

Permit #: IN0005045		Permittee: ARCOSA LW HPB, LLC		Facility: ARCOSA LW HPB, LLC															
Major: No		Permittee Address: 1112 E COPELAND RD SUITE 500 ARLINGTON, TX 76011		Facility Location: 6618 N TIDEWATER RD MOORESVILLE, IN 46158															
Permitted Feature: 001 External Outfall		Discharge: 001-AQ KILN SCRUBBER, BAGHOUSE WATER & STORMWATER - TO WHITE LICK CREEK																	
Report Dates & Status																			
Monitoring Period: From 04/01/22 to 06/30/22		DMR Due Date: 07/28/22		Status: NetDMR Validated															
Considerations for Form Completion																			
QUARTERLY SAMPLING INDUSTRIAL MINOR MORGAN COUNTY																			
Principal Executive Officer																			
First Name:		Title:			Telephone:														
Last Name:																			
No Data Indicator (NODI)																			
FormNODI: --																			
Parameter		Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type		
Code	Name				Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00400	pH	1 - Effluent Gross	0	--	Sample													01/90 - Quarterly	GR - GRAB
					Permit Req.					>=	8.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			
					Value NODI						C - No Dis charge				C - No Dis charge				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample													01/90 - Quarterly	GR - GRAB
					Permit Req.									<=	30.0 DAILY MX	19 - mg/L			
					Value NODI										C - No Dis charge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample													01/90 - Quarterly	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									
					Value NODI		C - No Dis charge		C - No Dis charge										
82220	Flow, total	1 - Effluent Gross	0	--	Sample													01/90 - Quarterly	RT - RCOTOT
					Permit Req.				Req Mon QTRTOTAL 8l - Mgal/qtr										
					Value NODI				C - No Dis charge										
Submission Note																			
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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		
IN0005045_0001_MMR_2022_04.pdf															pdf		73776.0		
IN0005045_0001_MMR_2022_05.pdf															pdf		74237.0		
IN0005045_0001_MMR_2022_06.pdf															pdf		73772.0		
Report Last Saved By																			
ARCOSA LWHPB, LLC																			
User: RALPH.HULSIZER@ARCOSA.COM																			
Name: Ralph Hulsizer																			
E-Mail: ralph.hulsizer@arcosa.com																			
Date/Time: 2022-07-22 14:31 (Time Zone: -04:00)																			
Report Last Signed By																			
User: RALPH.HULSIZER@ARCOSA.COM																			
Name: Ralph Hulsizer																			
E-Mail: ralph.hulsizer@arcosa.com																			
Date/Time: 2022-07-22 14:33 (Time Zone: -04:00)																			



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Arcosa LW HPB, LLC
6618 North Tidewater Road
Mooresville, IN 46158

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY
(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),
AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

E-mail address: Ralph.Huislizer@arcosa.com

1	N	0	0	0	5	0	4	5
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	4	2	2
MO.		YR.	

No Discharge

X

** < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH		TSS								
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	00530	Q	C	Q	C		
SAMPLE TYPE	Permit Condition	24 TOT	GRAB				GRAB						
	Monitored	24 TOT	GR				GR						
FREQUENCY	Permit Condition	Daily	Quarterly				Quarterly						
	Monitored	01/01	01/87				01/87						
EFFLUENT LIMITATIONS	Permit Minimum	NA	6.0				NA						
	Permit Average	Report	NA				NA						
	Permit Maximum	Report	9.0				30.0						
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Fri	1	0											
Sat	2	0											
Sun	3	0											
Mon	4	0											
Tue	5	0											
Wed	6	0											
Thu	7	0											
Fri	8	0											
Sat	9	0											
Sun	10	0											
Mon	11	0											
Tue	12	0											
Wed	13	0											
Thu	14	0											
Fri	15	0											
Sat	16	0											
Sun	17	0											
Mon	18	0											
Tue	19	0											
Wed	20	0											
Thu	21	0											
Fri	22	0											
Sat	23	0											
Sun	24	0											
Mon	25	0											
Tue	26	0											
Wed	27	0											
Thu	28	0											
Fri	29	0											
Sat	30	0											
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0											
TOTAL FLOW		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 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.

Prepared by or under the direction of (Certified Operator):

Jim Martin

Preparer's telephone number

817-635-8556

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)

Date (month, day, year)

7-1-22

Operator's certification number

WW020843

Date (month, day, year)



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AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

E-mail address: Ralph.Hulsizer@arcosa.com

I	N	0	0	0	5	0	4	5
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	5	2	2
MO.		YR.	

No Discharge ☒

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	Monitored	24 TOT	GR				GR						
FREQUENCY	Permit Condition	Daily	Quarterly				Quarterly						
	Monitored	01/01	01/07				01/07						
EFFLUENT LIMITATIONS	Permit Minimum	NA	6.0				NA						
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	Permit Maximum	Report	9.0				30.0						
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Sun	1	0										
	Mon	2	0										
	Tue	3	0										
	Wed	4	0										
	Thu	5	0										
	Fri	6	0										
	Sat	7	0										
	Sun	8	0										
	Mon	9	0										
	Tue	10	0										
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TOTAL FLOW		0											

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PERMIT NUMBER

OUTFALL NO.

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	Wed 1	0											
	Thu 2	0											
	Fri 3	0											
	Sat 4	0											
	Sun 5	0											
	Mon 6	0											
	Tue 7	0											
	Wed 8	0											
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	Fri 24	0											
	Sat 25	0											
	Sun 26	0											
	Mon 27	0											
	Tue 28	0											
	Wed 29	0											
	Thu 30	0											
MONTHLY AVERAGE													
HIGHEST VALUE													
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TOTAL FLOW		0											

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