DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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Permit

Permit #:	**INP000201**	Permittee:	ARDAGH GLASS, INC.	Facility:	ARDAGH GLASS INC.
Major:	No	Permittee Address:	524 E CENTER ST DUNKIRK, IN 47336	Facility Location:	524 E CENTER ST DUNKIRK, IN 47336
Permitted Feature:	001 External Outfall	Discharge:	**001-A** MONTHLY REPORTING FOR GLASS BOTTLE & JAR LINE		

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

PRETREATMENT TO DUNKIRK, JAY COUNTY

Principal Executive Officer

First Name:	Aaron	Title:	Plant Manager	Telephone:	765-768-5234
Last Name:	Wine				

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			
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample								=	53.95	=	82.9	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.6			=	7.9	12 - SU		01/07 - Weekly	GR - GRAB
					Permit Req.						>=	5.5 DAILY MN			<=	9.5 DAILY MX	12 - SU	0	01/07 - Weekly	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								=	60.9	=	84.0	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample								=	38.15	=	48.1	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.									Req Mon MO AVG	<=	100.0 DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI															
00940	Chloride [as Cl]	1 - Effluent Gross	0	--	Sample								=	810.0	=	886.0	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.37659	=	0.65318	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	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.

Comments

Attachments

Name	Type	Size
INP000201_001A_MMR_2024_04.pdf	pdf	336270.0

Report Last Saved By	
ARDAGH GLASS, INC.	
User:	cindi@cf-environmental.com
Name:	cindi fuhrman
E-Mail:	cindi@cf-environmental.com
Date/Time:	2024-05-21 19:46 (Time Zone: -04:00)
Report Last Signed By	
User:	AARONWINE
Name:	Aaron Wine
E-Mail:	aaron.wine@ardaghgroup.com
Date/Time:	2024-05-22 06:32 (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:
ARDAGH GROUP
524 EAST CENTER STREET
DUNKIRK, IN 47336

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:

I	N	P	0	0	0	2	0	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		Oil & Grease			BOD			TSS		
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C		Q	C		Q	C	
SAMPLE TYPE	Permit Condition	24-HR TOT	GRAB			GRAB			COMP			COMP	
	Monitored	24-HR TOT	GRAB			GRAB			COMP			COMP	
FREQUENCY	Permit Condition	DAILY	1/WEEK			1/MONTH			1/MONTH			1/MONTH	
	Monitored	DAILY	1/WEEK			2/MONTH			2/MONTH			2/MONTH	
EFFLUENT LIMITATIONS	Permit Minimum		5.5										
	Permit Average	REPORT											
	Permit Maximum	REPORT	9.5			100			REPORT			REPORT	
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1	0.421631											
Tue	2	0.600991	7.6		141.430611		28.2	125.381747		25	189.577202		37.8
Wed	3	0.057803											
Thu	4	0.316788											
Fri	5	0.33833											
Sat	6	0.363504											
Sun	7	0.363504											
Mon	8	0.363504											
Tue	9	0.497861											
Wed	10	0.337824	7.9										
Thu	11	0.397408											
Fri	12	0.653181											
Sat	13	0.373961											
Sun	14	0.373961											
Mon	15	0.373961											
Tue	16	0.37225	7.9										
Wed	17	0.375085											
Thu	18	0.349213											
Fri	19	0.391137											
Sat	20	0.388448											
Sun	21	0.388448											
Mon	22	0.388448											
Tue	23	0.353515	7.7		141.898977		48.1	244.561854		82.9	247.806945		84
Wed	24	0.357998											
Thu	25	0.347907											
Fri	26	0.294921											
Sat	27	0.352078											
Sun	28	0.352078											
Mon	29	0.352078											
Tue	30	0.372849											
MONTHLY AVERAGE		0.37568883			141.664794		38.15	184.971801		53.95	218.692073		60.9
HIGHEST VALUE		0.653181	7.9		141.898977		48.1	244.561854		82.9	247.806945		84
LOWEST VALUE		0.057803	7.6		141.430611		28.2	125.381747		25	189.577202		37.8
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0				0			0			0
TOTAL FLOW		11.270665											

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): Cindi Fuhrman

Date *(month, day, year)*: 5/21/2024

Preparer's telephone number: 260-449-9299

Operator's certification number: WW019896

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Aaron Wine, Plant Manager

Date *(month, day, year)*: 5/21/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

ARDAGH GROUP
524 EAST CENTER STREET
DUNKIRK, IN 47336

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.

I	N	P	0	0	0	2	0	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		COPPER			AMMONIA			CHLORIDES			PHOSPHATE		
EFFLUENT PARAMETER NUMBER		Q	C		Q	C		Q	C		Q	C	
SAMPLE TYPE	Permit Condition		COMP			COMP			COMP			COMP	
	Monitored		COMP			COMP			COMP			COMP	
FREQUENCY	Permit Condition		2/YEAR			2/YEAR			1/MONTH			2/YEAR	
	Monitored		2/YEAR			2/YEAR			1/WEEK			1/WEEK	
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average		REPORT			REPORT			REPORT			REPORT	
	Permit Maximum		REPORT			REPORT			REPORT			REPORT	
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1												
Tue	2							4433.49859		884	3.15962003		0.63
Wed	3												
Thu	4												
Fri	5												
Sat	6												
Sun	7												
Mon	8												
Tue	9												
Wed	10							2461.11034		873	2.4244615		0.86
Thu	11												
Fri	12												
Sat	13												
Sun	14												
Mon	15												
Tue	16							2752.29366		886	2.57833379		0.83
Wed	17												
Thu	18												
Fri	19												
Sat	20												
Sun	21												
Mon	22												
Tue	23							1607.79506		545	2.62557358		0.89
Wed	24												
Thu	25												
Fri	26												
Sat	27												
Sun	28												
Mon	29												
Tue	30							2675.82542		860	2.30245443		0.74
MONTHLY AVERAGE								2786.10461		809.6	2.61808867		0.79
HIGHEST VALUE								4433.49859		886	3.15962003		0.89
LOWEST VALUE								1607.79506		545	2.30245443		0.63
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED				0			0			0			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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I	N	P	0	0	0	2	0	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		MOLYBDENUM											
EFFLUENT PARAMETER NUMBER		Q	C		Q	C		Q	C		Q	C	
SAMPLE TYPE	Permit Condition		COMP										
	Monitored		COMP										
FREQUENCY	Permit Condition		2/YEAR										
	Monitored		2/YEAR										
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average		REPORT										
	Permit Maximum		REPORT										
UNITS=		LB/DAY	**	MG/L	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												
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Mon	22												
Tue	23												
Wed	24												
Thu	25												
Fri	26												
Sat	27												
Sun	28												
Mon	29												
Tue	30												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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