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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			
Permit #:	INP000057	Permittee:	ELKHART TRI-WENT INDUSTRIAL
Major:	No	Permittee Address:	700 RAINBOW RD GENEVA, IN 46740
Permitted Feature:	001 External Outfall	Discharge:	001-A ACID ETCHING & RINSE BATCHES
Facility:		Facility Location:	ELKHART TRI-WENT INDUSTRIAL 700 RAINBOW RD GENEVA, IN 46740

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
REPORT SEMIANNUAL SAMPLING ON THE 001AS DMR. PRETREATMENT TO GENEVA ADAMS COUNTY

Principal Executive Officer			
First Name:	Joe	Title:	Chief Operating Officer
Last Name:	Headdy	Telephone:	263-687-7246

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
00400	pH	1 - Effluent Gross	0	--	Sample					=	6.9			=	8.0	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														
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample					=	0.02			=	0.02	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.					<=	1.48 MO AVG			<=	2.61 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI														
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample					=	0.03			=	0.03	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.					<=	1.3 MO AVG			<=	1.3 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	=	0.0061	=	0.009358	03 - MGD							0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/01 - Daily	TM - TOTALZ
					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.

Attachments

Name	Type	Size
INP000057_001A_MMR_2024_4.pdf	pdf	174284.0

Report Last Saved By
ELKHART TRI-WENT INDUSTRIAL

User:	CHRISSCOTT
Name:	Christopher Scott
E-Mail:	cscott@elkhart-triwent.com
Date/Time:	2024-05-10 13:38 (Time Zone: -04:00)

Report Last Signed By

User: CHRISSCOTT
Name: Christopher Scott
E-Mail: cscott@elkhart-trivent.com
Date/Time: 2024-05-10 13:39 (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:

ETI, LLC
700 Rainbow Road
Geneva, IN 46740

ATTN: Chris Scott

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: cs.cott@elkhart-triwent.com

I	N	P	0	0	0	0	5	7
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		FLOW	pH	Zinc, T			Copper, T			Cadmium, T			
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C	01094	Q	C	01119	Q	C	01113	
SAMPLE TYPE		Permit Condition	TotalZ	Grab		Comp24		Comp24			Comp24		
FREQUENCY		Permit Condition	7/7	7/7		2/31		2/31			2/365		
EFFLUENT LIMITATIONS		Permit Minimum		6.0									
		Permit Average	Report			1.48		1.30			0.26		
		Permit Maximum	Report	9.0		2.61		1.30			0.69		
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1	0.006086	6.9										
Tue	2	0.007237	6.9										
Wed	3	0.008631	7.3										
Thu	4	0.008499	7.3										
Fri	5	0.00416	7										
Sat	6												
Sun	7												
Mon	8	0.003238	7.4										
Tue	9	0.00113	7.6										
Wed	10	0.00782	7.6		0.00130516		0.02	0.00195774		0.03			
Thu	11	0.008627	7.1										
Fri	12	0.003516	7.8										
Sat	13												
Sun	14												
Mon	15	0.006933	7.5										
Tue	16												
Wed	17	0.00527	7.7		0.00087956		0.02	0.00131934		0.03			
Thu	18	0.006611	7.5										
Fri	19	0.00418	7.4										
Sat	20												
Sun	21												
Mon	22	0.00734	7.5										
Tue	23												
Wed	24	0.009358	8										
Thu	25	0.005851	7.6										
Fri	26	0.006797	7.7										
Sat	27												
Sun	28												
Mon	29	0.00179	7.4										
Tue	30	0.008933	7.3										
MONTHLY AVERAGE		0.00810035			0.00109236		0.02	0.00163854		0.03			
HIGHEST VALUE		0.009358	8		0.00130516		0.02	0.00195774		0.03			
LOWEST VALUE		0.00113	6.9		0.00087956		0.02	0.00131934		0.03			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED				0			0			0		0	
TOTAL FLOW		0.122007											

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): Chris Scott	Date (month, day, year) 5/10/2024
Preparer's telephone number 260-368-7246	Operator's certification number WW020461
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Joe Headdy	Date (month, day, year) 5/10/2024