	7010						2	7.6		7.9	
21			42	4515	93	0.9		5.6	6070						1	7.6		9.0	
22			39	4430	88	0.7		5.62	7800						1	7.7		7.1	
23			47	4750	99	0.7		5.8	7820						2	7.4		7.8	
24			45	4900	92	0.7		5.79	7320						1	7.4		7.6	
25			53	4920	108	0.6		5.42	7690						1	7.4		8.0	
26			50	5280	95	0.6		5.91	8560						1	7.3		7.5	
27			50	5335	94	0.5		6.91	9040						1	6.9		8.0	
28			40	4000	100	1.3		5.73	6480						1	7.6		7.3	
29			35	3885	90	0.8		6.83	8420						1	7.5		7.7	
30			35	4775	73	0.6		5.52	10300						2	7.6		7.9	
Avg.			44.23	4735	93.41	1.33		6.454	7998						1			8.02	
Max.			57	5335	108.9	2.4		8.34	12430						4	7.7		9.9	
Min.			35	3885	73.3	0.5		5.42	4720						1	6.6		6.6	
Daily Max																			
# of Days above 235																			
Data	0	0	30	30	30	30	0	30	30	0	0		0	0	30	30	30	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	June	2024

Day Of Month	Day Of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sat	5.5		3		137.7		2		91.8						0.412	18.89
2	Sun	6.33		3		158.5		3		158.5						0.515	27.2
3	Mon	6.33		4		211.3		3		158.5		0.026		1.347		0.858	45.32
4	Tue	5.84		10		487.3		3		146.2		0.032		1.56		0.922	44.93
5	Wed	5.55		6		277.9		4		185.3		0.037		1.714		0.938	43.44
6	Thu	5.88		4		196.3		5		245.3		0.035		1.693		0.813	39.87
7	Fri	5.37		3		134.4		3		134.4		0.035		1.546		0.585	26.22
8	Sat	5.06	5.7657	3	4.714	126.7	227.5	3	3.429	126.7	165		0.033		1.5718	0.636	26.86
9	Sun	4.8		3		120.2		3		120.2						0.746	29.88
10	Mon	4.78		3		119.7		4		159.6		0.04		1.596		1.075	42.88
11	Tue	4.78		2		79.78		2		79.78		0.042		1.675		1.27	50.66
12	Wed	4.57		3		114.4		3		114.4		0.045		1.716		1.67	63.69
13	Thu	4.7		3		117.7		5		196.1		0.053		2.059		0.724	28.38
14	Fri	4.57		3		114.4		5		190.7		0.066		2.498		0.629	23.97
15	Sat	4.62	4.6886	3	2.857	115.7	111.7	3	3.571	115.7	139.5		0.049		1.9088	0.646	24.91
16	Sun	4.22		3		105.6		2		70.43						0.723	25.44
17	Mon	4.36		2		72.77		2		72.77		0.062		2.238		1.06	38.57
18	Tue	4.63		7		270.5		3		115.9		0.055		2.106		1.11	42.89
19	Wed	4.5		2		75.11		4		150.2		0.05		1.878		0.719	27
20	Thu	4.48		3		112.2		4		149.5		0.048		1.795		0.712	26.6
21	Fri	4.53		6		226.8		3		113.4		0.04		1.493		0.505	19.09
22	Sat	4.27	4.4271	3	3.714	106.9	138.6	2	2.857	71.27	106.2		0.051		1.9017	0.469	16.69
23	Sun	4.2		3		105.1		2		70.1						0.549	19.24
24	Mon	4.51		3		112.9		3		112.9		0.042		1.581		1.25	47.04
25	Tue	5.72		2		95.47		3		143.2		0.047		2.22		0.966	46.09
26	Wed	4.95		3		123.9		4		165.2		0.025		1.033		1.385	57.21
27	Thu	6.53		3		163.5		3		163.5		0.062		3.379		0.894	48.72
28	Fri	3.03		4		101.1		2		50.57		0.033		0.822		0.328	8.294
29	Sat	6.23	5.0243	3	3	156	122.6	3	2.857	156	123.1		0.042		1.8067	0.358	18.59
30	Sun	4.84		3		121.2		2		80.78						0.656	26.5
Avg		4.9893		3.5		148.7		3.1		130.3		0.044		1.797		0.804	33.5
Max		6.53	5.7657	10	4.714	487.3	227.5	5	3.571	245.3	165	0.066	0.051	3.379	1.9088	1.67	63.69
Min		3.03	4.4271	2	2.857	72.77	111.7	2	2.857	50.57	106.2	0.025	0.033	0.822	1.5718	0.328	8.294
Data		30	4	30	4	30	4	30	4	30	4	20	4	20	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	149.68
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 42%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	98.6	98.9	99.8	87.5	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	June	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1		0.147													
2		0.147													
3		0.146											16.8		
4		0.146													
5		0.146											16.4		
6		0.147													
7		0.147											16.2		
8		0.149													
9		0.147													
10		0.148											16.8		
11		0.148													
12		0.148											16.6		
13		0.148													
14		0.147											16.4		
15		0.146													
16		0.146													
17		0.146											16		
18		0.13													
19		0.13													
20		0.13											16.4		
21		0.116													
22		0.115													
23		0.113													
24		0.113											15.9		
25		0.114													
26		0.114													
27		0.112											15.9		
28		0.113													
29		0.111													
30		0.112													
Avg.		0.134											16.34		
Max.		0.149											16.8		
Min.		0.111											15.9		
Data	0	30	0	0	0	0	0	0	0	0	0	0	10	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	June	2024

Substitute for State Form 30530

Day Of Month	Final Effluent																
	Chloride		Total Nitrogen														
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day													
1																	
2																	
3																	
4																	
5			6.3	291.783			0.01	0.006	0.001	0.077	0.001	0.001	0.002	0.094			
6																	
7																	
8																	
9																	
10																	
11																	
12														0.14			
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
Avg			6.3	291.783			0.01	0.006	0.001	0.077	0.001	0.001	0.002	0.117			
Max			6.3	291.783			0.01	0.006	0.001	0.077	0.001	0.001	0.002	0.14			
Min			6.3	291.783			0.01	0.006	0.001	0.077	0.001	0.001	0.002	0.094			
Data	0	0	1	1	0	0	1	1	1	1	1	1	1	2	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	June	2024

Substitute for State Form 30530

Day Of Month		Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
0																
1																
2																
3																
4																
5		0.001	0.003	0.001	0.017	0.001	0.001	0.001	0.009							
6																
7																
8																
9																
10																
11																
12									0.01							
13																
14																
15																
16																
17																
18																
19									0.009							
20																
21																
22																
23																
24																
25																
26									0.006							
27																
28																
29																
30																
Avg		0.001	0.003	0.001	0.017	0.001	0.001	0.001	0.009							
Max		0.001	0.003	0.001	0.017	0.001	0.001	0.001	0.01							
Min		0.001	0.003	0.001	0.017	0.001	0.001	0.001	0.006							
Data	0	1	1	1	1	1	1	1	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 West 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 6/20/24 5:58 ☒ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/20/24 6:45 ☐ AM ☒ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 3323 Saddlewood Ct	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 200 Gallons			(11) WWTP Flow During Release 8.40 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: N/A		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation _____ Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☐ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☒ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below) Main Line		(17) Additional Description of the Bypass / Overflow Event: Overflow was due to a blockage in the main line caused by roots.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☒ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris Pro4mance Restoration responded to sanitize and dry basement.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Roots were removed and this segment of line added to our root control program. We have entered this segment into our preventative maintenance program for annual CCTV and cleaning.					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.in.gov)				
SIGNATURE:		DATE (month, day, year): 6/21/24		
Individual Making Report (printed) Michael Wallace	Telephone Number 812-948-5320	Contact E-mail mwallace@cityofnewalbany.com	Date (month, day, year) / Time IDEM Notified 6/21/24 8:00	☒ AM ☐ PM



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 W 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 6/30/24 4:35	(7) Date (mm/dd/yy) and Time Release Stopped 6/30/24 5:50	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 3304 Deerwood Dr	(9) Latitude (Deg Min Sec)	(8) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 300 Gallons			(11) WWTP Flow During Release 9.35 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☐ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☒ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below) Main line		(17) Additional Description of the Bypass / Overflow Event: Wastewater staff cleared the obstruction in the main line and flow resumed.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☒ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris Pro4mance Restoration was notified for clean up and sanitization.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence After CCTV inspection roots were found to be the issue. We are in the process of removing the roots completely. The line segment will be added to our root control program.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.in.gov)

SIGNATURE:

Michael Wallace

DATE (month, day, year): 7/1/24

Individual Making Report (printed)

Telephone Number

Contact E-mail

Date (month, day, year) / Time IDEM

Michael Wallace

812-948-5320

Mwallace@cityofnewalbany.com

7/1/24 10:30

☒ AM
☐ PM

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 #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 07/01/24 to 07/31/24

DMR Due Date:

08/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration								# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	6.7					19 - mg/L	0	01/01 - Daily	3R - 3GR24H	
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L			3R - 3GR24H	
					Value NODI																
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	7.7	12 - SU	0	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			GR - GRAB	
					Value NODI																
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	196.2	=	278.9	26 - lb/d			=	4.2		5.857	19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG		45.0 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	390.25			26 - lb/d			=	10.8			19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	11.75	=	50.527	26 - lb/d			=	0.185		0.799	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24	
					Permit Req.	<=	150.0 MO AVG	<=	230.0 MX WK AV	26 - lb/d			<=	1.5 MO AVG		2.3 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	46.09			26 - lb/d			=	0.998			19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
					Sample								=	0.01		0.015	19 - mg/L		01/07 - Weekly	24 - COMP24	
					Permit															24 -	

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI										<=	0.021 MO AVG		<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.118		=	0.123	19 - mg/L	0	02/30 - Twice Per Month 02/30 - Twice Per Month	24 - COMP24 24 - COMP24
					Permit Req.											Req Mon MO AVG			Req Mon DAILY MX	19 - mg/L			
					Value NODI																		
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	5.6129				03 - MGD										0	01/01 - Daily 01/01 - Daily	TM - TOTALZ TM - TOTALZ
					Permit Req.		Req Mon MO AVG				03 - MGD												
					Value NODI																		
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample										<	0.06 MO AVG		<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.																		
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Value NODI																0	01/01 - Daily 01/01 - Daily	GR - GRAB GR - GRAB
					Sample	=	2.0								=	8.0		=	8.0	3Z - CFU/100mL			
					Permit Req.										<=	125.0 MO GEO		<=	235.0 DAILY MX	3Z - CFU/100mL			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Value NODI																0	01/01 - Daily 01/01 - Daily	24 - COMP24 24 - COMP24
					Sample	=	380.7	=	474.6	26 - lb/d					=	8.2		=	11.86	19 - mg/L			
					Permit Req.	<=	1001.0 MO AVG	<=	1502.0 MX WK AV	26 - lb/d					<=	10.0 MO AVG		<=	15.0 MX WK AV	19 - mg/L			
82220	Flow, total	1 - Effluent Gross	0	--	Value NODI																0	01/30 - Monthly 01/30 - Monthly	RT - RCOTOT RT - RCOTOT
					Sample			=	174.0	80 - Mgal/mo													
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo													

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_07.pdf	pdf	458338.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-08-28 13:09 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-08-28 13:10 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10629 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP			Permit Number IN0023884		
Month July	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320		
E-mail address: mwallace@cityofnewalbany.com			100	A	
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470	Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total In 5.51	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Mon			0						4.6	7.1	215	8248.3	365	14003	8.44	21.2
2	Tue			0						4.35	7.2	380	13786	270	9795.3	5.18	21.3
3	Wed			0						4.28	7.3	350	12493	224	7995.7	4.83	21.2
4	Thu			1.2						8.9	7.2	257	19076	265	19670	4.71	14
5	Fri			0.6						9.73	7.1	123	9981.2	123	9981.2	21.7	7.01
6	Sat			0.62						9.2	7.1	107	8209.9	114	8747	2.23	
7	Sun			0						4.72	7.0	140	5511.1	228	8975.2	5.66	
8	Mon			0		X				4.97	6.9	192	7958.4	315	13057	6.59	17.2
9	Tue			0						5.23	6.7	310	13522	310	13522	6.59	18.2
10	Wed			1.25						12.17	6.9	157	15935	204	20706	3.3	11
11	Thu			0						7.81	7.0	203	13222	113	7360.3	2.23	10.3
12	Fri			0						5.95	7.0	237	11761	240	11910	4.87	15.7
13	Sat			0						5.56	6.9	202	9366.8	156	7233.8	3.8	
14	Sun			0						5.02	7.3	184	7703.5	163	6824.3	4.16	
15	Mon			0		X				4.9	7.0	210	8581.9	380	15529	9.25	19.3
16	Tue			0						4.98	7.3	310	12875	260	10799	5.19	17.4
17	Wed			0.16						5.1	6.9	340	14462	256	10889	4.97	17.9
18	Thu			0.13						5.84	7.2	297	14466	404	19677	8.26	16
19	Fri			0						5.13	7.2	247	10568	484	20708	10.3	19.6
20	Sat			0						4.57	6.9	420	16008	260	9909.6	4.83	
21	Sun			0						4.32	7.1	237	8538.8	148	5332.3	5.19	
22	Mon			0.02						4.49	7.1	197	7377	197	7377	4.45	20.1
23	Tue			0.03						4.79	7.1	229	9148.2	196	7829.9	4.78	20.4
24	Wed			0						4.34	7.2	235	8506	180	6515.2	4.13	19.9
25	Thu			0.42						5.6	7.1	253	11816	232	10835	4.38	17.5
26	Fri			0						5.71	7.1	177	8429	393	18715	11.7	18.6
27	Sat			0						6.94	7.1	200	11576	1100	63668	26	
28	Sun			0						4.3	7.3	155	5558.6	433	15528	11.1	
29	Mon			0.96						7.31	7.0	210	12803	450	27434	9.45	16.2
30	Tue			0.08						6.02	7.1	255	12803	493	24752	9.68	15.7
31	Wed			0.04						3.97	7.1	222	7350.4	180	5959.8	4.11	16.5
Average										5.8323		233.9	10892	294.7	14233	7.163	17.05
Maximum				1.25						12.17	7.3	420	19076	1100	63668	26	21.3
Minimum										3.97	6.7	107	5511.1	113	5332.3	2.23	7.01
# of Data				31	0	2	0	0	0	31	31	31	31	31	31	31	23

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 8/27/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 8/27/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	July	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1			50	4920	102	0.9		5.26	12270					1	7.5		8.5	
2			50	5050	99	0.7		5.12	10680					4	7.5		6.7	
3			43	5115	84	0.8		5.12	8690					1	7.6		7.3	
4			49	4505	109	0.8		7.7	10350					2	7.5		9.5	
5			56	5520	101	0.6		8.72	6610					1	7.4		7.5	
6			63	5555	113	0.5		9.05	8730					2	7.4		7.3	
7			59	5650	104	0.8		6.15	7870					2	7.1		8.5	
8			60	5870	102	1.3		5.66	15300					1	7.4		7.7	
9			63	5650	112	0.6		5.57	11790					1	7.4		8.1	
10			58	5465	106	0.7		10.21	8400					1	7.5		8.1	
11			69	5780	119	0.4		7.85	10030					1	7.2		8.4	
12			58	5750	101	0.5		6.29	9310					1	7.5		7.4	
13			64	5600	114	0.4		5.86	8270					3	7.4		7.4	
14			59	5520	107	0.8		5.42	10830					5	7.5		7.6	
15			57	5620	101	0.5		5.56	10510					3	7.3		7.9	
16			66	5625	117	0.4		5.3	11060					1	7.7		7.4	
17			64	5605	114	0.3		5.32	10310					1	7.5		7.5	
18			72	5565	129	1.5		5.94	8220					1	7.4		7.2	
19			70	5535	126	1.7		5.35	8190					1	7.4		6.9	
20			53	4825	110	2.6		5.17	9150					8	7.4		7.1	
21			53	4800	110	1.2		5.08	8840					2	7.2		7.2	
22			54	4915	110	0.7		5.22	7880					1	7.4		7.5	
23			62	4950	125	1.9		5.32	8070					1	7.3		8.0	
24			61	5095	120	1.6		5.22	7810					1	7.3		7.4	
25			65	5050	129	1.4		5.67	7680					1	7.4		7.4	
26			57	5245	109	1.4		6.42	9880					1	7.4		7.5	
27			77	6610	116	2.2		7.72	8000					7	7.3		7.6	
28			69	6540	106	2.3		5	9400					1	7.3		7.7	
29			59	5180	114	2.7		7.37	11590					1	7.2		7.3	
30			62	5440	114	3.7		6.55	11460					5	7.3		7.3	
31			68	5300	128	2.3		5.83	13940					4	7.4		7.5	
Avg.			60.32	5415	111.4	1.232		6.194	9714					2			7.626	
Max.			77	6610	129.4	3.7		10.21	15300					8	7.7		9.5	
Min.			43	4505	84.07	0.3		5	6610					1	7.1		6.7	
Daily Max																		
# of Days above 235																		
Data	0	0	31	31	31	31	0	31	31	0	0	0	0	31	31		31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	July	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Mon	4.27		1		35.63		3		106.9		0.031		1.087		0.722	25.71
2	Tue	4.21		4		140.5		2		70.26		0.022		0.773		0.974	34.2
3	Wed	4.33		4		144.5		4		144.5		0.025		0.903		0.83	29.99
4	Thu	8.18		9		614.4		4		273		0.156		10.65		0.837	57.14
5	Fri	9.19		10		766.9		3		230.1		0.063		4.793		0.6	46.01
6	Sat	9.92	6.42	4	5	331.1	307.8	4	3.143	331.1	176.7		0.059		3.641	0.768	63.58
7	Sun	5.57		3		139.4		2		92.96						0.687	31.91
8	Mon	4.98		3		124.7		3		124.7		0.023		0.935		1.02	42.39
9	Tue	5.03		4		167.9		3		125.9		0.017		0.693		1.44	60.44
10	Wed	11.1		9		833.7		5		463.1		1.36		126		1.54	142.6
11	Thu	7.3		6		365.5		4		243.7		0.018		1.066		0.46	27.99
12	Fri	5.81		11		533.3		3		145.5		0.023		1.091		0.422	20.44
13	Sat	5.41	6.4571	9	6.429	406.3	367.3	3	3.286	135.4	190.2		0.288		25.952	0.359	16.19
14	Sun	4.83		9		362.8		4		161.2						0.521	20.98
15	Mon	4.86		10		405.6		3		121.7		0.017		0.669		0.87	35.28
16	Tue	4.94		15		618.4		4		164.9		0.015		0.618		1.13	46.58
17	Wed	4.8		13		520.7		4		160.2		0.015		0.601		0.965	38.65
18	Thu	5.49		14		641.4		6		274.9		0.015		0.687		0.693	31.75
19	Fri	4.87		12		487.7		6		243.8		0.015		0.61		0.782	31.78
20	Sat	3.42	4.7443	10	11.86	285.4	474.6	6	4.714	171.2	185.4		0.015		0.637	0.825	23.53
21	Sun	4.29		17		608.6		4		143.2						0.991	35.46
22	Mon	4.33		10		361.3		6		216.8		0.015		0.542		1.44	52.03
23	Tue	4.55		9		341.7		5		189.8		0.015		0.57		2.39	90.75
24	Wed	4.46		9		335		5		186.1		0.018		0.651		1.395	51.92
25	Thu	5.31		9		398.8		8		354.5		0.024		1.041		0.812	35.98
26	Fri	5.75		8		383.9		6		287.9		0.016		0.768		1.445	69.34
27	Sat	4.88	4.7957	9	10.14	366.5	399.4	7	5.857	285.1	237.6		0.017		0.7144	1.86	75.75
28	Sun	4.25		5		177.3		4		141.9						0.948	33.6
29	Mon	5.8		4		193.6		4		193.6		2.09		101.2		2.57	124.4
30	Tue	6.38		9		479.2		3		159.7		0.247		13.15		0.42	22.33
31	Wed	5.49	7.4186	5	7	229.1	459.7	3	4.286	137.4	278.9	0.025	0.799	1.145	50.527	0.218	9.965
Avg		5.6129		8.2		380.7		4.2		196.2		0.185		11.75		0.998	46.09
Max		11.1	7.4186	17	11.86	833.7	474.6	8	5.857	463.1	278.9	2.09	0.799	126	50.527	2.57	142.6
Min		3.42	4.7443	1	5	35.63	307.8	2	3.143	70.26	176.7	0.015	0.015	0.542	0.637	0.218	9.965
Data		31	5	31	5	31	5	31	5	31	5	23	5	23	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 174
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 47%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	96.5	98.6	98.9	86.1	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	July	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		0.113												
2		0.114											15.5	
3		0.115												
4		0.115												
5		0.115												
6		0.117												
7		0.116												
8		0.117											16.5	
9		0.118												
10		0.117												
11		0.118											17.4	
12		0.117												
13		0.117												
14		0.118												
15		0.118											17.3	
16		0.117												
17		0.118												
18		0.117											16.6	
19		0.118												
20		0.118												
21		0.118												
22		0.117											16.8	
23		0.118												
24		0.118											16.7	
25		0.133												
26		0.133												
27		0.134												
28		0.134												
29		0.133											16.2	
30		0.135												
31		0.134												
Avg.		0.121											16.63	
Max.		0.135											17.4	
Min.		0.113											15.5	
Data	0	31	0	0	0	0	0	0	0	0	0	0	8	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal	IN0023884	July	2024

Substitute for State Form 30530

Day Of Month	Final Effluent																
	Chloride		Total Nitrogen														
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day													
1								Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
2																	
3			10.8	390.25											0.123		
4																	
5																	
6																	
7																	
8																	
9																	
10															0.113		
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
Avg			10.8	390.25												0.118	
Max			10.8	390.25												0.123	
Min			10.8	390.25												0.113	
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	July	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3									0.008							
4																
5																
6																
7																
8																
9																
10									0.015							
11																
12																
13																
14																
15																
16																
17									0.007							
18																
19																
20																
21																
22																
23																
24									0.009							
25																
26																
27																
28																
29																
30																
31									0.009							
Avg									0.01							
Max									0.015							
Min									0.007							
Data	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 West 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 7/8/24 3:46 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 7/8/24 5:30 ☐ AM ☒ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 4497 E Old Vincennes Rd	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 1000 Gallons			(11) WWTP Flow During Release 6.03 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None was observed.		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☒ Manhole ☐ House Lateral ☐ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☒ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: The shut off valve for the ARV broke allowing wastewater to discharge from the manhole.		(18) Description of the Area Impacted (Check all that apply.) ☒ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☐ Reached Public Land ☐ Reached Receiving Water Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☐ Removed Blockage ☒ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☒ Lime ☒ Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The 6" saddle and shutoff valve have been replaced and the ARV reinstalled.					

(22)

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov)			
SIGNATURE:		DATE (month, day, year): 7/9/24	
Individual Making Report (printed) Michael Wallace	Telephone Number 812-948-5320	Contact E-mail mwallace@cityofnewalbany.com	Date (month, day, year) / Time IDEM Notified 7/9/24 8:20 ☒ AM ☐ PM



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION							
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 West 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884		
RELEASE INFORMATION (Location 1)							
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 7/15/24 9:15 ☒ AM ☐ PM	(7) Date (mm/dd/yy) and Time Release Stopped 7/15/24 10:15 ☒ AM ☐ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Valley View Rd		(9) Latitude (Deg Min Sec) 38-17-34N	(9) Longitude (Deg Min Sec) 85-50-18W	
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 10000 Gallons			(11) WWTP Flow During Release 5.06 MGD		(12) WWTP Peak Design Flow Rate 70 MGD		
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None observed.				
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation _____ Inches							
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Overflow was due to a blockage in the main line caused by roots and rags.			(18) Description of the Area Impacted (Check all that apply.) ☐ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☒ Reached Public Land ☒ Reached Receiving Water Name of Receiving Water Impacted: Silvercrest Run		
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:							
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☒ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☒ Clean-Up Debris							
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Roots have been removed and we will be installing a internal pipe patch to cover the joint that allowed roots to intrude.							

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov)

SIGNATURE: _____

DATE (month, day, year): 7/15/24

Individual Making Report (printed)
Michael Wallace

Telephone Number
812-948-5320

Contact E-mail
mwallace@cityofnewalbany.com

Date (month, day, year) / Time IDEM
Notified 7/15/24 1:45

☐ AM
☒ PM

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.

[illegible]

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI										<=	0.021 MO AVG		<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.225		=	0.32	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req. Value NODI											Req Mon MO AVG			Req Mon DAILY MX	19 - mg/L			
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	5.0955				03 - MGD										0	01/01 - Daily	TM - TOTALZ
					Permit Req. Value NODI		Req Mon MO AVG				03 - MGD												
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																	01/01 - Daily	GR - GRAB
					Permit Req. Value NODI										<	0.06 MO AVG		<	0.06 DAILY MX	19 - mg/L			
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample										=	1.0		=	19.0	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Permit Req. Value NODI										<=	125.0 MO GEO		<=	235.0 DAILY MX	3Z - CFU/100mL			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	205.1	=	209.6	26 - lb/d					=	4.3		=	4.929	19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req. Value NODI	<=	1001.0 MO AVG	<=	1502.0 MX WK AV	26 - lb/d					<=	10.0 MO AVG		<=	15.0 MX WK AV	19 - mg/L			
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	157.96	80 - Mgal/mo											0	01/30 - Monthly	RT - RCOTOT
					Permit Req. Value NODI				Req Mon MO TOTAL	80 - Mgal/mo													

Submission Note

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

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00665	Phosphorus, total [as P]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

24-hour noncompliance report included

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_08.pdf	pdf	404044.0

Report Last Saved By

NEW ALBANY WWTP

User:	cconrad@cityofnewalbany.com
Name:	Chris Conrad
E-Mail:	cconrad@cityofnewalbany.com
Date/Time:	2024-09-23 14:25 (Time Zone: -04:00)

Report Last Signed By

User:	MWALLACE@CITYOFNEWALBANY.COM
Name:	Michael Wallace
E-Mail:	mwallace@cityofnewalbany.com
Date/Time:	2024-09-23 14:28 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP			Permit Number IN0023884		
Month August	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320		
E-mail address: mwallace@cityofnewalbany.com			100	A	
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470	Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total 2.57	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Thu			1.15						11.58	7.0	192	18543	230	22213	3.54	10.9
2	Fri			0.56						12.39	7.1	120	12400	590	60966	9.54	7.5
3	Sat			0.02						10.58	7.0	295	26030	2310	203828	46.9	
4	Sun			0						6.08	7.2	205	10395	393	19928	8.68	
5	Mon			0						4.56	6.8	240	9127.3	615	23389	8.77	16
6	Tue			0						5.18	7.1	217	9374.7	1013	43763	25.4	20.5
7	Wed			0						5.12	7.1	165	7045.6	180	7686.1	5.37	20.4
8	Thu			0						4.98	7.1	199	8265.1	184	7642.1	5.97	22.1
9	Fri			0						4.85	7.1	202	8170.7	304	12296	6.14	17.2
10	Sat			0						4.68	7.1	190	7415.9	183	7142.7	4.92	
11	Sun			0						4.57	7.1	187	7127.3	172	6555.6	4.79	
12	Mon			0						4.13	7.0	205	7061.1	530	18255	6.91	20
13	Tue			0.01						4.61	7.0	230	8842.9	216	8304.6	5.31	23.5
14	Wed			0						4.15	7.1	134	4637.9	280	9691.1	8.58	21.4
15	Thu			0						4.12	7.3	205	7044	250	8590.2	5.79	19.7
16	Fri			0						4.44	7.0	225	8331.7	400	14812	3.76	21.8
17	Sat			0.75						7.33	6.8	242	14794	278	16995	5.74	
18	Sun			0						4.86	7.1	205	8309.1	360	14592	9.3	
19	Mon			0						4.66	7.1	360	13991	1675	65098	24.2	20.7
20	Tue			0						4.8	6.9	164	6565.2	140	5604.5	4.97	22.3
21	Wed			0						4.45	7.0	204	7571.1	210	7793.7	5.42	20.6
22	Thu			0						4.9	7.1	259	10584	216	8827.1	5.73	22.3
23	Fri			0						4.51	7.1	225	8463	204	7673.1	4.16	26.2
24	Sat			0						4.37	6.9	192	6997.6	224	8163.9	4.91	
25	Sun			0						4.36	7.0	190	6908.9	177	6436.1	5.61	
26	Mon			0						4.3	7.0	254	9108.9	220	7889.6	4.7	21.9
27	Tue			0						5.52	7.1	257	11831	204	9391.5	5.98	25.9
28	Wed			0						5.02	7.0	212	8875.8	960	40192	18.8	25.1
29	Thu			0.08						4.57	7.0	225	8575.6	232	8842.4	5.45	13.1
30	Fri			0						4.48	7.0	245	9154	230	8593.5	4.97	23
31	Sat			0						4.3	6.9	197	7064.8	248	8893.8	4.97	
Average										5.4339		214.3	9632.5	433.2	22582	8.88	20.1
Maximum				1.15						12.39	7.3	360	26030	2310	203828	46.9	26.2
Minimum										4.12	6.8	120	4637.9	140	5604.5	3.54	7.5
# of Data				31	0	0	0	0	0	31	31	31	31	31	31	31	22

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

Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>	Date (month, day, year) 9/23/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>	Date (month, day, year) 9/23/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	August	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			22	3710	59	2.1		8.73	11630						19	7.3		8.3	
2			18	3125	58	1.8		11.04	7120						2	7.2		8.0	
3			66	5935	111	1.2		11.05	6150						1	7.4		7.3	
4			70	6070	115	4.1		9.11	4140						6	7.4		8.0	
5			73	6380	114	4.0		5.85	9510						2	7.4		7.6	
6			68	5905	115	2.6		5.53	8660						1	7.2		7.9	
7			67	5745	117	2.3		4.8	9190						2	7.1		7.4	
8			57	5555	103	2.5		5.26	8270						1	7.2		7.3	
9			45	5465	82	2.1		5.3	8770						1	7.3		7.0	
10			49	5195	94	4.0		5.18	10050						1	7.2		7.6	
11			35	4955	71	6.0		5.03	10990						2	7.2		8.7	
12			35	4940	71	2.6		5.16	9020						2	7.0		7.6	
13			31	4770	65	1.9		5.01	12210						4	7.1		7.7	
14			32	4825	66	2.8		5.06	7910						2	7.2		9.7	
15			28	4340	65	2.0		4.99	9060						1	7.1		7.0	
16			28	4390	64	2.2		5	7090						1	7.1		9.7	
17			29	4385	66	2.7		7.17	7100						1	7.1		7.0	
18			26	4530	57	4.5		5.34	6950						1	7.1		7.4	
19			31	4585	68	2.3		5.25	7200						1	7.1		7.2	
20			29	4420	66	0.9		5.46	6580						1	7.1		7.5	
21			30	4530	66	3.3		5.07	6670						1	7.1		7.7	
22			30	4405	68	1.6		5.12	6770						1	7.1		7.5	
23			29	4245	68	1.8		5.04	8690						1	7.1		8.2	
24			28	4135	68	1.5		5.02	8160						1	7.2		9.5	
25			26	4115	63	1.6		5.07	6470						1	7.1		7.3	
26			28	4170	67	1.9		5.18	6440						3	7.1		7.7	
27			25	3285	76	1.7		5.82	7420						3	7.1		7.8	
28			28	3815	73	1.3		5.54	4930						1	7.1		7.3	
29			28	4155	67	1.5		5.08	5820						1	7.1		7.6	
30			28	4125	68	1.4		5.07	5510						1	6.9		7.5	
31			27	4085	66	1.2		4.85	7560						1	7.2		8.0	
Avg.			36.97	4654	76.73	2.368		5.877	7808						1			7.806	
Max.			73	6380	116.6	6		11.05	12210						19	7.4		9.7	
Min.			18	3125	57.4	0.9		4.8	4140						1	6.9		7	
Daily Max																			
# of Days above 235																			
Data	0	0	31	31	31	31	0	31	31	0	0		0	0	31	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	August	2024

		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Thu	8.97		9		673.7		7		524		0.814		60.93		0.771	57.68
2	Fri	11.17		6		559.3		5		466.1		0.818		76.2		1.105	103
3	Sat	9.87		11		906		4		329.5						1.125	92.66
4	Sun	5.8		5		242		3		145.2						0.512	24.76
5	Mon	5.29		3.5		154.5		6		264.9		0.025		1.082		0.803	35.45
6	Tue	5.15		3		128.9		6.5		279.3		0.029		1.225		1.05	45.13
7	Wed	5.09		3		127.4		5		212.4		0.034		1.423		1.77	75.18
8	Thu	4.69		4		156.6		8.5		332.7		0.064		2.505		2.185	85.52
9	Fri	4.7		2		78.44		5		196.1		0.048		1.863		2.3	90.21
10	Sat	4.54	5.0371	4.5	3.571	170.5	151.2	13.5	6.786	511.5	277.4		0.04		1.6194	2.77	104.9
11	Sun	4.15		3.5		121.2		11		380.9						2.695	93.33
12	Mon	4.27		2		71.27		7		249.4		0.036		1.283		2.68	95.5
13	Tue	4.4		8		293.7		8		293.7		0.051		1.873		2.515	92.35
14	Wed	4.33		3		108.4		5.5		198.7		0.043		1.536		2.24	80.94
15	Thu	4.34		3		108.7		10.5		380.3		0.07		2.535		3.195	115.7
16	Fri	4.31		5		179.8		9.5		341.7		0.076		2.716		3.655	131.5
17	Sat	7	4.6857	10	4.929	584.2	209.6	10	8.786	584.2	347		0.055		1.9884	3.365	196.6
18	Sun	4.71		4.5		176.9		7		275.1						2.73	107.3
19	Mon	4.55		8		303.8		6.5		246.8		0.073		2.753		2.415	91.7
20	Tue	4.65		3		116.4		7.5		291		0.062		2.386		3.135	121.7
21	Wed	4.3		2.5		89.71		5		179.4		0.046		1.633		2.66	95.45
22	Thu	4.25		2.5		88.67		5		177.3		0.039		1.365		2.31	81.93
23	Fri	4.2		2.5		87.62		5		175.2		0.046		1.612		2.075	72.73
24	Sat	4.25	4.4157	2.5	3.643	88.67	136	6.5	6.071	230.5	225.1		0.053		1.9499	2.795	99.13
25	Sun	4.12		2		68.76		5		171.9						3.155	108.5
26	Mon	4.19		2.5		87.41		5.5		192.3		0.043		1.486		3.375	118
27	Tue	3.69		4		123.2		5		154		0.043		1.309		2.16	66.51
28	Wed	4.49		2.5		93.67		6.5		243.5		0.04		1.48		0.519	19.43
29	Thu	4.23		2		70.6		3		105.9		0.039		1.377		0.328	11.58
30	Fri	4.24		6.5		230		4		141.5		0.034		1.203		0.334	11.82
31	Sat	4.02	4.14	2	3.071	67.09	105.8	4.5	4.786	151	165.7		0.04		1.3709	0.428	14.36
Avg		5.0955		4.3		205.1		6.5		271.8		0.117		7.808		2.037	81.95
Max		11.17	5.0371	11	4.929	906	209.6	13.5	8.786	584.2	347	0.818	0.055	76.2	1.9884	3.655	196.6
Min		3.69	4.14	2	3.071	67.09	105.8	3	4.786	105.9	165.7	0.025	0.04	1.082	1.3709	0.328	11.58
Data		31	4	31	4	31	4	31	4	31	4	22	4	22	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 157.96
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			Percent Capacity
Overall Treatment	98.0	98.5	99.4	77.1	(actual flow/design) 42%
Phosphorus limit would be 1 mg/l. (compliance not achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	August	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		0.124											17.4	
2		0.131												
3		0.131												
4		0.132												
5		0.132											17.1	
6		0.147												
7		0.146											17.3	
8		0.149												
9		0.15											17.3	
10		0.149												
11		0.149												
12		0.149											15.3	
13		0.149												
14		0.149											17.3	
15		0.167												
16		0.117											15.9	
17		0.11												
18		0.109												
19		0.109											17.4	
20		0.11												
21		0.109											18.7	
22		0.109												
23		0.108											18	
24		0.109												
25		0.108												
26		0.109											18.2	
27		0.108												
28		0.097												
29		0.093												
30		0.093												
31		0.093												
Avg.		0.124											17.26	
Max.		0.167											18.7	
Min.		0.093											15.3	
Data	0	31	0	0	0	0	0	0	0	0	0	0	11	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10629 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	August	2024

Substitute for State Form 30530

Day Of Month	Final Effluent						Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6																
7			17	722.09										0.13		
8																
9																
10																
11																
12																
13																
14														0.32		
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Avg			17	722.09										0.225		
Max			17	722.09										0.32		
Min			17	722.09										0.13		
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	August	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3																
4																
5																
6																
7									0.014							
8																
9																
10																
11																
12																
13																
14									0.017							
15																
16																
17																
18																
19																
20																
21									0.02							
22																
23																
24																
25																
26																
27																
28									0.012							
29																
30																
31																
Avg									0.016							
Max									0.02							
Min									0.012							
Data	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0



NONCOMPLIANCE 24-HOUR NOTIFICATION REPORT

State Form 52415 (R / 10-13)
Indiana Department of Environmental Management
Office of Water Quality

INSTRUCTIONS: Complete all sections of this form and email it to Office of Water Quality, Compliance Data Section at wwreports@idem.IN.gov. Thorough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Additionally, any **noncompliance which may pose a significant danger to human health or the environment (including a fish kill)** must be **immediately reported** to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

FACILITY INFORMATION				
Facility Name		County		NPDES Permit Number
New Albany Wastewater		Floyd		IN0023884
Individual Reporting		Telephone Number		Reporting Date (month, day, year)
Michael Wallace		812-948-5320		9/23/2024
Email Address				
mwallace@cityofnewalbany.com				
NONCOMPLIANCE INFORMATION				
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value
8-2024	100	Effluent Phosphorus	Monthly Average 1.0	2.037
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value
Description of the Noncompliance and its Cause: In August we noticed some issues with the operations of the treatment plant. We placed samplers out and found an industry dumping high CBD and TSS. The chemical we use to remove phosphorus from our effluent uses the domestic sludge to help remove phosphorus. Due to high quantities of TSS the treatment plant sludge became more of industrial sludge instead of domestic. The chemical used to remove phosphorus couldn't remove phosphorus until we stopped the industry from dumping and wasted the industrial out to get our domestic sludge back. Due to our sludge coming back into form at the end of August our chemical started removing phosphorus again.				
Description of the Period of Noncompliance, Including Exact Dates and Time, and if the Noncompliance has not been Corrected, the Anticipated Time it is Expected to Continue: The noncompliance has been corrected and the violation is monthly average for the month of August.				
Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance: We have meet with industry that was dumping high CBOD and TSS. The dumping has since been stopped as we can tell by our numbers at the treatment plant.				
CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
SIGNATURE: <u>Michael Wallace</u>			DATE (month, day, year): <u>9/23/24</u>	

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:

IN0023884
Yes

Permittee:
Permittee Address:

NEW ALBANY WWTP
30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:
Facility Location:

NEW ALBANY WWTP
30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 09/01/24 to 09/30/24

DMR Due Date:

10/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:
Last Name:

Jeff
Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration								# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	6.4					19 - mg/L	0	01/01 - Daily	3R - 3GR24H	
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L			3R - 3GR24H	
					Value NODI																
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.5			=	7.5	12 - SU	0	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			GR - GRAB	
					Value NODI																
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	773.2	=	1593.0	26 - lb/d			=	7.7		11.29	19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG		45.0 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	593.33			26 - lb/d			=	15.0			19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	15.58	=	35.775	26 - lb/d			=	0.189		0.392	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24	
					Permit Req.	<=	150.0 MO AVG	<=	230.0 MX WK AV	26 - lb/d			<=	1.5 MO AVG		2.3 MX WK AV	19 - mg/L			24 - COMP24	
					Value NODI																
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	72.46			26 - lb/d			=	0.997			19 - mg/L	0	01/01 - Daily	24 - COMP24	
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L			24 - COMP24	
					Value NODI																
					Sample								=	0.014		0.019	19 - mg/L		01/07 - Weekly	24 - COMP24	
					Permit															24 -	

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI										<=	0.021 MO AVG		<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.1		=	0.11	19 - mg/L	0	02/30 - Twice Per Month 02/30 - Twice Per Month	24 - COMP24 24 - COMP24
					Permit Req.											Req Mon MO AVG			Req Mon DAILY MX	19 - mg/L			
					Value NODI																		
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	8.1977				03 - MGD										0	01/01 - Daily 01/01 - Daily	TM - TOTALZ TM - TOTALZ
					Permit Req.		Req Mon MO AVG				03 - MGD												
					Value NODI																		
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample										<	0.06 MO AVG		<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.																		
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Value NODI																0	01/01 - Daily 01/01 - Daily	GR - GRAB GR - GRAB
					Sample	=	3.0								=	3.0		=	150.0	3Z - CFU/100mL			
					Permit Req.										<=	125.0 MO GEO		<=	235.0 DAILY MX	3Z - CFU/100mL			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Value NODI																0	01/01 - Daily 01/01 - Daily	24 - COMP24 24 - COMP24
					Sample	=	361.4	=	661.9	26 - lb/d					=	3.7		=	4.286	19 - mg/L			
					Permit Req.	<=	1001.0 MO AVG	<=	1502.0 MX WK AV	26 - lb/d					<=	10.0 MO AVG		<=	15.0 MX WK AV	19 - mg/L			
82220	Flow, total	1 - Effluent Gross	0	--	Value NODI																0	01/30 - Monthly 01/30 - Monthly	RT - RCOTOT RT - RCOTOT
					Sample			=	245.93	80 - Mgal/mo													
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo													

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_09.pdf	pdf	437936.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-10-24 09:45 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-10-24 10:05 (Time Zone: -04:00)

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Permit

Permit #:

IN0023884

Major:

Yes

Permittee:

NEW ALBANY WWTP

Permittee Address:

30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:

NEW ALBANY WWTP

Facility Location:

30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-AQ
MAIN OUTFALL QUARTERLY PARAMETERS

Report Dates & Status

Monitoring Period:

From 09/01/24 to 09/30/24

DMR Due Date:

10/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:

Jeff

Last Name:

Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00717	Cyanide, free [as free]	1 - Effluent Gross	0	--	Sample										<	0.01	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
					Value NODI															
00717	Cyanide, free [as free]	G - Raw Sewage Influent	0	--	Sample										<	0.01	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample										=	0.006	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
01074	Nickel, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.005	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	G - Raw Sewage Influent	0	--	Sample										<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample										<	0.003	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.0065	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample										<	0.0006	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI															
					Sample										<	0.0006	19 - mg/L		01/90 - Quarterly	24 - COMP24

01113	Cadmium, total recoverable	G - Raw Sewage Influent	0	--	Permit Req.											Req Mon DAILY MX	19 - mg/L	0	01/90 - Quarterly	24 - COMP24	
					Value NODI																
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample											<	0.001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																
01114	Lead, total recoverable	G - Raw Sewage Influent	0	--	Sample											<	0.005	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample											<	0.004	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																
01118	Chromium, total recoverable	G - Raw Sewage Influent	0	--	Sample											<	0.004	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
					Permit Req.												Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
					Value NODI																

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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
IN0023884_100A__MRO_2024_09.pdf	pdf	437936.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-10-24 09:44 (Time Zone: -04:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-10-24 10:05 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884	
Month September	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320
E-mail address: mwallace@cityofnewalbany.com		100	A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470
		Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 10.4 Precipitation - Inches	Bypass At Plant Site ("x" if Occurred)	Sanitary Sewer Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun			1.99						14.77	6.8	180	22173	284	34984	4.76		
2	Mon			0						9.05	6.9	145	10944	610	46041	12.8	10.5	
3	Tue			0						5.36	7.0	167	7465.3	220	9834.5	4.87	16.2	
4	Wed			0						4.98	7.1	144	5980.8	164	6811.4	3.43	16.7	
5	Thu			0						4.91	6.9	175	7166.1	177	7248	4.11	17.8	
6	Fri			0						4.66	6.8	204	7928.3	200	7772.9	4.39	19	
7	Sat			0.94						8.17	7.3	169	11515	172	11720	3.69		
8	Sun			0						5.68	6.9	140	6632	110	5210.8	2.98		
9	Mon			0						5.27	6.8	194	8526.6	149	6548.8	3.48	16.9	
10	Tue			0						4.95	7.0	185	7637.4	177	7307.1	4.05	21.2	
11	Wed			0						4.87	7.3	142	5767.4	203	8245	4.58	22.5	
12	Thu			0						4.63	7.2	219	8456.5	183	7066.4	4.73	21.9	
13	Fri			1						4.94	7.0	172	7086.3	224	9228.7	4.82	24.3	
14	Sat			0.53						15.88	7.0	116	15363	500	66220	4.81		
15	Sun			0						6.95	7.1	100	5796.3	103	5970.2	3.23		
16	Mon			0						5.91	6.8	150	7393.4	106	5224.7	3.15	15.8	
17	Tue			0						5.58	7.1	194	9028.2	120	5584.5	4.08	18.5	
18	Wed			0						5.2	7.0	115	4987.3	170	7372.6	4.14	20.1	
19	Thu			0						5.15	6.9	199	8547.2	184	7903	4.26	19.8	
20	Fri			0						4.79	7.1	175	6991	160	6391.8	3.84	17.5	
21	Sat			0						4.65	6.9	229	8880.8	172	6670.3	4.84		
22	Sun			0						4.65	6.7	194	7523.5	160	6205	4.55		
23	Mon			0.07						4.98	6.5	162	6728.4	78	3239.6	3.39	17.2	
24	Tue			0.94						6.81	6.6	200	11359	215	12211	3.81	19.2	
25	Wed			1.22						19.68	6.9	54	8863.1	160	26261	2.54	5.23	
26	Thu			0						10.8	7.0	138	12430	660	59448	13.2	8.91	
27	Fri			1.01		X				9.45	6.6	123	9694	185	14580	3.93	14.5	
28	Sat			2.21		X				41.77	6.7	78	27172	85	29611	1.39		
29	Sun			0.49						33.6	6.8	35	9807.8	218	61089	1.21		
30	Mon			0						15.05	6.8	90	11297	216	27112	4.83	4.79	
Average										9.438		152.9	9638	212.2	17304	4.463	16.6	
Maximum				2.21						41.77	7.3	229	27172	660	66220	13.2	24.3	
Minimum										4.63	6.5	35	4987.3	78	3239.6	1.21	4.79	
# of Data				30	0	2		0	0	0	30	30	30	30	30	30	21	0
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Prepared by or under the direction of (Certified Operator): Michael Wallace				Date (month, day, year) 10/24/24				
										Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Michael Wallace				Date (month, day, year) 10/24/24				

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	September	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			24	3900	62	0.7		8.87	5020						10	7.0		7.6	
2			29	4775	61	1.9		8.96	5900						1	7.1		7.9	
3			29	4675	62	1.6		5.78	5630						1	7.1		7.8	
4			30	4710	64	2.0		5.35	10390						2	7.2		8.5	
5			28	4550	62	1.9		5.33	9270						2	7.0		7.6	
6			29	4490	65	1.7		5.25	8070						1	7.0		8.3	
7			30	4435	68	3.1		7.37	7220						1	7.5		9.3	
8			29	4490	65	2.3		6.05	7510						1	7.0		9.0	
9			26	4595	57	2.1		5.51	7160						1	6.9		7.9	
10			29	4650	62	1.7		5.26	7190						1	7.1		8.0	
11			28	4445	63	1.8		5.27	9140						2	7.1		7.5	
12			28	4475	63	1.5		5	6760						2	7.1		7.2	
13			26	4390	59	2.2		5.35	7070						2	7.2		7.2	
14			26	4125	63	1.6		12.61	8000						2	7.3		7.4	
15			25	4145	60	1.8		6.98	7260						2	7.3		7.6	
16			24	4070	59	1.4		6.07	8220						1	7.2		6.4	
17			24	4080	59	1.7		5.99	6960						1	7.2		7.4	
18			22	4105	54	1.4		5.54	7800						1	7.1		7.5	
19			25	4325	58	0.9		5.57	9290						1	7.2		6.5	
20			24	4170	58	1.3		5.52	5640						1	7.2		7.8	
21			25	3995	63	1.0		5.29	9030						1	7.2		7.5	
22			25	4180	60	1.3		5.32	4920						1	7.1		9.1	
23			25	4165	60	1.2		5.46	5980						1	7.2		7.4	
24			25	4025	62	0.5		6.82	6260						20	7.0		7.7	
25			18	2925	62	1.5		15.08	9330						40	7.1		8.1	
26			25	4075	61	1.1		10.88	4930						1	7.2		9.1	
27			24	3960	61	0.6		8.85	2930						100	7.0		7.3	
28								18.03	6910						300	7.0		8.2	
29			13	2740	47	1.6		18	8050						150	6.5		8.7	
30			23	3610	64	3.1		14.51	9650						1	7.0		8.4	
Avg.			25.45	4182	60.67	1.603		7.862	7250						3			7.863	
Max.			30	4775	67.64	3.1		18.03	10390						300	7.5		9.3	
Min.			13	2740	47.45	0.5		5	2930						1	6.5		6.4	
Daily Max																			
# of Days above 235																			
Data	0	0	29	29	29	29	0	30	30	0	0		0	0	30	30	30	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	September	2024

Day Of Month	Day Of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sun	10.2		6		510.7		9		766.1						1.03	87.67
2	Mon	8.23		3		206		4		274.7		0.977		67.1		0.822	56.45
3	Tue	4.78		2		79.78		4		159.6		0.025		0.997		0.574	22.9
4	Wed	4.74		2		79.11		3		118.7		0.018		0.712		0.584	23.1
5	Thu	4.71		2		78.61		4		157.2		0.017		0.668		0.697	27.4
6	Fri	4.53		2		75.61		4		151.2		0.017		0.643		0.835	31.57
7	Sat	7.44	6.3757	2	2.714	124.2	164.9	4	4.571	248.3	268		0.211		14.024	1.031	64.01
8	Sun	5.25		3		131.4		5		219.1						0.946	41.45
9	Mon	4.64		3		116.2		4		154.9		0.019		0.736		0.934	36.17
10	Tue	4.49		3		112.4		7		262.3		0.021		0.787		0.961	36.01
11	Wed	4.32		3		108.2		7		252.4		0.022		0.793		1.002	36.12
12	Thu	4.22		8		281.7		6		211.3		0.029		1.021		1.075	37.86
13	Fri	4.59		4		153.2		7		268.1		0.028		1.072		1.11	42.52
14	Sat	13.37	5.84	4	4	446.3	192.8	11	6.714	1227	370.8		0.024		0.8819	1.365	152.3
15	Sun	6.42		2		107.1		6		321.4						0.797	42.7
16	Mon	5.41		2		90.29		5		225.7		0.056		2.528		1.37	61.85
17	Tue	5.23		2		87.29		6		261.9		0.059		2.575		0.988	43.12
18	Wed	6.01		2		100.3		7		351.1		0.055		2.758		1.16	58.18
19	Thu	4.68		3		117.2		8		312.4		0.092		3.593		0.819	31.99
20	Fri	4.66		3		116.7		9		350		0.049		1.905		0.687	26.72
21	Sat	4.52	5.2757	6	2.857	226.3	120.7	6	6.714	226.3	292.7		0.062		2.672	0.922	34.78
22	Sun	4.32		3		108.2		6		216.3						0.997	35.94
23	Mon	4.5		2		75.11		8		300.4		0.043		1.615		1.225	46
24	Tue	6.46		2		107.8		9		485.2		0.04		2.156		1.15	62
25	Wed	11.96		5		499		13		1297		1.185		118.3		1.17	116.8
26	Thu	9.93		3		248.6		9		745.8		0.662		54.86		0.541	44.83
27	Fri	8.46		3		211.8		7		494.2		0.028		1.977		0.387	27.32
28	Sat	33.78	11.344	12	4.286	3383	661.9	27	11.29	7611	1593		0.392		35.775	1.12	315.7
29	Sun	30.6		9		2298		19		4852						0.866	221.1
30	Mon	13.48		5		562.5		6		674.9		0.537		60.41		2.75	309.3
Avg		8.1977		3.7		361.4		7.7		773.2		0.189		15.58		0.997	72.46
Max		33.78	11.344	12	4.286	3383	661.9	27	11.29	7611	1593	1.185	0.392	118.3	35.775	2.75	315.7
Min		4.22	5.2757	2	2.714	75.11	120.7	3	4.571	118.7	268	0.017	0.024	0.643	0.8819	0.387	22.9
Data		30	4	30	4	30	4	30	4	30	4	21	4	21	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	245.93
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 68%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	97.6	96.4	98.9	77.7	
Phosphorus limit would be 80 % removal. (compliance not achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	September	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		0.071												
2		0.092												
3		0.093												
4		0.093											17.2	
5		0.093												
6		0.093												
7		0.092												
8		0.093												
9		0.092											16.1	
10		0.093												
11		0.093												
12		0.093											17.6	
13		0.093												
14		0.089												
15		0.092												
16		0.092											16.9	
17		0.093												
18		0.093												
19		0.093												
20		0.094											16.9	
21		0.094												
22		0.093												
23		0.093												
24		0.092												
25		0.074												
26		0.091											17.5	
27		0.092												
28														
29		0.043												
30													20.4	
Avg.		0.089											17.51	
Max.		0.094											20.4	
Min.		0.043											16.1	
Data	0	28	0	0	0	0	0	0	0	0	0	0	7	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	September	2024

Substitute for State Form 30530

Day Of Month	Final Effluent						Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.09		
5																
6																
7																
8																
9																
10																
11														0.11		
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
Avg			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.1		
Max			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.11		
Min			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.09		
Data	0	0	1	1	0	0	1	1	1	1	1	1	1	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	September	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3																
4		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.009							
5																
6																
7																
8																
9																
10																
11									0.019							
12																
13																
14																
15																
16																
17																
18									0.015							
19																
20																
21																
22																
23																
24																
25									0.014							
26																
27																
28																
29																
30																
Avg		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.014							
Max		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.019							
Min		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.009							
Data	0	1	1	1	1	1	1	1	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 West 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 9/27/24 11:01 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 9/28/24 11:27 ☒ AM ☐ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1508 Old Ford Road	(9) Latitude (Deg Min Sec) 38-18-59N	(9) Longitude (Deg Min Sec) 85-47-36W
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 100000 Gallons			(11) WWTP Flow During Release 48.05 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None observed.		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: The 14" force main failed resulting in a 12ft crack to form releasing wastewater near 1508 Old Ford Rd. This happened during a rain event from the remnants of Hurricane Helene.		(18) Description of the Area Impacted (Check all that apply.) ☐ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☒ Reached Public Land ☒ Reached Receiving Water Name of Receiving Water Impacted: Silver Creek	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☒ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☐ Removed Blockage ☒ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The force main was repaired and returned to service.					

(22)

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov)			
SIGNATURE:		DATE (month, day, year): 9/30/24	
Individual Making Report (printed) Michael Wallace	Telephone Number 812-948-5320	Contact E-mail mwallace@cityofnewalbany.com	Date (month, day, year) / Time IDEM Notified 9/30/24 8:00 ☒ AM ☐ PM



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility New Albany Municipal WWTP		Permit Number IN0023884	
Month September	Year 2024	Plant Design Flow 12 mgd	Telephone Number 812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name Michael J. Wallace		Class IV	Certificate Number 21470
		Expiration Date 6/30/2026	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 10.4 Precipitation - Inches	Bypass At Plant Site ("x" if Occurred)	Sanitary Sewer Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun			1.99						14.77	6.8	180	22173	284	34984	4.76		
2	Mon			0						9.05	6.9	145	10944	610	46041	12.8	10.5	
3	Tue			0						5.36	7.0	167	7465.3	220	9834.5	4.87	16.2	
4	Wed			0						4.98	7.1	144	5980.8	164	6811.4	3.43	16.7	
5	Thu			0						4.91	6.9	175	7166.1	177	7248	4.11	17.8	
6	Fri			0						4.66	6.8	204	7928.3	200	7772.9	4.39	19	
7	Sat			0.94						8.17	7.3	169	11515	172	11720	3.69		
8	Sun			0						5.68	6.9	140	6632	110	5210.8	2.98		
9	Mon			0						5.27	6.8	194	8526.6	149	6548.8	3.48	16.9	
10	Tue			0						4.95	7.0	185	7637.4	177	7307.1	4.05	21.2	
11	Wed			0						4.87	7.3	142	5767.4	203	8245	4.58	22.5	
12	Thu			0						4.63	7.2	219	8456.5	183	7066.4	4.73	21.9	
13	Fri			1						4.94	7.0	172	7086.3	224	9228.7	4.82	24.3	
14	Sat			0.53						15.88	7.0	116	15363	500	66220	4.81		
15	Sun			0						6.95	7.1	100	5796.3	103	5970.2	3.23		
16	Mon			0						5.91	6.8	150	7393.4	106	5224.7	3.15	15.8	
17	Tue			0						5.58	7.1	194	9028.2	120	5584.5	4.08	18.5	
18	Wed			0						5.2	7.0	115	4987.3	170	7372.6	4.14	20.1	
19	Thu			0						5.15	6.9	199	8547.2	184	7903	4.26	19.8	
20	Fri			0						4.79	7.1	175	6991	160	6391.8	3.84	17.5	
21	Sat			0						4.65	6.9	229	8880.8	172	6670.3	4.84		
22	Sun			0						4.65	6.7	194	7523.5	160	6205	4.55		
23	Mon			0.07						4.98	6.5	162	6728.4	78	3239.6	3.39	17.2	
24	Tue			0.94						6.81	6.6	200	11359	215	12211	3.81	19.2	
25	Wed			1.22						19.68	6.9	54	8863.1	160	26261	2.54	5.23	
26	Thu			0						10.8	7.0	138	12430	660	59448	13.2	8.91	
27	Fri			1.01		X				9.45	6.6	123	9694	185	14580	3.93	14.5	
28	Sat			2.21		X				41.77	6.7	78	27172	85	29611	1.39		
29	Sun			0.49						33.6	6.8	35	9807.8	218	61089	1.21		
30	Mon			0						15.05	6.8	90	11297	216	27112	4.83	4.79	
Average										9.438		152.9	9638	212.2	17304	4.463	16.6	
Maximum				2.21						41.77	7.3	229	27172	660	66220	13.2	24.3	
Minimum										4.63	6.5	35	4987.3	78	3239.6	1.21	4.79	
# of Data				30	0	2	0	0	0	30	30	30	30	30	30	30	21	0
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Prepared by or under the direction of (Certified Operator): <i>Michael Wallace</i>				Date (month, day, year) 10/24/24				
										Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Michael Wallace</i>				Date (month, day, year) 10/24/24				

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	September	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1			24	3900	62	0.7		8.87	5020						10	7.0		7.6	
2			29	4775	61	1.9		8.96	5900						1	7.1		7.9	
3			29	4675	62	1.6		5.78	5630						1	7.1		7.8	
4			30	4710	64	2.0		5.35	10390						2	7.2		8.5	
5			28	4550	62	1.9		5.33	9270						2	7.0		7.6	
6			29	4490	65	1.7		5.25	8070						1	7.0		8.3	
7			30	4435	68	3.1		7.37	7220						1	7.5		9.3	
8			29	4490	65	2.3		6.05	7510						1	7.0		9.0	
9			26	4595	57	2.1		5.51	7160						1	6.9		7.9	
10			29	4650	62	1.7		5.26	7190						1	7.1		8.0	
11			28	4445	63	1.8		5.27	9140						2	7.1		7.5	
12			28	4475	63	1.5		5	6760						2	7.1		7.2	
13			26	4390	59	2.2		5.35	7070						2	7.2		7.2	
14			26	4125	63	1.6		12.61	8000						2	7.3		7.4	
15			25	4145	60	1.8		6.98	7260						2	7.3		7.6	
16			24	4070	59	1.4		6.07	8220						1	7.2		6.4	
17			24	4080	59	1.7		5.99	6960						1	7.2		7.4	
18			22	4105	54	1.4		5.54	7800						1	7.1		7.5	
19			25	4325	58	0.9		5.57	9290						1	7.2		6.5	
20			24	4170	58	1.3		5.52	5640						1	7.2		7.8	
21			25	3995	63	1.0		5.29	9030						1	7.2		7.5	
22			25	4180	60	1.3		5.32	4920						1	7.1		9.1	
23			25	4165	60	1.2		5.46	5980						1	7.2		7.4	
24			25	4025	62	0.5		6.82	6260						20	7.0		7.7	
25			18	2925	62	1.5		15.08	9330						40	7.1		8.1	
26			25	4075	61	1.1		10.88	4930						1	7.2		9.1	
27			24	3960	61	0.6		8.85	2930						100	7.0		7.3	
28								18.03	6910						300	7.0		8.2	
29			13	2740	47	1.6		18	8050						150	6.5		8.7	
30			23	3610	64	3.1		14.51	9650						1	7.0		8.4	
Avg.			25.45	4182	60.67	1.603		7.862	7250						3			7.863	
Max.			30	4775	67.64	3.1		18.03	10390						300	7.5		9.3	
Min.			13	2740	47.45	0.5		5	2930						1	6.5		6.4	
Daily Max																			
# of Days above 235																			
Data	0	0	29	29	29	29	0	30	30	0	0		0	0	30	30	30	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	September	2024

Day Of Month	Day Of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sun	10.2		6		510.7		9		766.1						1.03	87.67
2	Mon	8.23		3		206		4		274.7		0.977		67.1		0.822	56.45
3	Tue	4.78		2		79.78		4		159.6		0.025		0.997		0.574	22.9
4	Wed	4.74		2		79.11		3		118.7		0.018		0.712		0.584	23.1
5	Thu	4.71		2		78.61		4		157.2		0.017		0.668		0.697	27.4
6	Fri	4.53		2		75.61		4		151.2		0.017		0.643		0.835	31.57
7	Sat	7.44	6.3757	2	2.714	124.2	164.9	4	4.571	248.3	268		0.211		14.024	1.031	64.01
8	Sun	5.25		3		131.4		5		219.1						0.946	41.45
9	Mon	4.64		3		116.2		4		154.9		0.019		0.736		0.934	36.17
10	Tue	4.49		3		112.4		7		262.3		0.021		0.787		0.961	36.01
11	Wed	4.32		3		108.2		7		252.4		0.022		0.793		1.002	36.12
12	Thu	4.22		8		281.7		6		211.3		0.029		1.021		1.075	37.86
13	Fri	4.59		4		153.2		7		268.1		0.028		1.072		1.11	42.52
14	Sat	13.37	5.84	4	4	446.3	192.8	11	6.714	1227	370.8		0.024		0.8819	1.365	152.3
15	Sun	6.42		2		107.1		6		321.4						0.797	42.7
16	Mon	5.41		2		90.29		5		225.7		0.056		2.528		1.37	61.85
17	Tue	5.23		2		87.29		6		261.9		0.059		2.575		0.988	43.12
18	Wed	6.01		2		100.3		7		351.1		0.055		2.758		1.16	58.18
19	Thu	4.68		3		117.2		8		312.4		0.092		3.593		0.819	31.99
20	Fri	4.66		3		116.7		9		350		0.049		1.905		0.687	26.72
21	Sat	4.52	5.2757	6	2.857	226.3	120.7	6	6.714	226.3	292.7		0.062		2.672	0.922	34.78
22	Sun	4.32		3		108.2		6		216.3						0.997	35.94
23	Mon	4.5		2		75.11		8		300.4		0.043		1.615		1.225	46
24	Tue	6.46		2		107.8		9		485.2		0.04		2.156		1.15	62
25	Wed	11.96		5		499		13		1297		1.185		118.3		1.17	116.8
26	Thu	9.93		3		248.6		9		745.8		0.662		54.86		0.541	44.83
27	Fri	8.46		3		211.8		7		494.2		0.028		1.977		0.387	27.32
28	Sat	33.78	11.344	12	4.286	3383	661.9	27	11.29	7611	1593		0.392		35.775	1.12	315.7
29	Sun	30.6		9		2298		19		4852						0.866	221.1
30	Mon	13.48		5		562.5		6		674.9		0.537		60.41		2.75	309.3
Avg		8.1977		3.7		361.4		7.7		773.2		0.189		15.58		0.997	72.46
Max		33.78	11.344	12	4.286	3383	661.9	27	11.29	7611	1593	1.185	0.392	118.3	35.775	2.75	315.7
Min		4.22	5.2757	2	2.714	75.11	120.7	3	4.571	118.7	268	0.017	0.024	0.643	0.8819	0.387	22.9
Data		30	4	30	4	30	4	30	4	30	4	21	4	21	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	245.93
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 68%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	97.6	96.4	98.9	77.7	
Phosphorus limit would be 80 % removal. (compliance not achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	September	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		0.071												
2		0.092												
3		0.093												
4		0.093											17.2	
5		0.093												
6		0.093												
7		0.092												
8		0.093												
9		0.092											16.1	
10		0.093												
11		0.093												
12		0.093											17.6	
13		0.093												
14		0.089												
15		0.092												
16		0.092											16.9	
17		0.093												
18		0.093												
19		0.093												
20		0.094											16.9	
21		0.094												
22		0.093												
23		0.093												
24		0.092												
25		0.074												
26		0.091											17.5	
27		0.092												
28														
29		0.043												
30													20.4	
Avg.		0.089											17.51	
Max.		0.094											20.4	
Min.		0.043											16.1	
Data	0	28	0	0	0	0	0	0	0	0	0	0	7	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	September	2024

Substitute for State Form 30530

Day Of Month	Final Effluent						Influent Cynide - mg/L	Influent Nickel - mg/L	Influent Silver - mg/L	Influent Zinc - mg/L	Influent Cadmium - mg/L	Influent Lead - mg/L	Influent Chromium - mg/L	Influent Copper - mg/L		
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.09		
5																
6																
7																
8																
9																
10																
11														0.11		
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
Avg			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.1		
Max			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.11		
Min			15	593.33			0.01	0.005	0.001	0.065	0.0006	0.005	0.004	0.09		
Data	0	0	1	1	0	0	1	1	1	1	1	1	1	2	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	September	2024

Substitute for State Form 30530

Day Of Month	0	Effluent Cyanide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1																
2																
3																
4		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.009							
5																
6																
7																
8																
9																
10																
11									0.019							
12																
13																
14																
15																
16																
17																
18									0.015							
19																
20																
21																
22																
23																
24																
25									0.014							
26																
27																
28																
29																
30																
Avg		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.014							
Max		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.019							
Min		0.01	0.006	0.001	0.03	0.0006	0.001	0.004	0.009							
Data	0	1	1	1	1	1	1	1	4	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify **separate locations caused by the same event**. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) New Albany Wastewater Utility		(2) Mailing Address (reporting organization) 38 West 10th St. New Albany, IN 47150		(3) County Floyd	(4) NPDES Permit IN0023884
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 100	(6) Date (mm/dd/yy) and Time Release Began 9/27/24 11:01 ☐ AM ☒ PM	(7) Date (mm/dd/yy) and Time Release Stopped 9/28/24 11:27 ☒ AM ☐ PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1508 Old Ford Road	(9) Latitude (Deg Min Sec) 38-18-59N	(9) Longitude (Deg Min Sec) 85-47-36W
(10) Amount of Flow Released (Always provide a volume.) Check one: ☒ Estimated ☐ Actual 100000 Gallons			(11) WWTP Flow During Release 48.05 MGD	(12) WWTP Peak Design Flow Rate 70 MGD	
(13) Overflow Type (Select one.) ☒ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☐ Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None observed.		
(15) Reason for Bypass / Overflow (Select one or more.) ☐ Construction Related ☐ Power Failure ☒ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches					
(16) System Component(s) (Select one or more.) ☐ Manhole ☐ House Lateral ☒ Pipe Failure ☐ Pump Station Failure ☐ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: The 14" force main failed resulting in a 12ft crack to form releasing wastewater near 1508 Old Ford Rd. This happened during a rain event from the remnants of Hurricane Helene.		(18) Description of the Area Impacted (Check all that apply.) ☐ Affected Private Property ☐ Basement Backup ☐ Occurred at Treatment Plant ☒ Reached Public Land ☒ Reached Receiving Water Name of Receiving Water Impacted: Silver Creek	
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☒ Local Emergency Management ☐ Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☐ Removed Blockage ☒ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The force main was repaired and returned to service.					

(22)

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov)			
SIGNATURE:		DATE (month, day, year): 9/30/24	
Individual Making Report (printed) Michael Wallace	Telephone Number 812-948-5320	Contact E-mail mwallace@cityofnewalbany.com	Date (month, day, year) / Time IDEM Notified 9/30/24 8:00 ☒ AM ☐ PM

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:

IN0023884
Yes

Permittee:
Permittee Address:

NEW ALBANY WWTP
30 W 9TH ST
30 WEST NINTH STREET
NEW ALBANY, IN 47150

Facility:
Facility Location:

NEW ALBANY WWTP
30 W 9TH ST
NEW ALBANY, IN 47150

Permitted Feature:

100
External Outfall

Discharge:

100-A
CLASS IV, 12.0 MGD MAIN OUTFALL

Report Dates & Status

Monitoring Period:

From 10/01/24 to 10/31/24

DMR Due Date:

11/28/24

Status:

NetDMR Validated

Considerations for Form Completion

FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR FLOYD COUNTY

Principal Executive Officer

First Name:
Last Name:

Jeff
Gahan

Title:

Mayor

Telephone:

812-948-5333

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	7.3					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L		01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.2			=	7.9	12 - SU	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	230.4	=	1020.0	26 - lb/d			=	5.7		7.286	19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req.	<=	3004.0 MO AVG	<=	4506.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG		45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI															
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	662.4			26 - lb/d			=	10.8			19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.17	=	13.109	26 - lb/d			=	0.029		0.124	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	150.0 MO AVG	<=	230.0 MX WK AV	26 - lb/d			<=	1.5 MO AVG		2.3 MX WK AV	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	29.94			26 - lb/d			=	0.781			19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L		01/01 - Daily	24 - COMP24
					Value NODI															
					Sample								=	0.012		0.017	19 - mg/L		01/07 - Weekly	24 - COMP24
					Permit															24 -

01119	Copper, total recoverable	1 - Effluent Gross	0	--	Req. Value NODI										<=	0.021 MO AVG		<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
01119	Copper, total recoverable	G - Raw Sewage Influent	0	--	Sample										=	0.149		=	0.21	19 - mg/L	0	02/30 - Twice Per Month 02/30 - Twice Per Month	24 - COMP24 24 - COMP24
					Permit Req.											Req Mon MO AVG			Req Mon DAILY MX	19 - mg/L			
					Value NODI																		
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	4.9023				03 - MGD										0	01/01 - Daily 01/01 - Daily	TM - TOTALZ TM - TOTALZ
					Permit Req.		Req Mon MO AVG				03 - MGD												
					Value NODI																		
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample										<	0.06 MO AVG		<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.																		
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Value NODI																0	01/01 - Daily 01/01 - Daily	GR - GRAB GR - GRAB
					Sample	=	1.0								=	5.0		=	5.0	3Z - CFU/100mL			
					Permit Req.										<=	125.0 MO GEO		<=	235.0 DAILY MX	3Z - CFU/100mL			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Value NODI																0	01/01 - Daily 01/01 - Daily	24 - COMP24 24 - COMP24
					Sample	=	153.5	=	529.9	26 - lb/d					=	3.8		=	4.714	19 - mg/L			
					Permit Req.	<=	1001.0 MO AVG	<=	1502.0 MX WK AV	26 - lb/d					<=	10.0 MO AVG		<=	15.0 MX WK AV	19 - mg/L			
82220	Flow, total	1 - Effluent Gross	0	--	Value NODI																0	01/30 - Monthly 01/30 - Monthly	RT - RCOTOT RT - RCOTOT
					Sample			=	151.97	80 - Mgal/mo													
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo													

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0023884_100A__MRO_2024_10.pdf	pdf	281334.0

Report Last Saved By

NEW ALBANY WWTP

User: cconrad@cityofnewalbany.com

Name: Chris Conrad

E-Mail: cconrad@cityofnewalbany.com

Date/Time: 2024-11-20 09:54 (Time Zone: -05:00)

Report Last Signed By

User: MWALLACE@CITYOFNEWALBANY.COM

Name: Michael Wallace

E-Mail: mwallace@cityofnewalbany.com

Date/Time: 2024-11-20 10:50 (Time Zone: -05:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
October	2024	12 mgd	812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name		Class	Certificate Number
Michael J. Wallace		IV	21470
		Expiration Date	6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
				0.04			Precipitation - Inches	Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	
1	Tue			0						12.54	6.7	92	9621.7	640	66934	12.3	6.64	
2	Wed			0						7.89	7.0	100	6580.3	330	21715	7.5	9.71	
3	Thu			0						6.89	7.0	110	6320.9	170	9768.6	3.86	11.3	
4	Fri			0						6.38	7.5	133	7076.8	137	7289.7	3.43	12.5	
5	Sat			0						5.91	7.2	132	6506.2	107	5274	4.11		
6	Sun			0						5.6	7.1	155	7239.1	143	6678.7	3.14		
7	Mon			0						5.56	7.1	149	6909.2	176	8161.2	3.72	14.7	
8	Tue			0						5.45	7.0	130	5908.9	109	4954.4	3.38	15.9	
9	Wed			0						5.23	7.3	172	7502.3	154	6717.2	3.69	17.7	
10	Thu			0						5.2	6.9	174	7546	183	7936.3	3.82	18.4	
11	Fri			0						5.17	7.3	160	6898.8	147	6338.3	3.86	18.9	
12	Sat			0						5.03	7.1	225	9438.8	144	6040.8	3.97		
13	Sun			0						4.98	7.3	180	7476	140	5814.6	4.28		
14	Mon			0						5	7.3	195	8131.5	160	6672	4.11	19.3	
15	Tue			0						5.01	7.3	177	7395.7	175	7312.1	4.51	20.9	
16	Wed			0.04						5.08	7.4	187	7922.7	225	9532.6	4.91	25.1	
17	Thu			0						5.03	7.4	214	8977.3	168	7047.6	4.14	22.1	
18	Fri			0						4.79	7.8	197	7869.9	168	6711.4	4.11	22.5	
19	Sat			0						4.8	7.3	230	9207.4	290	11609	4.99		
20	Sun			0						4.66	7.3	184	7151	153	5946.3	4.95		
21	Mon			0						4.82	7.2	217	8723.1	173	6954.4	3.84	20.8	
22	Tue			0						4.99	7.2	215	8947.6	105	4369.7	4.06	21.1	
23	Wed			0						4.76	7.1	200	7939.7	220	8733.6	5.37	28.6	
24	Thu			0						4.85	7.4	159	6431.4	97	3923.6	2.87	15.3	
25	Fri			0						4.79	7.7	194	7750	256	10227	4.81	27.3	
26	Sat			0						4.75	7.6	182	7209.9	140	5546.1	4.17		
27	Sun			0						4.56	7.2	155	5894.7	590	22438	16.1		
28	Mon			0						4.68	7.2	179	6986.6	264	10304	6.99	25.1	
29	Tue			0						4.68	7.2	172	6713.4	135	5269.2	4.67	22.7	
30	Wed			0						4.75	7.2	121	4793.4	132	5229.2	4.49	24.5	
31	Thu			0						4.8	7.3	149	5964.8	120	4803.8	3.83	21.8	
Average										5.4397		169	7388.2	198.4	9879.1	4.967	19.25	
Maximum				0.04						12.54	7.8	230	9621.7	640	66934	16.1	28.6	
Minimum										4.56	6.7	92	4793.4	97	3923.6	2.87	6.64	
# of Data				31	0	0	0	0	0	31	31	31	31	31	31	31	23	0

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

Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
<i>Michael Wallace</i>	11/20/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)
<i>Michael Wallace</i>	11/20/24

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	October	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1			29	4355	67	1.7		12.33	9220					2	7.2		8.0	
2			28	4350	64	2.0		7.83	6830					1	7.2		7.8	
3			28	4510	62	2.3		6.84	9770					1	7.3		8.0	
4			28	4145	68	2.5		6.43	8600					1	7.6		9.8	
5			29	4160	70	2.0		6.2	9310					2	7.6		9.7	
6			29	4330	67	1.8		6.02	7560					5	7.4		8.6	
7			27	4555	59	1.8		6.01	7010					2	7.3		8.1	
8			28	4285	65	2.0		5.89	7380					4	7.6		7.9	
9			27	4180	65	1.8		5.8	7700					2	7.6		7.7	
10			27	4305	63	1.9		5.91	7310					3	7.3		7.7	
11			27	4225	64	1.9		5.69	6940					1	7.5		7.9	
12			25	3980	63	1.6		5.77	6490					1	7.5		7.5	
13			25	4280	58	2.1		5.85	7550					2	7.3		9.1	
14			24	4380	55	1.5		6.09	6220					1	7.5		9.3	
15			25	4300	58	1.6		5.8	5990					1	7.4		7.9	
16			25	4245	59	2.3		5.9	8190					1	7.6		9.2	
17			25	4195	60	2.3		5.94	5940					1	7.6		8.9	
18			24	4115	58	2.1		5.66	8700					1	7.7		8.8	
19			24	4235	57	1.5		5.65	9140					1	7.6		7.3	
20			23	4220	55	1.5		5.77	5030					1	7.4		8.0	
21			23	4115	56	1.7		5.82	5960					1	7.3		8.8	
22			23	3950	58	1.5		5.85	5020					1	7.6		8.1	
23			23	4185	55	1.3		5.77	7550					1	7.3		7.8	
24			29	3970	73	1.5		5.66	6730					1	7.3		8.0	
25			23	3990	58	1.5		5.76	7820					1	7.6		7.9	
26			22	3885	57	1.2		5.64	5870					1	7.9		7.9	
27			23	4170	55	2.0		5.68	5770					2	7.3		8.9	
28			23	4300	53	1.8		5.87	6280					1	7.4		8.0	
29			24	4540	53	1.4		5.78	6060					1	7.5		8.0	
30			25	4230	59	1.3		5.8	6260					1	7.5		7.7	
31			24	4440	54	1.4		5.76	6450					1	7.4		7.9	
Avg.			25.45	4230	60.2	1.768		6.154	7118					1			8.265	
Max.			29	4555	73.05	2.5		12.33	9770					5	7.9		9.8	
Min.			22	3885	52.86	1.2		5.64	5020					1	7.2		7.3	
Daily Max																		
# of Days above 235																		
Data	0	0	31	31	31	31	0	31	31	0	0	0	0	31	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municipal WWTP	IN0023884	October	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Tue	11.47		3		287.2		6		574.3		0.018		1.723		0.252	24.12
2	Wed	7.35		2		122.7		4		245.3		0.017		1.043		0.272	16.68
3	Thu	6.38		2		106.5		5		266.2		0.023		1.225		1.14	60.69
4	Fri	5.97		3		149.5		6		298.9		0.023		1.146		0.37	18.43
5	Sat	5.48	11.533	4	4	182.9	529.9	5	7.286	228.7	1020		0.124		13.109	0.342	15.64
6	Sun	5.2		8		347.2		4		173.6						0.504	21.87
7	Mon	5.14		2		85.79		6		257.4		0.027		1.158		0.449	19.26
8	Tue	4.97		7		290.3		5		207.4		0.022		0.912		0.464	19.24
9	Wed	4.81		2		80.28		5		200.7		0.024		0.963		0.556	22.32
10	Thu	4.74		4		158.2		8		316.4		0.017		0.672		0.516	20.41
11	Fri	4.55		2		75.94		4		151.9		0.022		0.835		0.545	20.69
12	Sat	4.44	4.8357	8	4.714	296.4	190.6	3	5	111.2	202.6		0.022		0.9083	0.586	21.71
13	Sun	4.46		3		111.7		3		111.7						0.617	22.96
14	Mon	4.45		3		111.4		6		222.8		0.029		1.077		0.646	23.99
15	Tue	4.42		2		73.77		6		221.3		0.03		1.107		0.709	26.15
16	Wed	4.62		2		77.11		5		192.8		0.028		1.08		0.764	29.46
17	Thu	4.35		4		145.2		8		290.4		0.028		1.016		0.801	29.08
18	Fri	4.06		4		135.5		8		271		0.029		0.983		0.808	27.38
19	Sat	4.3	4.38	10	4	358.8	144.8	9	6.429	323	233.3		0.029		1.0524	0.924	33.16
20	Sun	4.08		2		68.1		7		238.3						0.95	32.35
21	Mon	4.22		4		140.9		5		176.1		0.038		1.338		0.959	33.77
22	Tue	4.35		2		72.6		10		363		0.038		1.379		1.09	39.57
23	Wed	4.31		2		71.93		7		251.8		0.04		1.439		0.772	27.77
24	Thu	4.43		9		332.7		6		221.8		0.043		1.59		0.717	26.51
25	Fri	4.18		11		383.7		8		279.1		0.047		1.639		0.853	29.75
26	Sat	4.24	4.2586	3	4.714	106.1	168	6	7	212.3	248.9		0.041		1.4771	0.985	34.85
27	Sun	3.98		2		66.43		5		166.1						1.145	38.03
28	Mon	4.06		2		67.76		4		135.5		0.041		1.389		2.145	72.67
29	Tue	4.26		2		71.1		4		142.2		0.037		1.315		1.16	41.24
30	Wed	4.39		3		109.9		4		146.5		0.026		0.952		0.988	36.19
31	Thu	4.31	4.4757	2	2.143	71.93	79.93	4	4.714	143.9	178.8	0.026	0.032	0.935	1.1958	1.17	42.08
Avg		4.9023		3.8		153.5		5.7		230.4		0.029		1.17		0.781	29.94
Max		11.47	11.533	11	4.714	383.7	529.9	10	7.286	574.3	1020	0.047	0.124	1.723	13.109	2.145	72.67
Min		3.98	4.2586	2	2.143	66.43	79.93	3	4.714	111.2	178.8	0.017	0.022	0.672	0.9083	0.252	15.64
Data		31	5	31	5	31	5	31	5	31	5	23	5	23	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 151.97
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			Percent Capacity
Overall Treatment	97.7	97.1	99.8	84.3	(actual flow/design) 41%
Phosphorus limit would be 80 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Muni	IN0023884	October	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	Cake % Solids	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		0.09												
2		0.09												
3		0.092											20.8	
4		0.092												
5		0.092												
6		0.092												
7		0.093												
8		0.092												
9		0.091											19.2	
10		0.093												
11		0.092												
12		0.094												
13		0.093												
14		0.093												
15		0.093											18.2	
16		0.093												
17		0.094												
18		0.092											17.6	
19		0.092												
20		0.091												
21		0.092												
22		0.093												
23		0.093											15.8	
24		0.093												
25		0.092												
26		0.092												
27		0.091												
28		0.092												
29		0.093											15.7	
30		0.091												
31		0.092												
Avg.		0.092											17.88	
Max.		0.094											20.8	
Min.		0.09											15.7	
Data	0	31	0	0	0	0	0	0	0	0	0	0	6	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	October	2024

Substitute for State Form 30530																	
Day Of Month	Final Effluent																
	Chloride		Total														
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day													
1																	
2			10.8	662.4											0.21		
3																	
4																	
5																	
6																	
7																	
8																	
9															0.088		
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
Avg			10.8	662.4											0.149		
Max			10.8	662.4											0.21		
Min			10.8	662.4											0.088		
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	2	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
New Albany Municip	IN0023884	October	2024

Substitute for State Form 30530																
Day Of Month		Effluent Cynide - mg/L	Effluent Nickel - mg/L	Effluent Silver - mg/L	Effluent Zinc - mg/L	Effluent Cadmium - mg/L	Effluent Lead - mg/L	Effluent Chromium - mg/L	Effluent Copper - mg/L							
1	0															
2									0.007							
3																
4																
5																
6																
7																
8																
9									0.012							
10																
11																
12																
13																
14																
15																
16									0.013							
17																
18																
19																
20																
21																
22																
23									0.017							
24																
25																
26																
27																
28																
29																
30									0.012							
31																
Avg									0.012							
Max									0.017							
Min									0.007							
Data	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0