DMR Copy of Record

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

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk for further guidance. Please note that EPA may contact you after you submit this report for more information.

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)(i). 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 #:	**INP000621**	Permittee:	HOLSCHER PRODUCTS INC	Facility:	HOLSCHER PRODUCTS INC
Major:	No	Permittee Address:	407 W MAIN ST PO BOX 247 FOWLER, IN 47944	Facility Location:	407 W MAIN ST PO BOX 247 FOWLER, IN 47944
Permitted Feature:	001 External Outfall	Discharge:	**001-A** PROCESS WASTEWATER		

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 FOWLER, BENTON COUNTY

Principal Executive Officer

First Name:	Casey	Title:	President	Telephone:	765-884-9021
Last Name:	Holscher				

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								=	14.0	=	14.0	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.4			=	8.4	12 - SU	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	10.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								=	9.0	=	9.0	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	96.4	=	159.0	19 - mg/L	0	01/07 - Weekly	24 - COMP24
					Permit Req.								<=	180.0 MO AVG	<=	180.0 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.141	=	0.196	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.								<=	1.19 MO AVG	<=	1.19 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.027	=	0.039	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.								<=	2.03 MO AVG	<=	2.03 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	=	0.0023306	=	0.005618	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															
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample								=	19.5	=	29.0	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					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
INP000621_001A_MMR_2024_04.pdf	pdf	161405.0

Report Last Saved By

HOLSCHER PRODUCTS INC

User:	bruce.johns@frontier.com
Name:	Bruce Johns
E-Mail:	bruce.johns@frontier.com
Date/Time:	2024-05-24 10:26 (Time Zone: -04:00)

Report Last Signed By

User:	JERRADGARRETT
Name:	Jerrad Garrett
E-Mail:	jerrad.garrett@holscherproductsinc.com
Date/Time:	2024-05-24 10:29 (Time Zone: -04:00)

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
Holscher Products
PO Box 247
Fowler, IN 47944

Attn: Casey Holscher, Pres

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

E-mail address: jerrad.garrett@holscherproductsinc.com

I	N	P	0	0	0	6	2	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
		YR.	

No Discharge
This is a revised submittal

Bold results are the highest Quantitation Limit for Analytes detected below quantitation limits

EFFLUENT CHARACTERISTICS		FLOW	pH		Cadmium - Cd		Total Chromium - Cr(T)		Copper - Cu	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition	TTLZ	Grab			N/A		N/A		C/24
	Monitored	TTLZ	Grab			C/24		C/24		C/24
FREQUENCY	Permit Condition	Daily	Daily			2/year		2/year		2/month
	Monitored	Daily	Daily			2/year		2/year		2/month
EFFLUENT LIMITATIONS	Permit Minimum	N/A	6.0			N/A		N/A		N/A
	Permit Average	N/A	N/A			0.07		0.71		2.03
	Permit Maximum	N/A	10.0			0.11		0.71		2.03
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
Mon	1	0.003070		8.30						
Tue	2	0.002007		8.20						
Wed	3	0.002818		7.40						
Thu	4	0.001285		8.40					1.6514E-04	0.0154
Fri	5	0.001370		8.00						
Sat	6									
Sun	7									
Mon	8	0.002210		8.10						
Tue	9	0.001731		8.20						
Wed	10	0.002533		8.20						
Thu	11	0.001750		7.90						
Fri	12	0.001960		8.00						
Sat	13									
Sun	14									
Mon	15	0.002400		7.90						
Tue	16	0.004989		8.10						
Wed	17	0.001812		8.00						
Thu	18	0.001512		8.20					4.9209E-04	0.0390
Fri	19	0.001005		8.20						
Sat	20									
Sun	21									
Mon	22	0.001774		8.10						
Tue	23	0.001467		8.00						
Wed	24	0.003301		8.20						
Thu	25	0.001630		8.40						
Fri	26	0.005618		7.70						
Sat	27									
Sun	28									
Mon	29	0.002852		7.80						
Tue	30	0.002795		8.00						
MONTHLY AVERAGE		0.0023306							3.2861E-04	0.027
HIGHEST VALUE		0.005618	8.4						4.9209E-04	0.039
LOWEST VALUE		0.001005	7.4						1.6514E-04	0.0154
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		N/A	N/A	N/A	N/A	N/A	0
TOTAL FLOW		0.03886								

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 and evaluate the information submitted. Based on my inquiry of the 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): Bruce L. Johns

Date (month, day, year): 5/24/2024

Preparer's telephone number: (260) 341-7887

Operator's certification number: WW013376

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Jerrad Garrett

Date (month, day, year): 5/24/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Holscher Products
PO Box 247
Fowler, IN 47944

Attn: Casey Holscher, Pres

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	2	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge ☐

Bold results are the highest Quantitation Limit for Analytes detected below quantitation limits

This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		Lead - Pb	Nickel - Ni	Silver - Ag	Zinc - Zn	Cyanide-TTL	Phos (P)	BOD	TSS
EFFLUENT PARAMETER NUMBER		C	C	C	C	C	C	C	C
SAMPLE TYPE	Permit Condition	N/A	N/A	N/A	C/24	N/A	C/24	N/A	C/24
	Monitored	C/24	C/24	C/24	C/24	Grab	C/24	C/24	C/24
FREQUENCY	Permit Condition	2/year	2/year	2/year	2/month	2/year	1/week	1/month	1/month
	Monitored	2/year	2/year	2/year	2/month	2/year	1/week	1/month	1/month
EFFLUENT LIMITATIONS	Permit Minimum	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Permit Average	0.43	1.04	0.24	1.19	0.24	180	Report	Report
	Permit Maximum	0.69	1.04	0.43	1.19	0.24	180	Report	Report
UNITS=		MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
Mon	1								
Tue	2								
Wed	3								
Thu	4				0.0859		41.9		
Fri	5								
Sat	6								
Sun	7								
Mon	8								
Tue	9								
Wed	10								
Thu	11						103		
Fri	12								
Sat	13								
Sun	14								
Mon	15								
Tue	16								
Wed	17								
Thu	18				0.196		81.8	14	9
Fri	19								
Sat	20								
Sun	21								
Mon	22								
Tue	23								
Wed	24								
Thu	25						159		
Fri	26								
Sat	27								
Sun	28								
THU	29								
Tue	30								
MONTHLY AVERAGE					0.141		96.4	14.0	9.0
HIGHEST VALUE					0.196		159	14	9
LOWEST VALUE					0.0859		41.9	14	9
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		N/A	N/A	N/A	0	N/A	0	N/A	N/A

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 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)
Bruce L. Johns	5/24/2024
Preparer's telephone number	**Operator's certification number**
(260) 341-7887	WW013376
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	**Date (month, day, year)**
Jerrad Garrett	5/24/2024

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PERMIT NUMBER								

0	0	1	A
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0	4	2	4
MO.		YR.	

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This is a revised submittal

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EFFLUENT CHARACTERISTICS		COD		Ammonia (NH4)		Oil & Grease (O&G)		Total Toxic Organics (TTO)	
EFFLUENT PARAMETER NUMBER			C		C		C		C
SAMPLE TYPE	Permit Condition		C/24		C/24		Grab		Grab
	Monitored		C/24		C/24		Grab		Grab
FREQUENCY	Permit Condition		2/month		2/year		2/year		2/year
	Monitored		2/month		2/year		2/year		2/year
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A		N/A		N/A
	Permit Average		Report		Report		Report		N/A
	Permit Maximum		Report		Report		Report		2.13
UNITS=			MG/L		MG/L		MG/L		MG/L
Mon	1								
Tue	2								
Wed	3								
Thu	4		**10**						
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		29						
Fri	19								
Sat	20								
Sun	21								
Mon	22								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
MONTHLY AVERAGE			19.5						
HIGHEST VALUE			29						
LOWEST VALUE			**10**						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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 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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