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

Application for Primary Approval of a Subdivision

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. Pre-submission meeting with Building and Development Staff are strongly encouraged. Please contact the office at 812-981-7611 to schedule a meeting.

1. General Information:

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

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

Consultant Contact Information:

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

Applicant's Representative:

Representative Name:	Jason M. 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
Address of Property/Location:	5031 - 5053 Old Vincennes Road
Current Use of Property:	Trade Office, Single-family residence, and vacant
Current Zoning District:	GC

Subdivision Type:

Administrative ☐ Major ☑ Conservation ☐

Total Acreage of Subdivision:	6.441
Number of Lots:	2
Sanitary Sewer or Septic:	Sanitary Sewer

3. Required Documents:

Required Documents for an **Administrative Subdivision**:

- ☐ Plat detailing proposed lot, street, and easement layout meeting all requirements of the Subdivision Control Ordinance
- ☐ Deed
- ☐ Affidavit of Ownership (if applicable)
- ☐ Approval letter from each utility/public service provider (fire, water, electric, sewer, etc.) If on septic, include Health Department Approvals for each lot.
- ☐ **$350.00 Filing fee**

Required Documents for a **Major Subdivision**:

- ☑ Plat detailing proposed lot. Street, and easement layout meeting all requirements of the Subdivision Control Ordinance
- ☑ Deed
- ☑ Affidavit of Ownership (if applicable)
- ☑ Approval letter from each utility/public service provider (fire, water, electric, sewer, etc.) If on septic, include Health Department Approvals for each lot.
- ☐ Proof of permit obtainment or permit application from INDOT, IDNR, ACOE, IDEM, or any other responsible permitting body (if applicable)
- ☑ Site plan detailing topography, wetlands, flood hazard areas, steep slopes (those exceeding 16%), and soils
- ☑ Preliminary drainage plan detailing proposed storm water infrastructure
- ☑ Traffic study (if applicable)
- ☐ Geotechnical Report (if applicable)
- ☑ **Filing fee ($350.00 plus $12 per lot)**

Required Documents for a **Conservation Subdivision**:

Please note: the below are required in addition to the above major subdivision requirements

Pre-Application:

- ☐ Application (Including Conservation Worksheet)
- ☐ Conceptual Site Plan on most current aerial map and a topographic map scaled 1"=100'. Each map shall illustrate the following:
  - o Conceptual Open Space areas (Hatched areas)
  - o Conceptual roadways
  - o Conceptual lot layout
  - o Conceptual drainage facilities
  - o Conceptual public recreational space
- ☐ Utility and Service Providers listed
- ☐ Adjoining Property Owner list (one (1) property deep)
- ☐ Vesting Deed or Affidavit from Owner
- ☐ Driving Directions to Site

Final-Application:

- ☐ Application (Including Conservation Worksheet)
- ☐ Proposed Plat on most current aerial map scaled 1"=100'. Plat shall illustrate the following:
  - o Conceptual Open Space areas (Hatched areas)
  - o Conceptual roadways
  - o Conceptual lot layout
  - o Conceptual drainage facilities
  - o Conceptual recreational facilities
- ☐ Technical Review Committee Report
- ☐ Plat Review Committee Report
- ☐ Traffic Study
- ☐ Drainage Report
- ☐ Utility and Service Providers letters (including additional sanitary sewer documentation)
- ☐ Adjoining Property Owners list (Two (2) property deep)
- ☐ Draft Restrictions and Covenants
- ☐ Vesting Deed or Affidavit from Owner
- ☐ Driving Directions to Site
- ☐ Any Supporting Documentation
- ☐ Any Proposed Written Commitments
- ☐ Open Space Acceptance Documentation

4. Signature:

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

Name: Donald J. Thienemann

Signature: _____ Date: 12/2/2024

SUBSCRIBED AND SWORN BEFORE ME

THIS 2nd DAY OF Dec., 2024.

_____

NOTARY PUBLIC COUNTY OF Floyd

MY COMMISSION EXPIRES 4/23/2031

JASON M. COPPERWAITE
Notary Public - Commission #NP0667047
SEAL
State of Indiana
My Commission Expires April 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 (Owners of subject property), do hereby certify that I am (we are) 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 Copperwaite

Printed Signature

JASON M. COPPERWAITE
Notary Public - Commission #NP0667047
SEAL
State of Indiana
My Commission Expires April 23, 2031

Floyd County Recorder
Lois N. Endris 4P
JKM Date 07/06/2009 Time 09:44:25
I 200907899 Page 1 of 4

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.

Duly Entered For Taxation
Subject To Final Acceptance
For Transfer

JUL 06 2009

Teresa A. Lee
AUDITOR

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, President

By: _____
Donald J. Thieneman, Secretary

STATE OF INDIANA)
) **SS:**
COUNTY OF CLARK)

BEFORE ME, the undersigned, a Notary Public, in and for the above-named County and State, this 31st 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.

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

My Commission expires:
August 4, 2009

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

3

FLOYD COUNTY ASSESSOR

OCT 22 2015

201514514 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, 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
MY COMMISSION # FF 028991
EXPIRES: June 16, 2017
(NOTARY SEAL)

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

233237

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. Topping
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 47119

MAIL 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 OFFCE, 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

JOHN A KRAFT
Notary Public – Seal
Floyd County – State of Indiana
Commission Number 708759
My Commission Expires Dec 27, 2025

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 SUBDIVISION

Curve Table				
CURVE #	RADIUS	BEARING	CHORD	ARC
C1	25.00'	S48°12'49"W	801.51'	42.35'
C2	25.00'	S41°47'11"E	33.11'	36.19'

NOTES:
1. THERE IS NO FEMA FLOOD PLAIN ON THIS SITE.
2. THERE ARE NO WETLANDS ON THIS SITE PER STUDY BY MATT BLAKE OF PAUL PRIMAVERA & ASSOCIATES.
3. THERE ARE NO STEEP SLOPES ON THIS SITE.
4. FOR SOILS INFORMATION, SEE THIS SHEET.
5. ADDITIONAL EASEMENTS MAY BE NECESSARY AND WILL BE PROVIDED ON THE SECONDARY PLAT.

N

0 50 100 Feet

APPLICANT:
THIENEMAN GROUP, LLC
5031 OLD VINCENNES ROAD
FLOYDS KNOBS, IN 47119
(812) 923-0771

CURB, GUTTER, STORM SEWERS, AND SIDEWALKS PROVIDED.
TRAFFIC CALMING MEASURES ARE FREQUENT INTERSECTIONS WITH STOP SIGNS
SETBACKS PER PUD PLAN
ALL ROAD CONSTRUCTION TO MEET COUNTY STANDARDS

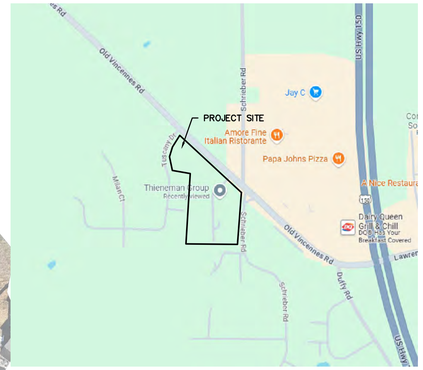
SEWERS BY CITY OF NEW ALBANY
WATER BY FLOYDS KNOBS WATER CO.
FIRE SERVICE BY GEORGETOWN FIRE DEPT.

2 MIXED-USE LOTS ON
6.441 ACRES, M/L

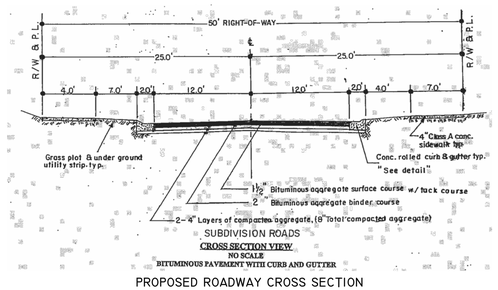
Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
SodB	Spicker silt loam, terrace, 1 to 4 percent slopes	3.5	54.2%
UnlC	Urban land-Udarents, hard bedrock substratum, complex, hills, 2 to 15 percent slopes	3.0	45.8%
Totals for Area of Interest		**6.4**	**100.0%**

SOIL MAP



LOCATION MAP



PROPOSED ROADWAY CROSS SECTION

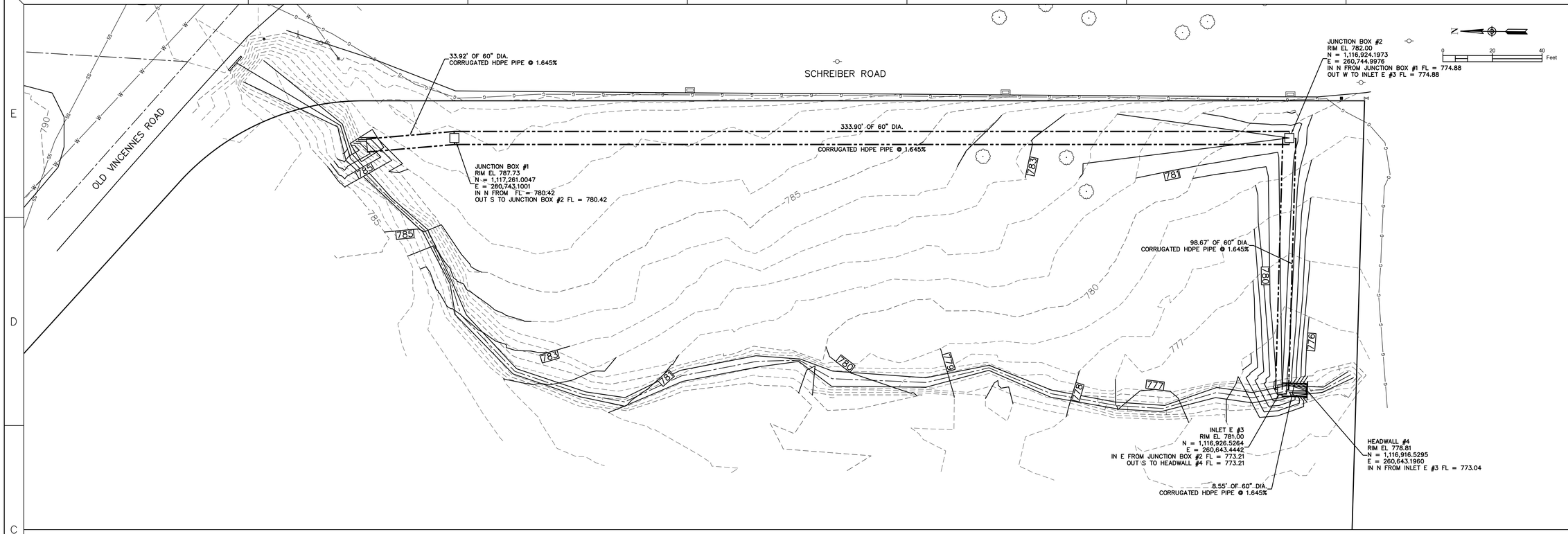
Revision	Date	Description	By
7:			
6:			
5:			
4:			
3:			
2:			
1:	01/10/2025	COMMENTS BY TRC	JMC

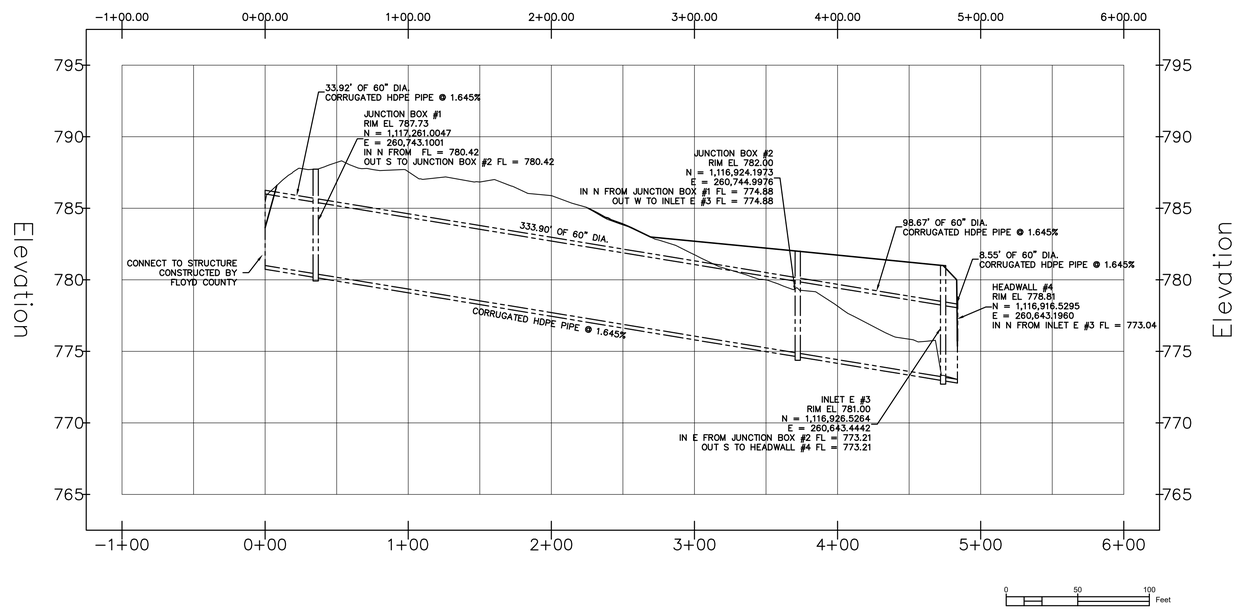
SUBDIVISION
THIENEMAN GROUP, LLC
5031 – 5053 OLD VINCENNES ROAD
FLOYDS KNOBS, IN
PRELIMINARY PLAT

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

Date: 12/02/2024
Drafted By: JMC
Checked By: DAS
Directory: T:\2022\15522\
File: 15522PP.DWG
Job No.: 22-15522

Drawing No.
C-100





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

OLD VINCENNES

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. COPPERNIATTE
REGISTERED
No. 10302376
STATE OF INDIANA
PROFESSIONAL ENGINEER

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

PRIMAVERA & ASSOCIATES
ENGINEERING & LAND SURVEYING

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

December 2, 2024

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

Re: Knobs Landing Subdivision
Floyds Knobs, IN
Subdivision Review

Ladies and Gentlemen,

The letter is to certify the following:

Per the subdivision control ordinance, a geo-technical report is required when one of the following conditions exist on the property:

a. Slopes exceeding 20%;
b. Wetlands;
c. Property located in a flood plain; or
d. Septic tanks are to be used.

No slopes were found exceeding 20% on the subject property. A jurisdictional waters determination prepared by Matt Blake of Paul Primavera & Associates did not indicate the presence of wetlands on the subject property. According to FEMA FIRM #18043C0110E, effective 12/04/2012, the subject property does not lie within a flood hazard zone. The property is to be served by City of New Albany Sanitary Sewers per the enclosed letter. Therefore, a geotechnical report is not required under the ordinance.

Per the subdivision control ordinance, a phase 1 environmental audit report is required when one of the following conditions exists on the property:

a. Contained underground storage tanks;
b. Previously been used for industrial uses; or
c. Contained hazardous materials as defined by the EPA.

Per my interview with the property owner and the developer, the property is not known to have a history of any of the above, and, therefore, a phase 1 environmental audit is not required.

Please call with any questions.

Sincerely,

Jason M. Copperwaite, FAA-UAS
PE in Indiana, Kentucky, Ohio, Illinois,
Arkansas, North Carolina, & Virginia
PS in Indiana & Kentucky

T:\2022\15522\Plan Commission Applications\15522 Certification Letter.docx

301 E. Chestnut Street, Corydon, IN 47112
Phone: (812) 738-4124 · Fax: (812) 738-6740

Floyd County, Indiana

Storm Water Quality Management Permit Application

Name of Development/Project:

Development/Project Location:

Project Owner	
Name	Thieneman Group, LLC
Street Address	5031 old Vincennes Road
City, State, Zip Code	Floyds Knobs, In 47119
Work Phone	812 923-0771
E-Mail Address	don@thieneman group.com
Plan Preparer	
Name	Jason Copperwaite - Paul Primavera & Associates
Street Address	301 E. Chestnut St.
City, State, Zip Code	Corydon, In 47112
Work Phone	812 738-4124
E-Mail Address	jcopperwaite ppa-eng.com
Contractor	
Name	TBD
Street Address	
City, State, Zip Code	
Work Phone	
E-Mail Address	

Subdivision Developments	
How many lots are in the current section of your subdivision?	
1-4 lots $450 X	76-150 lots $1,600
5-25 lots $600	151 lots $2,600
26-75 lots $1,100	
All other development by disturbance area (acres)	
What is the total area of land disturbance (in acres)?	
Up to 5.0 acres $600	25.1 or more $2,600
5.1 – 10.0 acres $1,300 X	
10.1 – 25.0 acres $2,100	

Submit this application along with a check to the Pineview Government Center located at: 2524 Corydon Pike, Suite 202, New Albany, IN 47150. For any questions contact Horacio Urieta (812) 948-5441 or Chris Moore (812) 949-5446. Please make checks payable to: Floyd County Storm Water.

KNOBS LANDING SUBDIVISION

I, Jason M. Copperwaite _____ Engineer, and Don Thieneman of Thieneman Group, LLC _____ Developer, certify that the proposed subdivision will not increase drainage onto adjoining landowners in an amount that is greater than that which existed pre-development and that the development will comply with Indiana Department of Environmental Management (IDEM) Construction Stormwater General Permit (GSCP).

KNOBS LANDING SUBDIVISION
DRAINAGE REPORT

Knobs Landing Subdivision will collect surface water on the existing site and from offsite, where necessary, and direct it to one or more underground detention basin(s) with outlet structures to meet the requirements to comply with the pre-development and post-development runoff rate requirements of the Floyd County Stormwater Master Plan. This site drains approximately from North to South and to an unnamed tributary of Little Indian Creek. Construction plans will be provided prior to Final Plat approval for approval by the County Engineer and Floyd County Stormwater Department.

Erosion control drawings will be provided which meet the requirements for storm water control as well as a detailed grading plan and the construction plans showing the drainage system for the project. The roads will be constructed to county standards with curbs and gutter and appropriate storm water inlets and piping.

11/22/2024

Brian Gullion
AT&T
510 E Spring St
New Albany, IN 47150
Office: 317-554-2468
Cell: 812-327-6943

RE: Old Vincennes Road Project

Project: 5031 Old Vincennes Road
5053 Old Vincennes Road
100 Tuscany Drive
Floyds Knobs, IN, 47119.

To whom it may concern,

This letter is in response to your request for information on the availability of AT&T service at the above-mentioned development. This letter acknowledges that the above referenced project is in an area served by AT&T. Please be advised that this letter is not a commitment by AT&T to provide service to the above-mentioned project, but an acknowledgement that AT&T has service in this area.

If you have any further questions on the terms and conditions of services available to the above stated property, please give me a call.

Sincerely,

Brian Gullion

Brian Gullion
Outside Plant Design Engineer
Cell: 812-327-6943
Office: 317-554-2468

FLOYDS KNOBS WATER COMPANY,INC.

December 2, 2024

Jason Copperwaite
Paul Primavera and Associates
301 E Chestnut St.
Corydon, IN 47112

Dear Mr. Copperwaite,

Floyds Knobs Water Company acknowledges the intersection of Old Vincennes Rd and Schreiber Rd to be in our geographical service area. FKWC could provide service for this development, if a couple of obstacles are resolved. First, the a new eight inch water main will need installed from Highlander Point Dr to 8001 Schreiber Rd. The second condition to overcome is a new twelve inch water main to be installed under Hwy 150 north of the current JC store (805 Highlander Point Dr.).FKWC could provide service, assuming all engineering issues and cost are adequately addressed and resolved.

Sincerely yours,

Danny Standiford

GEORGETOWN TOWNSHIP FIRE PROTECTION DISTRICT

5610 Corydon Ridge Rd
Georgetown, IN 47122

Headquarters (812) 948-0288

Station One (812) 951-2354

admin@gtfpd.com

December 3, 2024

To: Jason Copperwaite, FAA-UAS
Paul Primavera & Associates

From: Oral W. Banta, Fire Chief
Georgetown Township Fire Protection District

Re: Intent to Serve

This letter is to confirm that the Georgetown Township Fire Protection District intends to serve all businesses and residents of Georgetown Township, to include the area along Old Vincennes Rd. that is considered to be a part of the Thieneman Group project.

.

Respectfully,

Oral W. Banta, Chief
Georgetown Township Fire Protection District

CC: Thieneman Group

HARRISON REMC

1165 Old Forest Rd.
Corydon, IN 47112

812.738.4115

HARRISONREMC.COM

October 15, 2024

Don Thieneman
Thieneman Group LLC
5031 Old Vincennes Rd
Floyds Knobs, IN 47119

Dear Don,

Regarding the property at 5031 Old Vincennes Rd, Floyds Knobs, IN. Harrison REMC does have the electrical facilities and will be the provider of the electric service.

If you have any questions, please contact the office.

Sincerely,

Jason Flock
Staking Supervisor
Harrison REMC
812.738.4115 Office
jflock@harrisonremc.com

Charter
COMMUNICATIONS

11/26/2024

SUBJECT: Service Availability, Southwest Corner of Old Vincennes Rd and Schrieber Rd Floyds Knobs, IN 47119

In concern of Charter facilities at the site Southwest Corner of Old Vincennes Rd and Schrieber Rd Floyds Knobs, IN 47119, Charter has existing coax and/or fiber facilities near this location that may provide a possible point-of-connection for available services in the future.

Services for any Commercial or Multi-Family Parcels will be available dependent upon the right-of-entry agreement and entry routing for the respective buildings, as determined by contract. Contact our Commercial Business Class Sales department, at (866)519-1263 to facilitate a request for new commercial service, or your local MDU Sales Department for all residential services. In addition to initiating your request, they can also provide specifics regarding costs and other details associated with obtaining our services in this area at the appropriate point in time.

For future reference, please send all utility coordination, abandonments, encroachments, plat signatures, or serviceability requests, or notices of relocation to amy.williams@charter.com. Please share this information with whoever needs these services.

Sincerely,

Amy Williams

Amy Williams
Business Development Specialist
4701 Commerce Crossings Dr
Louisville, KY 40229

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

New Albany Wastewater Utility

Application for Sewer Tap in / Project Worksheet

Date of Application: 1/10/2025

Name of Applicant: (Owner) Thiemann Group, LLC

Applicant Address: 5031 Old Vincennes Road
Floyds Knobs, IN 47119

Telephone: (812) 923-0771

Project Name: Knobs Landing

Project Location: (address or description) 5031-5053 old Vincennes Road
Floyds Knobs, IN 47119

Description of Project: (include phases, timing & multifamily unit count) Mixed use development with 11,317 SF of retail/bank and 128 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

DMR Copy of Record

Permit					
Permit #:	**IN0023884**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	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		01/01 - Daily	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		01/01 - Daily	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		01/30 - Monthly	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		05/WK - Five Per Week	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		01/01 - Daily	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		01/07 - Weekly	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		02/30 - Twice Per Month	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									01/01 - Daily	TM - TOTALZ

					Value NODI																
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample																
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period				
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	Permit Number	Outfall	
New Albany Municipal WWTP	IN0023884	100	A

Month	Year	Plant Design Flow	Telephone Number
January	2024	12 mgd	812/948/5320

E-mail address: mwallace@cityofnewalbany.com

Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 6.46 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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	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): M Wallace — Date *(month, day, year)*: 2/26/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): M Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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		1.021094		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			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design) 92%
Overall Treatment	94.1	93.2	92.2	83.6	

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 Municip	IN0023884	January	2024

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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

	Final Effluent																
	Chloride		Total Nitrogen														
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
29																	
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	2	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 Municip	IN0023884	January	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																
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	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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 W 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	1/11/24 3:11	☐ AM ☑ PM	1/11/24 4:30	☐ AM ☑ PM	718 West Cottom Ave		

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 100 Gallons	15.66 MGD	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 preventaive 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 preventaive maintenance progam 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)*: 1-12-24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	Mwallace@cityofnewalbany.com	1/12/24 8:00	☑ AM ☐ PM

DMR Copy of Record

Permit					
Permit #:	**IN0023884**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.8			=	7.7	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/01 - Daily	GR - GRAB
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample	=	264.2	=	348.3	26 - lb/d			=	4.7	=	6.571	19 - mg/L		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	0	01/01 - Daily	24 - COMP24
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample	=	324.37			26 - lb/d			=	6.5			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	2	--	Sample	=	18.79	=	41.145	26 - lb/d			=	0.263	=	0.468	19 - mg/L		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	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	16.28			26 - lb/d			=	0.283			19 - mg/L		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	01/01 - Daily	24 - COMP24
					Value NODI															
01119	**Copper, total recoverable**	1 - Effluent Gross	0	--	Sample								=	0.012	=	0.017	19 - mg/L		01/07 - Weekly	24 - COMP24
					Permit Req.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	24 - COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.109	=	0.16	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	6.8697			03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD								0	01/01 - Daily	TM - TOTALZ

					Value NODI																
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample														19 - mg/L		
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX			01/01 - Daily	GR - GRAB	
					Value NODI									9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period					
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		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			=	199.22	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_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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
February	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name		Class	Certificate Number / Expiration Date
Michael J. Wallace		IV	21470 / 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 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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): Michael Wallace — Date (month, day, year): 3/27/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design) 57%
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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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

	Final Effluent																	
	Chloride		Total Nitrogen															
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
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	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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 W 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	2/2/24 7:09	☐ AM ☑ PM	2/2/24 10:10	☐ AM ☑ PM	Charlestown Rd / Mt Tabor Rd		

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 200 Gallons	11.39 MGD	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 vacumed at MH 1 removing debris.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
The main line will be inspected and added to our preventaive maintenance progam. Crews will be inspecting upstream to locate the souce 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: Michael Wallace DATE *(month, day, year)*: 2/5/24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	Mwallace@cityofnewalbany.com	2/5/24 8:50	☑ AM ☐ PM

DMR Copy of Record

Permit					
Permit #:	**IN0023884**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.8			=	7.5	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	=	332.9	=	649.1	26 - lb/d			=	3.4	=	4.571	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	=	1173.29			26 - lb/d			=	10.7			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	2	--	Sample	=	6.763	=	21.386	26 - lb/d			=	0.071	=	0.198	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		05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	42.0			26 - lb/d			=	0.516			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															
01119	**Copper, total recoverable**	1 - Effluent Gross	0	--	Sample								=	0.01	=	0.013	19 - mg/L	0	01/07 - Weekly	24 - COMP24
					Permit Req.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.072	=	0.075	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	8.969			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD									01/01 - Daily	TM - TOTALZ

					Value NODI																
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample													19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX					
					Value NODI									9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period					
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	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		01/01 - Daily	24 - COMP24
					Value NODI																
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	278.04	80 - Mgal/mo								0	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_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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
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										<	0.005	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															
01074	**Nickel, total recoverable**	G - Raw Sewage Influent	0	--	Sample										=	0.0063	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										=	0.025	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										=	0.14	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										<	0.0005	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**	G - Raw Sewage Influent	0	--	Sample										<	0.0005	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**	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										=	0.0032	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										=	0.00053	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									=	0.0019	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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
March	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.84 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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	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): 4/25/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	NA	NA			(actual flow/design)	75%
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												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
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 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		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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 W 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	3/8/24 9:19	☐ AM ☑ PM	3/8/24 10:50	☐ AM ☑ PM	1617 Sprigler Ct		

(10) Amount of Flow Released *(Always provide a volume.)*			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual	50	Gallons	23.60 MGD	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 preventaive 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 preventaive maintenance progam 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: M Wallace DATE *(month, day, year)*: 3-11-24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	Mwallace@cityofnewalbany.com	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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
March	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.84 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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	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): 4/25/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	NA	NA			(actual flow/design)	75%
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												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
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 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		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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 W 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	3/8/24 9:19	☐ AM ☑ PM	3/8/24 10:50	☐ AM ☑ PM	1617 Sprigler Ct		

(10) Amount of Flow Released *(Always provide a volume.)*			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual	50	Gallons	23.60 MGD	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 preventaive 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 preventaive maintenance progam 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: M Wallace DATE *(month, day, year)*: 3-11-24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	Mwallace@cityofnewalbany.com	3/11/24 8:15	☑ AM ☐ PM

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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 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:	Jeff	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.3			=	7.9	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/01 - Daily	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		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	0	01/01 - Daily	24 - COMP24
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample	=	589.5158			26 - lb/d			=	4.1			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	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		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	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	52.23			26 - lb/d			=	0.617			19 - mg/L		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	01/01 - Daily	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.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
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		02/30 - Twice Per Month	24 - COMP24
					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									01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									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		01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					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		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			=	302.06	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	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_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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
April	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	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 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: 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): Michael Wallace — Date (month, day, year): 5/23/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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															225				
# of Days above 235															3				
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

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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 302.06
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design) 84%
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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
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 Chloride - mg/l	Final Effluent Chloride - lbs/day	Final Effluent Total Nitrogen - mg/l	Final Effluent Total Nitrogen - lbs/day			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		
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 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									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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 W 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	4/11/24 8:45	☑ AM ☐ PM	4/11/24 11:20	☑ AM ☐ PM	522 Virgina Ave		

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 100 Gallons	44.04 MGD	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 preventaive maintenance progam 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: Mwallace DATE *(month, day, year)*: 4/11/24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	Mwallace@cityofnewalbany.com	4/11/24 2:15	☐ AM ☑ PM

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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 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:	Jeff	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.8			=	7.6	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/01 - Daily	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		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	0	01/01 - Daily	24 - COMP24
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample	=	387.3			26 - lb/d			=	6.5			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	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		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	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	59.14			26 - lb/d			=	0.853			19 - mg/L		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	01/01 - Daily	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.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.05	=	0.058	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	8.1913			03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									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								=	5.0	=	110.0	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Value NODI															
80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	1	--	Sample	=	242.3	=	311.2	26 - lb/d			=	3.4	=	4.0	19 - mg/L		01/01 - Daily	24 - COMP24
					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	0	01/01 - Daily	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	253.93	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	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_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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
61425	**Toxicity [acute], Ceriodaphnia dubia**	1 - Effluent Gross	0	--	Sample										=	1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - COMP24
					Permit Req.										<=	1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24
					Value NODI															
61426	**Toxicity [chronic], Ceriodaphnia dubia**	1 - Effluent Gross	0	--	Sample										=	1.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24
					Permit Req.										<=	1.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - COMP24
					Value NODI															
61427	**Toxicity [acute], Pimephales promelas [Fathead Minnow]**	1 - Effluent Gross	0	--	Sample										=	1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - COMP24
					Permit Req.										<=	1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24
					Value NODI															
61428	**Toxicity [chronic], Pimephales promelas [Fathead Minnow]**	1 - Effluent Gross	0	--	Sample										=	1.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24
					Permit Req.										<=	1.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	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_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

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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
May	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name		Class	Certificate Number / Expiration Date
Michael J. Wallace		IV	21470 / 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 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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): Michael J. Wallace — Date (month, day, year): 6/25/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael J. Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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						1	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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			Percent Capacity (actual flow/design) 68%
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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
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 10829 (R9 / 2-23)

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

Substitute for State Form 30530

	Final Effluent																
	Chloride		Total														
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
1			6.5	387.3										0.058		
2																
3																
4																
5																
6																
7																
8														0.041		
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
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	2	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 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									0.009							
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

BYPASS / OVERFLOW INCIDENT REPORT

State Form 46373 (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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 West 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began	(7) Date *(mm/dd/yy)* and Time Release Stopped	(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	5/29/24 7:52 ☑ AM ☐ PM	5/29/24 11:00 ☑ AM ☐ PM	2009 Old Vincennes Rd		

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 500 Gallons	7.23 MGD	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 segement of line added to our root control program. We have also entered this segement 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)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	mwallace@cityofnewalbany.com	5/29/24 12:45	☐ AM ☑ PM

Biomonitor

Permittee/Location	**Permit Number:**	**Outfall Number:**
New Albany WWTP New Albany, IN	IN0023884	001
Laboratory Name and Contact:	**Report** Due Date:	**Report Date:**
Biomonitor Michael Britton		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
Ceriodophnia dubio	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)

Pimephales promelas	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)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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 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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.6			=	7.7	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	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		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	0	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		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	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		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	0	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		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	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.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.117	=	0.14	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	4.9893			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L	0	01/01 - Daily	GR - GRAB
					Value NODI									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								=	1.0	=	4.0	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
					Value NODI															
80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	1	--	Sample	=	148.7	=	227.5	26 - lb/d			=	3.5	=	4.714	19 - mg/L	0	01/01 - Daily	24 - COMP24
					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		01/01 - Daily	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	149.68	80 - Mgal/mo								0	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_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)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
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		01/90 - Quarterly	GR - GRAB
					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		01/90 - Quarterly	GR - GRAB
					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		01/90 - Quarterly	24 - COMP24
					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		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										=	0.017	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										=	0.077	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										<	0.001	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															
					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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
61425	**Toxicity [acute], Ceriodaphnia dubia**	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24
					Value NODI											9 - Conditional Monitoring - Not Required This Period				
61426	**Toxicity [chronic], Ceriodaphnia dubia**	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	1.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - COMP24
					Value NODI											9 - Conditional Monitoring - Not Required This Period				
61427	**Toxicity [acute], Pimephales promelas [Fathead Minnow]**	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24
					Value NODI											9 - Conditional Monitoring - Not Required This Period				
61428	**Toxicity [chronic], Pimephales promelas [Fathead Minnow]**	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	1.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - COMP24
					Value NODI											9 - Conditional Monitoring - Not Required This Period				

Submission Note

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

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.38 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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	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): 7/25/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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															4				
# of Days above 235															0				
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	149.68
Primary Treatment	NA	NA				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	NA	NA			(actual flow/design)	42%
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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
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

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
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

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	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		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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 West 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	6/20/24 5:58	☐ AM ☑ PM	6/20/24 6:45	☐ AM ☑ PM	3323 Saddlewood Ct		

(10) Amount of Flow Released *(Always provide a volume.)*		(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual	200 Gallons	8.40 MGD	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

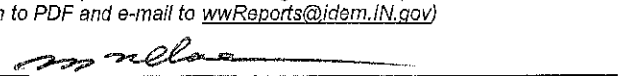
Pro4mance Restoration responded to sanitize and dry basement.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Roots were removed and this segement of line added to our root control program. We have entered this segement 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)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	mwallace@cityofnewalbany.com	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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 W 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began	(7) Date *(mm/dd/yy)* and Time Release Stopped	(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	6/30/24 4:35 ☐ AM ☑ PM	6/30/24 5:50 ☐ AM ☑ PM	3304 Deerwood Dr		

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 300 Gallons	9.35 MGD	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 santization.

(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 Notified	
Michael Wallace	812-948-5320	Mwallace@cityofnewalbany.com	7/1/24 10:30	☑ AM ☐ PM

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.1			=	7.7	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/01 - Daily	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		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	0	01/01 - Daily	24 - COMP24
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample	=	390.25			26 - lb/d			=	10.8			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	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		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	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	46.09			26 - lb/d			=	0.998			19 - mg/L		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	01/01 - Daily	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.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.118	=	0.123	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	5.6129			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									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								=	2.0	=	8.0	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Value NODI															
80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	1	--	Sample	=	380.7	=	474.6	26 - lb/d			=	8.2	=	11.86	19 - mg/L		01/01 - Daily	24 - COMP24
					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	0	01/01 - Daily	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	174.0	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	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_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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
July	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 5.51 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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	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)*: 8/27/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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															8				
# of Days above 235															0				
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

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	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

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	NA	NA		
Secondary Treatment	NA	NA		
Tertiary Treatment	NA	NA		
Overall Treatment	96.5	98.6	98.9	86.1

Total Monthly Flow: (million gallons) 174

Percent Capacity (actual flow/design) 47%

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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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 Municip	IN0023884	July	2024

Substitute for State Form 30530

Day Of Month	Final Effluent Chloride		Final Effluent Total Nitrogen				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 - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
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	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 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									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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 West 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	7/8/24 3:46	☐ AM ☑ PM	7/8/24 5:30	☐ AM ☑ PM	4497 E Old Vincennes Rd		

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 1000 Gallons	6.03 MGD	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: M Wallace DATE *(month, day, year)*: 7/9/24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	mwallace@cityofnewalbany.com	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: _____

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GENERAL INFORMATION

(1) Facility Name *(Organization)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 West 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	7/15/24 9:15	☑ AM ☐ PM	7/15/24 10:15	☑ AM ☐ PM	Valley View Rd	38-17-34N	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: Michael Wallace DATE *(month, day, year)*: 7/15/24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	mwallace@cityofnewalbany.com	7/15/24 1:45	☐ AM ☑ PM

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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 08/01/24 to 08/31/24**	**DMR Due Date:**	**09/28/24**	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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						=	7.0					19 - mg/L		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.9			=	7.4	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/01 - Daily	GR - GRAB
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample	=	271.8	=	347.0	26 - lb/d			=	6.5	=	8.786	19 - mg/L		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	0	01/01 - Daily	24 - COMP24
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample	=	722.09			26 - lb/d			=	17.0			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	1	--	Sample	=	7.808	=	1.9884	26 - lb/d			=	0.117	=	0.055	19 - mg/L		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	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
X 00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	81.95			26 - lb/d			=	2.037			19 - mg/L		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	1	01/01 - Daily	24 - COMP24
					Value NODI															
					Sample								=	0.016	=	0.02	19 - mg/L		01/07 - Weekly	24 - COMP24
					Permit															24 -

01119	**Copper, total recoverable**	1 - Effluent Gross	0	--	Req.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.225	=	0.32	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	5.0955			03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									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								=	1.0	=	19.0	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Value NODI															
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		01/01 - Daily	24 - COMP24
					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	0	01/01 - Daily	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	157.96	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	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

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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
August	2024	12 mgd	812/948/5320
E-mail address: mwallace@cityofnewalbany.com			100 A
Certified Operator: Name		Class	Certificate Number / Expiration Date
Michael J. Wallace		IV	21470 / 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 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: 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	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 J. Wallace — Date (month, day, year): 9/23/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael J. Wallace — 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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	4065	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															19				
# of Days above 235															0				
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

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	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			Percent Capacity	
Tertiary Treatment	NA	NA			(actual flow/design)	42%
Overall Treatment	98.0	98.5	99.4	77.1		

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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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 10829 (R9 / 2-23)

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

Substitute for State Form 30530

	Final Effluent																
	Chloride		Total Nitrogen														
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
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 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									0.014							
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: Michael Wallace DATE *(month, day, year)*: 9/23/24

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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 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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.5			=	7.5	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/01 - Daily	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		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	0	01/01 - Daily	24 - COMP24
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample	=	593.33			26 - lb/d			=	15.0			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	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		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	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample	=	72.46			26 - lb/d			=	0.997			19 - mg/L		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	01/01 - Daily	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.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.1	=	0.11	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	8.1977			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									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								=	3.0	=	150.0	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Value NODI															
80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	1	--	Sample	=	361.4	=	661.9	26 - lb/d			=	3.7	=	4.286	19 - mg/L		01/01 - Daily	24 - COMP24
					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	0	01/01 - Daily	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	245.93	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	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_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)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
September	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	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: Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: 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): 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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															150				
# of Days above 235															1				
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 245.93
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design) 68%
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											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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 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		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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 West 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	9/27/24 11:01	☐ AM ☑ PM	9/28/24 11:27	☑ AM ☐ PM	1508 Old Ford Road	38-18-59N	85-47-36W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 100000 Gallons	48.05 MGD	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 Hurrican 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: Michael Wallace DATE *(month, day, year)*: 9/30/24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	mwallace@cityofnewalbany.com	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		Permit Number	
New Albany Municipal WWTP		IN0023884	
Month	Year	Plant Design Flow	Telephone Number
September	2024	12 mgd	812/948/5320
E-mail address:	mwallace@cityofnewalbany.com	100	A
Certified Operator: Name	Class	Certificate Number	Expiration Date
Michael J. Wallace	IV	21470	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: Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: 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): 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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															150				
# of Days above 235															1				
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 245.93
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design) 68%
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											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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	
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 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		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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
New Albany Wastewater Utility	38 West 10th St. New Albany, IN 47150	Floyd	IN0023884

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
100	9/27/24 11:01	☐ AM ☑ PM	9/28/24 11:27	☑ AM ☐ PM	1508 Old Ford Road	38-18-59N	85-47-36W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 100000 Gallons	48.05 MGD	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 Hurrican 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: Michael Wallace DATE *(month, day, year)*: 9/30/24

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Michael Wallace	812-948-5320	mwallace@cityofnewalbany.com	9/30/24 8:00	☑ AM ☐ PM

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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**	**Permittee:**	NEW ALBANY WWTP	**Facility:**	NEW ALBANY WWTP
Major:	Yes	**Permittee Address:**	30 W 9TH ST 30 WEST NINTH STREET NEW ALBANY, IN 47150	**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 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:	Jeff	**Title:**	Mayor	**Telephone:**	812-948-5333
Last Name:	Gahan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
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		01/01 - Daily	3R - 3GR24H
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.2			=	7.9	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	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		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	0	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		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	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		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	0	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		01/01 - Daily	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	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.								<=	0.021 MO AVG	<=	0.042 DAILY MX	19 - mg/L	0	01/07 - Weekly	COMP24
					Value NODI															
01119	**Copper, total recoverable**	G - Raw Sewage Influent	0	--	Sample								=	0.149	=	0.21	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	4.9023			03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI									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								=	1.0	=	5.0	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
					Value NODI															
80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	1	--	Sample	=	153.5	=	529.9	26 - lb/d			=	3.8	=	4.714	19 - mg/L		01/01 - Daily	24 - COMP24
					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	0	01/01 - Daily	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	151.97	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	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_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 / Expiration Date
Michael J. Wallace		IV	21470 / 6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 0.04 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: 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	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): Michael Wallace — Date (month, day, year): 11/20/24

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Wallace — Date (month, day, year): 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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
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															5				
# of Days above 235															0				
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

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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			Percent Capacity	
Tertiary Treatment	NA	NA			(actual flow/design)	41%
Overall Treatment	97.7	97.1	99.8	84.3		

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												
			Anaerobic Only												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
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		Final Effluent Total														
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day			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		
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

WASTEWATER TREATMENT PLANT

Stata 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	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									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

DNR Indiana Department of Natural Resources

Eric Holcomb, Governor
Daniel W. Bortner, Director

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,

Brad Baldwin

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 NWPs. 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 NWPs 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 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 NWPs.

(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 NWPs 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 course 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 NWPs, 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
We Protect Hoosiers and Our Environment.
100 N. Senate Avenue • Indianapolis, IN 46204
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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
Office of Environmental Adjudication
Indiana Government Center North
100 North Senate Avenue, Room N103
Indianapolis, Indiana 46204

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

Commissioner
Indiana Dept. of Environmental Management
Indiana Government Center North
100 North Senate Avenue, Room 1301
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

RESTRICTIONS AND PROTECTIVE COVENANTS FOR KNOBS LANDING SUBDIVISION

The undersigned, Donald J. Thieneman, duly elected and authorized officer of Thieneman Group, LLC, being the owner of Knobs Landing Subdivision, do hereby impose the following restrictions and protective covenants upon each lot within the plat of Knobs Landing Subdivision, for the mutual benefit of all persons, firm and corporations who may now or hereafter have any vested interest, legal of equitable in a lot within such development.

Donald J. Thieneman, doing business as Thieneman Group, LLC, and/or its officers, are herein referred to as "Developer/s".

ARTICLE 1
RESTRICTIONS

1. Primary Use Restrictions. No lot shall be used except for uses approved under the zoning district regulations of Floyd County Indiana Planning and Zoning, including any Planned Unit Development as duly approved or amended. No structure shall be erected, placed, altered or permitted to remain on any lot except as approved by the zoning district regulations of Floyd County Indiana Planning and Zoning, including any Planned Unit Development as duly approved or amended. All lots shall be developed in accordance with the requirements of the development Geotechnical Report, if any.

1.1. Nuisances. No noxious or offensive activity shall be conducted on any lot, nor shall anything be done which may be or become an annoyance or nuisance to the neighborhood.

1.2. Use of Other Structures and Vehicles.

(a) Unless approved by Developer in writing, no structure of a temporary character or otherwise including, without limitation, any outbuilding, trailer, tent, shack, garage, barn or structure other than the main structure erected on a lot shall be permitted on any lot except temporary sheds or field offices used by a builder or Developer, which shall be approved in writing by Developer and removed when construction or development is completed, and no such structure shall at any time be used as a residence, temporarily or permanently.

(b) No bus, mobile home, motor home, trailer, camper trailer, camping unit, camping vehicle or boat shall be parked or kept on any lot or on any street in Knobs Landing development.

(c) There shall be no vehicle parking along Knobs Landing Boulevard at any time.

(d) No vehicle determined to be objectionable or unsightly by Developer or its successors or assigns, including the Community Association (as defined later in this Declaration), and no vehicle which is inoperable, shall be parked at any time on any street or any portion of a lot.

(e) There shall be no habitation of any vehicle parked anywhere in the Knobs Landing development.

1.3. Clothes Lines; Awnings: Fences and Walls; Tennis Courts; Swimming Pools; Antennae and Receivers/Transmitters; Firewood; Mailboxes; Etc.

(a) No outside clothes lines shall be erected or placed on any lot.

(c) No above-ground swimming pools shall be erected or placed on any lot, In-ground swimming pools, water features, hot tubs and spas may be permitted if design and placement thereof are approved in writing, in advance of construction, by Developer or its assignee in its sole discretion.

(d) No antennae nor microwave nor other receiver and transmitter (including those currently called "satellite dishes") shall be erected or placed on any lot unless its size, design and placement are approved in writing, in advance of installation, by Developer or its assignee in its sole discretion.

(e) No exterior play or sports equipment, including without limitation basketball goals, nets and skateboard ramps, shall be located on any lot, unless approved in writing, in advance of installation, by Developer or its assignee in its sole discretion.

(f) No firewood shall be stored in a location on any lot.

(g) No ornamental yard object, statuary, sculpture or similar items may be placed on any lot unless the design and placement are approved in writing by Developer or its assignee in its sole discretion.

(h) No Christmas decorations may be placed on any lot earlier than Thanksgiving or allowed to remain after January 15 following same Christmas day. Other seasonal decorations may be in place for no more than one week before to one week after the event.

1.4. Animals. No animals, including reptiles, livestock or poultry of any kind, shall be raised, bred or kept on any lot for any commercial purposes; provided, however, that dogs, cats or other household pets (meaning the domestic pets traditionally recognized as household pets in the Floyd County area) may be kept, providing they are not kept, bred or maintained for any commercial purposes. All household pets, including dogs and cats, shall at all times be confined to the lot occupied by the owner of such pet; provided however, that household pets may be walked within Knobs Landing development, so long as such animals are leashed and are at all times under the control of a resident. Dog owners shall remove animal waste from the yards of other owners and from streets and Common Areas. The Community Association may impose and collect fines (including collection by legal action and/or by placing a lien on the offending owner's lot and improvements) for violations of this provision.

1.5. Disposal of Trash. No lot shall be used or maintained as a dumping ground of rubbish, trash or garbage. Trash, garbage or other waste shall not be kept except in sanitary containers. All sanitary containers shall be enclosed within an enclosure of a design approved by the Developer. This restriction does not apply during construction or remodeling of a structure

on a lot; provided, the owner or builder shall make provisions to retain rubbish, trash and other materials on the lot and to keep the lot in a reasonably neat and clean condition.

1.6. Signs. No sign for advertising or for any other purpose shall be displayed on any lot or on a building or structure on any lot, unless it is in conformance with the Floyd County Planning and Zoning ordinances and approved by the Developer.

1.7. Subdividing Lots. No Owner of a lot shall subdivide or seek physical partition of any lot, without the prior written consent of the Developer or its assignee in its sole discretion.

ARTICLE II
IMPROVEMENTS TO PROPERY

2. Approval of Construction, Fencing and Landscaping Plans.

(a) No structure may be erected, place or altered on any lot (except by Developer) until the construction plans and building specifications and a plan consisting of (i) a survey of the lot prepared by a land surveyor, licensed in the State of Indiana; (ii) the location and specifications of all improvements including any building, fence, wall or other structure on the lot; (iii) the grade elevation (including rear, front and side elevations); (iv) the type of exterior materials (including delivery of a sample thereof); (v) the location and size of the driveway; (vi) a landscaping plan; and (vii) such other data as the Developer may request, shall have been approved by Developer or its assignee in its sole discretion. In addition to the foregoing, no structure may be erected, placed or altered on any lot until a plot plan depicting the location of all improvements, setback and easements has been approved by Developer in its sole discretion. In reviewing any proposed structure, Developer shall have the right to take into consideration the suitability of the structure to the site, the harmony thereof with the surroundings, and the effect of the structure on the view from adjacent or neighboring lots. Developer, in its sole discretion, shall have the right to accept or reject construction plans and building specifications solely on the basis of aesthetics.

(b) Without limiting the generality of the foregoing provisions of Section 2(a), it is expressly providing that no lot owner, after initial construction, may alter the exterior appearance of the structure constructed on any lot without approval of Developer or its assignee in its sole discretion.

(c) References to "Developer" in this Declaration shall include any entity, person or association to whom Developer may assign its rights and responsibilities, including these rights of approval. References to "structure" shall include, but not be limited to, any building (including a garage), fence, shed, deck, porch, balcony, wall, antennae, microwave and other receivers and transmitters (including those currently called "satellite dishes"), swimming pool(s), tennis court(s) and other athletic facilities. If any swimming pool is approved, it shall be fenced in accordance with applicable law and ordinances or in accordance with standards imposed by Developer or the Community Association, whichever is more restrictive.

2.1. Building Materials, Builder.

(a) The exterior building material of all structures shall be brick, stone, brick veneer, stone veneer, siding, or a combination of those materials. Developer recognizes that the appearance of other exterior building materials (such as stucco or stucco like materials) may be attractive and innovative and reserves the right to approve in writing the use of other exterior building materials. All such materials must be pre-approved as set forth in Section 2 (a/b/c).

(b) Developer reserves the right of prior approval of each general contractor, contractor, or builder which proposes, or is contracted with, hired or otherwise retained by any owner, to build a structure on any lot, which approval must be obtained prior to the commencement of any such construction in Knobs Landing development. Developer reserves the right of prior approval in order to ensure (i) the maintenance of quality construction with in Knobs Landing development, (ii) that the economic value of other lots and structures within Knobs Landing development will not be impaired by the construction of structures not of the comparable quality, and (iii) the maintenance of the aesthetic quality of Knobs Landing development. Developer's approval of any general contractor or builder for any particular lot shall not be considered approval to build on any subsequent lot, nor does the Developer waive any right to disapprove any general contractor or builder on any subsequent lot because of approval on a previous lot. Any approval by Developer of any general contractor, contractor or builder shall in no manner whatsoever serve as a guarantee, warranty or representation of the quality of workmanship by said general contractor, contractor, or builder, or of the ability of said general contractor or builder to fully perform the work for which the owner contracted, nor the owner's satisfaction therewith.

2.2. Mail and Paper Boxes. All mailboxes and paper boxes shall be of a uniform style as approved by Developer.

2.3. Drainage; Non-Disturbance of Natural Drains. Drainage of each lot shall conform to the general drainage plans of Developer for Knobs Landing development. Each lot owner shall ensure that the grading of the owner's lot shall comply with drainage plans. If drainage is blocked or altered by a lot owner, the lot owner shall correct the problem, immediately upon notice from Developer or its assignee, at the owner's expense, or Developer or its assignee may correct the problem and bill the lot owner for the cost to correct the problem.

(a) No rain and storm water runoff or such things as roof water, street pavement and surface water, caused by natural precipitation, shall at any time be discharged into or permitted to flow into the Sanitary Sewage System. Furthermore all sump pumps, downspouts, and footings drains shall not be connected to sanitary sewers.

2.4. Erosion Control.

(a) Each lot owner, specifically including without limitation a builder intending to construct a structure on such lot, shall comply with the erosion control plan filed for the development pursuant to IDEM's current regulations pertaining to Storm Water Runoff Associated with Construction Activity. All erosion control measures shall be performed by personnel trained in generally accepted erosion control practices, and shall comply with the design criteria, standards and specifications for the erosion control measures established by the

Indiana Department of Environmental Management in guidance documents similar to or as effective as, those outlined in the Indiana Handbook for Erosion Control in Developing Areas published by the Indiana Department of Natural Resources, Division of Soil and Water Conservation.

(b) Prior to the construction of a structure or any appurtenant structure on each individual lot, it shall be the responsibility of the lot owner, or his assigns, to maintain erosion control on each lot to prevent erosion of earth onto any road, curb improvements, adjoining lot or adjacent property. After the transfer of ownership from the builder to the resident, each individual lot owner shall have a continuing duty to similarly prevent any erosion of earth onto road, curb improvements, adjoining lot or adjacent property. Should any lot owner, or his agents, fail to take any steps deemed as reasonably required to prevent such erosion, the Developer and/or the Association, or any person to which they may assign such rights, may take such actions as they deem reasonably necessary and appropriate to halt or mitigate any such erosion within any such lot. By acceptance of a deed to the lot, each owner acknowledges that it impliedly grants a license to Developer, its agents or assigns, to enter the lot at any and all reasonable times for purposes of taking such actions. Promptly after receipt of written demand, the lot owner shall reimburse the Developer or other performing parties for all expenses incurred in effecting such actions, including any reasonable attorney's fees incurred in effecting such actions or collecting such costs. Developer shall have lien rights with respect to any such costs not paid by the lot owner within thirty (30) days after written demand.

(c) Drainage of each lot shall conform to the engineered general drainage plans prepared by Developer's engineer, Paul Primavera & Associates. Under no circumstances shall a drainage ditch be filled, altered or piped without the prior written consent of Developer's engineer. All storm water runoff, downspout drain lines, and sump pump lines shall be directed to the drainage collection ditch shown on the recorded plat of the subdivision and approved by the Developer unless an alternative discharge point is approved in writing by Developer or it engineer.

(d) Surface drainage easements and common areas used for drainage purposes as shown on the recorded plat of the development are intended for either periodic or occasional use as conductors for the flow of surface water runoff to a suitable outlet, and the land surface across which such runoff is intended to flow shall be maintained in any unobstructed condition, with Floyd County Surveyor, Floyd County Engineer, or other appropriate public authority having jurisdiction over storm water drainage, shall have the right to determine whether or not an inappropriate obstruction exists, and to repair and maintain, or require such repair or maintenance by the affected lot owner, as such authority determines as reasonably necessary to keep such runoff conductors in an unobstructed condition.

(e) The lot owner shall request inspection and approval by Developer of the finish grading on each lot prior to it being seeded or sodded, and the grant or denial of such approval shall be subject to Developer's sold reasonable discretion. Developer shall further have the authority to offset any costs incurred in halting or mitigating erosion control problems on any lot as identified by Developer in its sole discretion.

2.5. Yards. All yards shall be graded and sodded upon completion of construction of a residence. All finished grades must be in accordance with construction plans, approved by Developer.

2.6. Utilities. Each lot owner's electric service lines shall be underground throughout the length of service line from Harrison County REMC's point of delivery to customer building; and title to the service lines shall remain in and the cost of installation and maintenance thereof shall be born by the respective lot owner upon which said service line is located. Appropriate easements are hereby dedicated and reserved to each property owner, together with the right of ingress and egress over abutting lots or properties to install, operate and maintain utility service. Electric service lines, as installed, shall determine the exact location of said easements. The electric and telephone easements shown on the plat shall be maintained and preserved in their present condition, and no encroachment therein and no change in the grade or elevation thereof shall be made by any person or lot owner without the express written consent of Harrison County REMC and any applicable telephone and other telecommunication provider, and their respective successors and assigns.

(a) All utility meters must be located on the side of a structure where they can be screened from view.

(b) Easements for overhead transmission and distribution feeder lines, poles and equipment appropriate in connection therewith are reserved over, across and under all spaces outlined by dashed lines and designated for underground and overhead facilities. Aboveground electric transformers and pedestals may be installed at appropriate points in any electric easement. In consideration of bringing service to the property, Harrison County REMC is granted the right to make further extensions of its lines from all overhead and underground distribution lines.

(c) The electric and telephone and telecommunication easements hereby dedicated and reserved to each lot owner, as shown on the recorded plat of the development, shall include easements for the installation, operation and maintenance of cable television service to the lot owners, including the overhead and/or underground installation and service of coaxial cables, cable drop wires, converters, home terminal units and other necessary or appropriate equipment, as well as easements for the installation, operation and maintenance of future communication, telecommunication and energy transmission media.

(d) To the extent any electric lines, telecommunication lines, water, sanitary sewer or drainage facilities serving a lot cross lot lines and are not in easements shown on the recorded plat, each lot owner serviced by such a line and the Community Association shall have an easement for the purpose of access to such facilities and for maintaining such facilities wherever located. In exercising this easement right, every lot owner shall take care to minimize the disruption to or disturbance of another lot and the Common Area and shall, at the sole cost of the lot owner or Association exercising access and maintenance rights, repair any damage caused to other property and restore any disturbed property to the condition that existed prior to exercise of these easement rights to the extent reasonably possible.

2.7. Enforcement. Upon a lot owner's failure to abide by or comply with the provisions of this Article II, Developer or its assignee may take such action as necessary to

enforce a lot owner's obligations and compliance therewith. A lot owner shall immediately, upon demand, reimburse Developer or, at Developer's direction, other performing party, for all expenses incurred in so doing, together with allowable statutory interest. Developer shall have a lien on the lot and the improvements thereof to secure repayment of such amounts. Such lien may be enforced in the same manner and with the same priority that the lien for annual and special assessments may be enforced. Enforcement of these restrictions shall be proceeding at law or in equity, brought by any owner of lot or other real property in Knobs Landing development, or by the Developer, against any party violating, or attempting to violate, any covenant or restriction to either restrain violation, to direct restoration, or to recover damages. In the event that any building construction is done in violation of the plans, specifications, or material approvals by the Developer or its assigns, then the building contractor and lot owner(s) shall be jointly and severely liable to the Developer for an enforcement fee of $2,500.00 in addition to injunctive relief, damages and expenses of litigation, including reasonable attorney's fees. Such fee is payable within thirty (30) days of written notice. Floyd County Planning and Zoning Commission shall have enforcement authority over covenants or restrictions required by the ordinance of the plan commission during preliminary approval.

2.8. Obligation to Construct or Re-convey. Each lot owner shall, within two (2) years after the date of conveyance of a lot without a structure thereon, commence in good faith the construction of a structure approved according to Section II, upon each lot conveyed; provided, however, that should said construction not commence within the specified period of time, and/or if the lot owner has not complied with all of the restrictions herein or from this time forth does not comply with such restrictions as provided, then the Developer may elect to repurchase any and all lots on which construction has not commenced for eighty percent (80%) of the original purchase price of said lot or lots hereunder, in which event the lot owner shall immediately re-convey and deliver possession of said lot or lots to the Developer by warranty deed. Failure of the Developer to elect to repurchase any lot on which construction has not timely commenced under the terms of this provision shall not be deemed a waiver of the Developer's right to elect to repurchase in the future any or all of such lots on which construction has not timely commenced.

2.9. Restrictions Run with Land. Unless altered or amended under the provisions of this Paragraph, these covenants and restrictions are to run with the land and shall be binding on all parties claiming under them for a period of twenty five (25) years from the date this document is first recorded, after which time such covenants shall automatically be extended for successive periods of ten (10) years, unless an agreement in writing changing or releasing said Covenants and Restrictions, in whole or in part, and signed by the then owners of not less than fifty one percent (51%) of said tract by area, exclusive of dedicated roadways, has been recorded in the Recorder's Office of Floyd County, Indiana. Failure of any owner to demand or insist upon observance of any of these restrictions, or to proceed for restraint of violation of any of these restrictions, shall not be deemed a waiver of the violation, or the right to see enforcement of these restrictions.

2.10. Reservation by Developer to Alter or Amend Restrictions and Protective Covenants. The Developer, its successors and assigns, reserves the right to alter or amend these restrictions and protective covenants during the development period of the development. For purposes of this section, the development period shall be from the date that these restrictions

and protective covenants are executed by the Developer and until the last lot within the development is conveyed to a third party.

2.11. Adjoining Property

The adjoining properties may be zoned agricultural or commercial.

2.13. Invalidation

Invalidation of any one of these covenants by judgment or court order shall in no way affect any of the other provisions, which shall remain in full force and effect.

2.14. Remonstration. Developer reserves the right to develop adjacent properties. Each lot owner agrees not to remonstrate against any future development.

ARTICLE III
COMMON AREAS

3. Maintenance and Ownership of Common Facilities and Open Space. As evidenced by the acceptance of a Deed, Contract or other means of transfer, for a lot in development, each owner covenants and agrees to pay annually a prorata share of the cost of maintenance of all associated common areas, both present and future, which may be constructed in the development. The assessment for the common areas shall be made and determined initially by the Developer, and subsequently said assessment determination may be assigned to the Community Association as contemplated under these covenant and restrictions. Failure to pay the annual assessment by each lot owner shall operate as lien against the real estate, and also each lot owner failing to pay shall not be permitted to use any of the recreational facilities and other common amenities located in the common area of the development. Drainage facilities located entirely within one lot shall be maintained by the owner of said lot.

3.1. THE KNOBS LANDING COMMUNITY ASSOCIATION (herein referred to as the "Association").

(a) Any common facilities or open space areas designated on the development plat shall remain undivided. Ownership of open space may be by an undivided interest of each lot owner, by the community association.

(b) The protective covenants for the development shall specifically assign to the lot owner's community association (Article 3.1) the obligation for the maintenance, repair and/or replacement of all sidewalks and trails within the development; shall require that liability insurance be procured and maintained, with a minimum single limit of $1,000,000.00, for death, personal injury or property damage resulting from a failure to so maintain, repair or replace same; shall require that the association levy and impose upon each lot owner an annual fee sufficient to defray the costs and expenses associated with the obligations to be assigned pursuant to this subsection; and, if the sidewalks or trials or any part or portion thereof and to be located in the right of way of any public street or way, said covenants shall provide that the same are enforceable by the commission of behalf of Floyd County.

(c) The Association shall be responsible for all taxes on any and all common areas. The Association shall procure and maintain adequate resources to manage the common facilities, maintain its property in good condition, and handle the financial and business affairs of the Association.

(d) The Association shall prepare an annual report and provide a copy of the report to the lot owners upon written request.

ARTICLE IV
COMMUNITY ASSOCIATION

4. Membership and Voting Rights.

(a) An association of lot owners to be known as the "Knobs Landing Community Association" (the "Association") shall be incorporated as an Indiana not-for-profit corporation by the Developer within sixty (60) days after the first lot is sold to an unaffiliated or unrelated third party.

(b) Every owner of a lot in Knobs Landing shall be a member of the Association. Membership shall be appurtenant to and may not be separated from ownership of any lot, which is subject to assessment.

(c) The Association shall have one class of voting membership: when more than one person owns an interest in any lot all such persons shall be members. The vote for such lots shall be exercised as they among themselves agree, but in no event shall such vote be split into fractional votes nor shall more than one vote be cast with respect for nay lot. Each vote cast for a lot shall be presumptively valid, but if such vote is questioned by any member holding any interest in such lot, if any such members are not in agreement, the vote of such lot which is questioned shall not be counted.

(d) The owner of any lot within the Development, by acceptance of a Deed to any such lot, whether or not it shall be expressed in such Deed, is deemed to covenant to agree to pay to the Association an assessment in the initial sum of $250.00 per lot beginning in the year of the first conveyance by the Developer to any person, firm or corporation. Thereafter the annual assessment shall be due on the 1st day of January of each year after such initial conveyance is made. The annual assessment, together with interest, cost and reasonable attorney's fees shall be charge on the land and shall be a continuing lien upon the property on which such assessment is made. Each assessment together with the interest, cost and reasonable attorney's fees shall also be the personal obligation of the person who was the owner of such property at the time the assessment was due. The personal obligations for delinquent assessment shall not pass to his successors in title unless expressly assumed by them in the "Deed of such lot".

(e) The purpose of the assessments levied by the Association shall be exclusively to promote the recreation, health, safety and welfare of the residents of the development and for the improvements and maintenance of the Common Areas, including; the development entrance or entrances and landscaping islands in the roadways of the entrance(s) and cul-de-sacs. The Association will also be responsible for any taxes or assessments imposed upon the common grounds. In addition, The Villas of Floyds Knobs Community Association shall also be required to carry liability insurance on common areas and indemnify individual lot owners.

(f) The Community Association, by vote of the majority of the members of said Association, may increase or decrease the annual assessment.

(g) *Effect of nonpayment of assessments:* Remedies of the Association: any assessments not paid within thirty (30) days after the due date shall be charged interest from the due date at the rate of fifteen percent (15%) per annum. The Association may bring an action of law against the owners primarily to pay the same or foreclose the lien against the property. No owner may waive or otherwise escape liability for the assessments provided for herein by non-use of the Common Area or abandonment of such lot.

(h) *Subordination of the lien and mortgages:* The liens of the assessment provided for herein shall be subordinated to the lien of any first mortgage in existence at the time that the assessment becomes a lien. Sale or transfer of any lot shall not affect the assessment lien. However, the sale or transfer of any lot pursuant to any mortgage foreclosure of any proceedings in lieu thereof shall extinguish the lien of such assessments as to payments, which become due prior to such sale or transfer. No sale or transfer shall relieve such lot from liability for the assessment thereafter becoming due or from the lien thereof.

(i) *Exempt property:* All properties dedicated to and accepted by a local public authority, the Common Areas, and all properties owned by the Developer shall be exempt from the assessment created herein, except no land improvements devoted to dwelling use shall be exempt from said assessments.

(j) The Developer shall call the first meeting of the Community session by giving thirty (30) day written notice to all members. Such meeting shall be held not later than the sale of the last villa within the development to a third party not affiliated or related to Developer in any manner.

(k) *Notice and quorum for any action:* Written notice of any meetings called for the purpose of taking any action shall be sent to all members not less than thirty (30) days and not more than sixty (60) days in advance of the meeting. At the first meeting called, the presence of the members or all proxies entitled to cast sixty percent (60%) of all votes of each class of membership shall constitute a quorum. If the required quorum is not present, another meeting may be called subject to the same notice requirement. A required quorum at the subsequent meeting shall be one-half (1/2) of the required quorum at the preceding meeting. A majority vote of the quorum shall be required to take any action.

(l) *Directors and incorporation:* The Association may take the action of appointing a Board of Directors that act on behalf of the Association, and set for the by-laws to guide the Association and/or its Directors.

(m) *Owners' easement and right of enjoyment:* Every owner shall have the right and easement of enjoyment in and to the Common Areas, which right and easement shall be appurtenant to, and shall pass with, the title to every lot subject to the following provision: The right of the Association to dedicate or transfer a Common Area shall not be effective unless an instrument of agreement to such dedication or transfer is signed by two-thirds (2/3) of the members and has been recorded.

IN WITNESS WHEREOF, Thieneman Group LLC, by its duly authorized member, has subscribed its name this _____ day of _____, 200___.

THIENEMAN GROUP, LLC

By: _____
Donald J. Thieneman

STATE OF INDIANA)
) SS:
COUNTY OF FLOYD)

Before me, a Notary Public in and for said County and State, personally appeared Donald J. Thieneman, as the duly authorized member of **THIENEMAN GROUP, LLC**, an Indiana limited liability company, each of whom acknowledged the execution of the foregoing Restrictions and Protective Covenants for The Villas of Floyds Knobs on behalf of such company as its free and voluntary act and deed for the uses and purposes expressed therein.

WITNESS my hand and Notarial seal this _____ day of _____, 2005.

My Commission Expires:

_____ _____
Notary Public

Resident of _____ County _____
Printed Signature