DMR Copy of Record

Permit

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 07/01/22 to 09/30/22**	DMR Due Date:	**10/28/22**	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)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
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															
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/90 - Quarterly	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	30.0 DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
					Value NODI											C - No Discharge				
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/90 - Quarterly	TM - TOTALZ
					Value NODI		C - No Discharge		C - No Discharge											
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample															
					Permit Req.				Req Mon QTR TOTAL	8I - Mgal/qtr									01/90 - Quarterly	RT - RCOTOT
					Value NODI				C - No Discharge											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following 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_07.pdf	pdf	232884.0
IN0005045_0001_MMR_2022_08.pdf	pdf	230222.0
IN0005045_0001_MMR_2022_09.pdf	pdf	230850.0

Report Last Saved By

ARCOSA LW HPB, LLC

User:	RALPH.HULSIZER@ARCOSA.COM
Name:	Ralph Hulsizer
E-Mail:	ralph.hulsizer@arcosa.com
Date/Time:	2022-10-31 12:34 (Time Zone: -04:00)

Report Last Signed By

User:	RALPH.HULSIZER@ARCOSA.COM
Name:	Ralph Hulsizer
E-Mail:	ralph.hulsizer@arcosa.com
Date/Time:	2022-10-31 12:35 (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
6818 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.Hulsizer@arcosa.com

I	N	0	0	0	5	0	4	5
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	7	2	2
MO.		YR.	

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

No Discharge [ ]

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											
Sun	31	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 *Jim Martin*

Date (month, day, year): 10,18,22

Preparer's telephone number: 817-635-8556

Operator's certification number: WW020843

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

Date (month, day, year): 10-24-2022

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
9618 North Tidewater Road
Mooresville, IN 46158

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

I	N	0	0	0	6	0	4	5

PERMIT NUMBER

0	0	0	1

OUTFALL NO.

0	8	2	2

MO. YR.

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

No Discharge: X

This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH	TSS							
EFFLUENT PARAMETER NUMBER		Q50050	00400	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	01/07		01/07						
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		
Mon	1	0									
Tue	2	0									
Wed	3	0									
Thu	4	0									
Fri	5	0									
Sat	6	0									
Sun	7	0									
Mon	8	0									
Tue	9	0									
Wed	10	0									
Thu	11	0									
Fri	12	0									
Sat	13	0									
Sun	14	0									
Mon	15	0									
Tue	16	0									
Wed	17	0									
Thu	18	0									
Fri	19	0									
Sat	20	0									
Sun	21	0									
Mon	22	0									
Tue	23	0									
Wed	24	0									
Thu	25	0									
Fri	26	0									
Sat	27	0									
Sun	28	0									
Mon	29	0									
Tue	30	0									
Wed	31	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

Date (month, day, year): 10-18-22

Preparer's telephone number: 317-635-8556

Operator's certification number: WW020843

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

Date (month, day, year): 10-24-2022

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS
Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-18)

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

I	N	0	0	0	6	0	4	5
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	9	2	2
MO.		YR.	

No Discharge: X

This is a revised submittal:

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

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
Thu	1	0										
Fri	2	0										
Sat	3	0										
Sun	4	0										
Mon	5	0										
Tue	6	0										
Wed	7	0										
Thu	8	0										
Fri	9	0										
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Mon	26	0										
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Wed	28	0										
Thu	29	0										
Fri	30	0										
		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.

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Date (month, day, year): 10.18.22

Preparer's telephone number: 817-635-8566

Operator's certification number: WW020843

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

Date (month, day, year): 10-24-2022