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<b>Permit</b>	
Permit #: <b>INP000605</b>	Permittee: <b>FORTIS SECURITY PRODUCTS, INC.</b>
Major: <b>No</b>	Permittee Address: <b>501 MINGER DR GREENDALE, IN 47025</b>
Permitted Feature: <b>001 External Outfall</b>	Discharge: <b>001-A DAILY/MONTHLY: PRESSURE WASHER HOLDING TANK</b>
Facility: <b>FORTIS SECURITY PRODUCTS, INC.</b>	Facility Location: <b>501 MINGER DR GREENDALE, IN 47025</b>

<b>Report Dates &amp; Status</b>	
Monitoring Period: <b>From 04/01/24 to 04/30/24</b>	DMR Due Date: <b>05/28/24</b>
Status: <b>NetDMR Validated</b>	

**Considerations for Form Completion**  
 DAILY/MONTHLY: PRESSURE WASHER HOLDING TANK: SAMPLE DURING FIRST REPRESENTATIVE DISCHARGE. REPORT QUARTERLY DATA ON 001-TQ AND SEMIANNUAL TTD DATA ON 001-AS DMR FORMS. PRE TREATMENT TO SOUTH DEARBORN RSD. DEARBORN COUNTY

<b>Principal Executive Officer</b>	
First Name: <b>Kieran</b>	Title: <b>President of Operations</b>
Last Name: <b>Nickoson</b>	Telephone: <b>812-577-3053</b>

**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					=	7.0			=	7.94	12 - SU	0	22/30 - 22 Per Month	GR - GRAB		
					Permit Req.					>=	5.5 DAILY MN			<=	9.5 DAILY MX	12 - SU				01/01 - Daily	GR - GRAB
					Value NODI																
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.0005	=	0.0016	03 - MGD							0	22/30 - 22 Per Month	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.

**Comments**

**Attachments**

Name	Type	Size
INP000605_001A_MMR_2024_04.pdf	pdf	172519.0

**Report Last Saved By**  
**FORTIS SECURITY PRODUCTS, INC.**

User: **budgie@fortissecurity.com**  
 Name: **Kieran Nickoson**  
 E-Mail: **budgie@fortissecurity.com**  
 Date/Time: **2024-05-28 19:01 (Time Zone: -04:00)**

**Report Last Signed By**

User: **budgie@fortissecurity.com**  
 Name: **Kieran Nickoson**  
 E-Mail: **budgie@fortissecurity.com**  
 Date/Time: **2024-05-28 19:01 (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:  
 Fortis Security Products  
 501 Minger Dr  
 Greendale IN 47025

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: Budgie@fortissecurity.com

I	N	P	0	0	0	6	0	5
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		CADMIUM		CHROMIUM		COPPER				
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C			
SAMPLE TYPE	Permit Condition												
	Monitored												
FREQUENCY	Permit Condition												
	Monitored												
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average												
	Permit Maximum												
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1	0.0016	7										
Tue	2	0.000494	7.08										
Wed	3	0.000528	7.2										
Thu	4	0.000354	7.16										
Fri	5	0.000334	7.32										
Sat	6												
Sun	7												
Mon	8	0.000677	7.13										
Tue	9	0.000802	7.25										
Wed	10	0.000452	7.36										
Thu	11	0.000402	7.48										
Fri	12	0.000498	7.45										
Sat	13												
Sun	14												
Mon	15	0.000132	7.4										
Tue	16	0.000518	7.31										
Wed	17	0.000209	7.43										
Thu	18	0.000142	7.53										
Fri	19	0.000286	7.3										
Sat	20												
Sun	21												
Mon	22	0.001095	7.24										
Tue	23	0.000368	7.7										
Wed	24	0.000857	7.94										
Thu	25	0.000436	7.46										
Fri	26	0.000215	7.25										
Sat	27												
Sun	28												
Mon	29	0.000819	7.15										
Tue	30	0.000345	7.07										
MONTHLY AVERAGE		0.0005165											
HIGHEST VALUE		0.0016	7.94										
LOWEST VALUE		0.000132	7										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0.011383											

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)
	Melissa Hayes		4/28/2024
	Preparer's telephone number	Operator's certification number	
	812-577-3053	WWW020309	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
Kieran Nickoson		4/28/2024	