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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)(j). 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		Permittee: AIRGAS USA LLC		Facility: AIRGAS USA LLC - NEW CARLISLE PLANT	
Permit #:	INJ063304	Permittee Address:	54354 WALNUT RD NEW CARLISLE, IN 46552	Facility Location:	54354 WALNUT RD NEW CARLISLE, IN 46552
Major:	No	Discharge:	001-A INFILTRATION BASIN		
Permitted Feature:	001 External 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
OPERATIONAL ST JOSEPH COUNTY

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)
FormNODI: --

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			
00400	pH	1 - Effluent Gross	0	--	Sample						=	8.59			=	8.59	12 - SU	0	01/30 - Monthly	GR - GRAB		
					Permit Req.						>=	8.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/30 - Monthly	GR - GRAB		
					Value NODI																	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample									=	2.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.													Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB	
					Value NODI																	
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample									=	5.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.														Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NODI																	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.04	=	0.04	03 - MGD							0	01/30 - Monthly	ES - ESTIMA			
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/30 - Monthly	ES - ESTIMA		
					Value NODI																	
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	1.242	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
AprilMMR.pdf	pdf	112801.0

Report Last Saved By
AIRGAS USA LLC

User: MJARMS22

Name: Michael Jarvis
E-Mail: michael.jarvis@airgas.com
Date/Time: 2024-05-06 15:52 (Time Zone: -04:00)

Report Last Signed By

User: MJARMS22
Name: Michael Jarvis
E-Mail: michael.jarvis@airgas.com
Date/Time: 2024-05-06 15:52 (Time Zone: -04:00)



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report
State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:
Airgas Merchant Gases LLC
New Carlisle Plant
54354 Walnut Road
New Carlisle, IN 46552

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: michael.jarvis@airgas.com

PERMIT NUMBER: 1 N J 0 6 3 3 0 4

OUTFALL NO.: 0 0 0 1

MO.: 0 4 2 4
YR.

** < column: Can enter "<" if measurement value is less than limit of detection. This is a revised submittal. No Discharge

EFFLUENT CHARACTERISTICS		FLOW	pH		Nitrite + Nitrate		Oil and Grease		Phosphorous, Total	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition	ESTIMA	GRAB		GRAB		GRAB		GRAB	
FREQUENCY	Permit Condition	Monthly	Monthly		Quarterly		Monthly		Quarterly	
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average									
	Permit Maximum		9.0							
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1									
Tue	2		6.59					5		1.38
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						0.1			
Tue	23									
Wed	24									
Thu	25									
Fri	26									
Sat	27									
Sun	28									
Mon	29									
Tue	30									
MONTHLY AVERAGE		0.04006452					0.1		5	1.38
HIGHEST VALUE		0.05	6.59				0.1		5	1.38
LOWEST VALUE		0.05	6.59				0.1		5	1.38
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0								
TOTAL FLOW		1.242								

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): Michael Jarvis Date (month, day, year) 5/1/2024

Preparer's telephone number: 574-654-3682 Operator's certification number: N/A

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Michael Jarvis Date (month, day, year) 5/1/2024