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Permit			
Permit #:	ING420031	Permittee:	Cedar Lake Restoration Sediment Dewatering Facility Phase 2
Major:	No	Permittee Address:	NE of 155th Ave & Parrish Ave Cedar Lake, IN 46303
Permitted Feature:	001 External Outfall	Discharge:	001-A TEMPORARY DISCHARGES
Facility:	CEDAR LAKE RESTORATION SEDIMENT DEWATERING FACILITY PHASE 2		
Facility Location:	NE OF 155TH AVE & PARRISH AVE CEDAR LAKE, IN 46303		

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			

Principal Executive Officer			
First Name:	Donald	Title:	Senior Project Manager
Last Name:	Oliphant	Telephone:	847-436-3822

No Data Indicator (NODI)
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type					
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units			
X 00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample													19 - mg/L	01/07 - Weekly	GR - GRAB		
					Permit Req.							Req Mon DLYAVMIN										
					Value NODI							E - Failed to Sample/Required Analysis Not Conducted										
00400	pH	1 - Effluent Gross	0	--	Sample					=	8.0				=	8.3	12 - SU	0	01/12 - Once Per 12 Days	GR - GRAB		
					Permit Req.							>= 8.0 DAILYMN				<= 9.0 DAILYMX	12 - SU		01/07 - Weekly			
					Value NODI																	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample									=	9.2	=	9.2	19 - mg/L	0	01/12 - Once Per 12 Days	GR - GRAB	
					Permit Req.									<= 30.0 MO AVG		<= 60.0 DAILYMX	19 - mg/L	01/07 - Weekly				
					Value NODI																	
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample									=	0.32	=	0.32	19 - mg/L	0	01/12 - Once Per 12 Days	GR - GRAB	
					Permit Req.											Req Mon MO AVG		Req Mon DAILY MX		19 - mg/L		01/07 - Weekly
					Value NODI																	
00865	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample									<	0.2	<	0.2	19 - mg/L	0	01/12 - Once Per 12 Days	GR - GRAB	
					Permit Req.											Req Mon MO AVG		Req Mon DAILY MX		19 - mg/L		01/07 - Weekly
					Value NODI																	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.5724	=	3.816	03 - MGD								0	01/01 - Daily	IN - INSTAN		
					Permit Req.							Req Mon MO AVG				Req Mon DAILY MX			03 - MGD		01/01 - Daily	
					Value NODI																	
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample									<	0.2	<	0.2	19 - mg/L	0	01/12 - Once Per 12 Days	GR - GRAB	
					Permit Req.											Req Mon MO AVG		Req Mon DAILY MX		19 - mg/L		01/07 - Weekly
					Value NODI																	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Project Phase 1
 NE of 155th Ave. & Parrish Ave
 Cedar Lake, IN - Lake County

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: doliphant@cbbel.com

I	N	G	4	2	0	0	3	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge

This is a revised submittal.

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

EFFLUENT CHARACTERISTICS		FLOW	pH		Carbonaceous BOD5		Nitrogen, Ammonia Total		Phosphorus, Total				
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C80082	Q	C00610	Q	C00865				
SAMPLE TYPE	Permit Condition	INSTAN	GRAB		Grab		Grab		Grab				
	Monitored	INSTAN	GRAB		Grab		Grab		Grab				
FREQUENCY	Permit Condition	1/1	1/07		1/07		1/07		1/07				
	Monitored	1/1	03/12		01/12		01/12		01/12				
EFFLUENT LIMITATIONS	Permit Minimum		6.0										
	Permit Average	Report			Report		Report		Report				
	Permit Maximum	Report	9.0		Report		Report		Report				
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	0.4219											
Sat	20	0.2102											
Sun	21	0.2102	8.3										
Mon	22	0.36											
Tue	23	0.2678	8										
Wed	24	0.1656	8.3		0.2763864	<	0.2	0.44221824	=	0.32	0.2763864	<	0.2
Thu	25	2.0203											
Fri	26	3.2213											
Sat	27	3.816											
Sun	28	3.816											
Mon	29	2.6496											
Tue	30	0.5846											
		0											
MONTHLY AVERAGE		0.57237097			0.2763864		0.2	0.44221824		0.32	0.2763864		0.2
HIGHEST VALUE		3.816	8.3		0.2763864		0.2	0.44221824		0.32	0.2763864		0.2
LOWEST VALUE		0	8		0.2763864		0.2	0.44221824		0.32	0.2763864		0.2
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0				0			0			0
TOTAL FLOW		17.7890508											

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):		Date (month, day, year)
	Donald C Oliphant		6/6/2024
	Preparer's telephone number	Operator's certification number	
219-663-3410	N/A		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
		6/6/2024	



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 AND ATTACHED TO THE CORRESPONDING NET DMR FORM
 FOR SUBMITTAL.

I	N	G	4	2	0	0	3	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Solids, Total Suspended								
EFFLUENT PARAMETER NUMBER		Q	C00530	Q	C	Q	C	Q	C	
SAMPLE TYPE	Permit Condition		GRAB							
	Monitored		GRAB							
FREQUENCY	Permit Condition		1/07							
	Monitored		01/12							
EFFLUENT LIMITATIONS	Permit Minimum									
	Permit Average		30							
	Permit Maximum		80							
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1									
Tue	2									
Wed	3									
Thu	4									
Fri	5									
Sat	6									
Sun	7									
Mon	8									
Tue	9									
Wed	10									
Thu	11									
Fri	12									
Sat	13									
Sun	14									
Mon	15									
Tue	16									
Wed	17									
Thu	18									
Fri	19									
Sat	20									
Sun	21									
Mon	22									
Tue	23									
Wed	24	12.7137744	=	9.2						
Thu	25									
Fri	26									
Sat	27									
Sun	28									
Mon	29									
Tue	30									
MONTHLY AVERAGE		12.7137744		9.2						
HIGHEST VALUE		12.7137744		9.2						
LOWEST VALUE		12.7137744		9.2						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL LIMITATIONS EXCEEDED				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): Donald C Oliphant	Date (month, day, year) 6/6/2024
	Preparer's telephone number 219-663-3410	Operator's certification number N/A
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)