DMR Copy of Record

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

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Permit

Permit #:	**INP000653**	Permittee:	LOZIER CORPORATION	Facility:	LOZIER CORPORATION
Major:	No	Permittee Address:	402 N MAIN ST MIDDLEBURRY, IN 46540	Facility Location:	402 N. MAIN ST. MIDDLEBURY, IN 465400070
Permitted Feature:	002 External Outfall	Discharge:	**002-A** 002 - CHEMICAL ETCHING, SANITARY, NONCONTACT		

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

NORTH SIDE OF FACILITY. PRETREATMENT -TO MIDDLEBURY, ELKHART COUNTY

Principal Executive Officer

First Name:	Mark	Title:	Branch Manager	Telephone:	574-825-9561
Last Name:	Cook				

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			
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.9	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															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	14.0	=	16.9	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															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								=	0.002	=	0.002	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.3 MO AVG	<=	0.3 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.01	=	0.01	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.0 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								=	0.004	=	0.004	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.2 MO AVG	<=	0.2 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.0077	=	0.0077	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.48 MO AVG	<=	2.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.001	=	0.001	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.005	=	0.005	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.33 MO AVG	<=	0.33 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.004	=	0.004	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.71 MO AVG	<=	2.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.0094	=	0.0094	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.0 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24

					Value NODI																
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	0.0176	=	0.022	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.

Comments

Attachments

Name	Type	Size
INP000653_002A_MMR_2024_4.pdf	pdf	221614.0

Report Last Saved By

LOZIER CORPORATION

User:	KLWEST6300
Name:	Kimberly West
E-Mail:	kim.west@lozier.biz
Date/Time:	2024-05-16 13:44 (Time Zone: -04:00)

Report Last Signed By

User:	KLWEST6300
Name:	Kimberly West
E-Mail:	kim.west@lozier.biz
Date/Time:	2024-05-16 13:44 (Time Zone: -04:00)

DMR Copy of Record

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

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Permit

Permit #:	**INP000653**	Permittee:	LOZIER CORPORATION	Facility:	LOZIER CORPORATION
Major:	No	Permittee Address:	402 N MAIN ST MIDDLEBURRY, IN 46540	Facility Location:	402 N. MAIN ST. MIDDLEBURY, IN 465400070
Permitted Feature:	003 External Outfall	Discharge:	**003-A** 003 - CHEMICAL ETCHING, SANITARY, NONCONTACT		

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

SOUTHEAST SIDE OF FACILITY. PRETREATMENT - TO MIDDLEBURY, ELKHART COUNTY.

Principal Executive Officer

First Name:	Mark	Title:	Branch Manager	Telephone:	574-825-9561
Last Name:	Cook				

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			
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	8.0	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	10.1	=	12.3	19 - mg/L		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															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								=	0.002	=	0.002	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.3 MO AVG	<=	0.3 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.011	=	0.011	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.0 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								=	0.004	=	0.004	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.2 MO AVG	<=	0.2 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.0244	=	0.0244	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.48 MO AVG	<=	2.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.001	=	0.001	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.005	=	0.005	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.33 MO AVG	<=	0.33 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.004	=	0.004	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.71 MO AVG	<=	2.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.0136	=	0.0136	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.0 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24

					Value NODI																
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	0.0064	=	0.009	03 - MGD										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.

Comments

Attachments

Name	Type	Size
INP000653_003A_MMR_2024_4.pdf	pdf	221161.0

Report Last Saved By

LOZIER CORPORATION

User:	KLWEST6300
Name:	Kimberly West
E-Mail:	kim.west@lozier.biz
Date/Time:	2024-05-16 13:29 (Time Zone: -04:00)

Report Last Signed By

User:	KLWEST6300
Name:	Kimberly West
E-Mail:	kim.west@lozier.biz
Date/Time:	2024-05-16 13:34 (Time Zone: -04:00)

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Permit

Permit #:	**INP000653**	Permittee:	LOZIER CORPORATION	Facility:	LOZIER CORPORATION
Major:	No	Permittee Address:	402 N MAIN ST MIDDLEBURRY, IN 46540	Facility Location:	402 N. MAIN ST. MIDDLEBURY, IN 465400070
Permitted Feature:	004 External Outfall	Discharge:	**004-A** 004 - CHEMICAL ETCHING, SANITARY, NONCONTACT		

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

SOUTHEAST SIDE OF FACILITY. PRETREATMENT - TO MIDDLEBURY, ELKHART COUNTY.

Principal Executive Officer

First Name:	Mark	Title:	Branch Manager	Telephone:	574-825-9561
Last Name:	Cook				

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			
00400	pH	1 - Effluent Gross	0	--	Sample						=	8.2			=	8.5	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															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	5.0	=	5.5	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															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								=	0.002	=	0.002	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.3 MO AVG	<=	0.3 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.01	=	0.01	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.0 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								=	0.004	=	0.004	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.2 MO AVG	<=	0.2 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.041	=	0.041	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.48 MO AVG	<=	2.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.001	=	0.001	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.005	=	0.005	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.33 MO AVG	<=	0.33 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.004	=	0.004	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.71 MO AVG	<=	2.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.0074	=	0.0074	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.0 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24

					Value NODI																
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	0.0101	=	0.0136	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
INP000653_004A_MMR_2024_4.pdf	pdf	221445.0

Report Last Saved By

LOZIER CORPORATION

User:	KLWEST6300
Name:	Kimberly West
E-Mail:	kim.west@lozier.biz
Date/Time:	2024-05-16 13:42 (Time Zone: -04:00)

Report Last Signed By

User:	KLWEST6300
Name:	Kimberly West
E-Mail:	kim.west@lozier.biz
Date/Time:	2024-05-16 13:44 (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:
Lozier Store Fixtures, LLC
402 North Main Street
Middlebury, IN 46540

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: kim.west@lozier.biz

I	N	P	0	0	0	6	5	3
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		Phosphorous, Total [as P]		CYANIDE, Total [as CN]		NICKEL, TOTAL REC	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q00665	C00665	Q00720	C00720	Q01074	C01074
SAMPLE TYPE	Permit Condition	24 TOT	GRAB		COMP24	COMP24	GRAB	GRAB	COMP24	COMP24
	Monitored	24 TOT	GR		COMP24	COMP24	GRAB	GRAB	COMP24	COMP24
FREQUENCY	Permit Condition	02/07	DAILY		01/31	01/31	01/31	01/31	02/31	02/31
	Monitored	DAILY	DAILY		01/31	01/31	01/31	01/31	02/31	02/31
EFFLUENT LIMITATIONS	Permit Minimum	NA	6.0		NA	NA	NA	NA	NA	NA
	Permit Average	REPORT	NA		NA	Report	NA	0.300	NA	2.000
	Permit Maximum	REPORT	9.0		NA	Report	NA	0.300	NA	2.000
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
Mon	1	0.0180	7.69	7.7						
Tue	2	0.0200	7.8	7.8						
Wed	3	0.0180	7.8	7.8						
Thu	4	0.0190	7.7	7.7		11.0		0.0020		0.0100
Fri	5	0.0210	7.6	7.6						
Sat	6									
Sun	7									
Mon	8	0.0200	7.7	7.7						
Tue	9	0.0220	7.7	7.7						
Wed	10	0.0180	7.6	7.6						
Thu	11	0.0210	7.5	7.5						
Fri	12	0.0150	7.4	7.4						
Sat	13									
Sun	14									
Mon	15	0.0210	7.6	7.6						
Tue	16	0.0150	7.3	7.3						
Wed	17	0.0170	7.5	7.5						
Thu	18	0.0150	7.8	7.8		16.9				
Fri	19	0.0200	7.9	7.9						
Sat	20									
Sun	21									
Mon	22	0.0160	7.7	7.7						
Tue	23	0.0130	7.7	7.7						
Wed	24	0.0200	7.6	7.6						
Thu	25	0.0140	7.3	7.3						
Fri	26	0.0150	7.3	7.3						
Sat	27									
Sun	28									
Mon	29	0.0140	7.5	7.5						
Tue	30	0.0150	7.6	7.6						
MONTHLY AVERAGE		0.0176				14.0		0.0020		0.0100
HIGHEST VALUE		0.0220		7.9		16.9		0.0020		0.0100
LOWEST VALUE		0.0130		7.3		11.0		0.0020		0.0100
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0	0	0	0	0	0
TOTAL FLOW (82220)		0.3870								

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): Kim West

Date (month, day, year): 5/16/2024

Preparer's telephone number: 574-825-9561

Operator's certification number: WW016922

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

Date (month, day, year): 5/16/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
Lozier Store Fixtures, LLC
402 North Main Street
Middlebury, IN 46540

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	5	3
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		SILVER, TOTAL REC		ZINC, TOTAL REC		CADMIUM, TOTAL REC		LEAD, TOTAL REC	
EFFLUENT PARAMETER NUMBER		Q01079	C01079	Q01094	C01094	Q01113	C01113	Q01114	C01114
SAMPLE TYPE	Permit Condition	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24
	Monitored	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24
FREQUENCY	Permit Condition	02/31	02/31	02/31	02/31	02/31	02/31	02/31	02/31
	Monitored	02/31	02/31	02/31	02/31	02/31	02/31	02/31	02/31
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA	NA	NA	NA	NA
	Permit Average	NA	0.20	NA	1.48	NA	0.070	NA	0.330
	Permit Maximum	NA	0.20	NA	2.50	NA	0.110	NA	0.330
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		0.0040		0.0077		0.0010		0.0050
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								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
Tue	30								
MONTHLY AVERAGE			0.0040		0.0077		0.0010		0.0050
HIGHEST VALUE			0.0040		0.0077		0.0010		0.0050
LOWEST VALUE			0.0040		0.0077		0.0010		0.0050
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	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 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): Kim West

Date (month, day, year): 5/16/2024

Preparer's telephone number: 574-825-9561

Operator's certification number: WW016922

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

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Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	5	3
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		CHROMIUM, TOTAL REC		COPPER, TOTAL REC					
EFFLUENT PARAMETER NUMBER		Q01118	C01118	Q01119	C01119				
SAMPLE TYPE	Permit Condition	COMP24	COMP24	COMP24	COMP24				
	Monitored	COMP24	COMP24	COMP24	COMP24				
FREQUENCY	Permit Condition	02/31	02/31	02/31	02/31				
	Monitored	02/31	02/31	02/31	02/31				
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA				
	Permit Average	NA	1.710	NA	2.000				
	Permit Maximum	NA	2.500	NA	2.000				
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L				
Mon	1								
Tue	2								
Wed	3								
Thu	4		0.0040		0.0094				
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								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
Tue	30								
MONTHLY AVERAGE			0.0040		0.0094				
HIGHEST VALUE			0.0040		0.0094				
LOWEST VALUE			0.0040		0.0094				
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 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): Kim West

Date (month, day, year): 5/16/2024

Preparer's telephone number: 574-825-9561

Operator's certification number: WW016922

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

Date (month, day, year): 5/16/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
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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: kim.west@lozier.biz

I	N	P	0	0	0	6	5	3
PERMIT NUMBER								

0	0	3	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		Phosphorous, Total [as P]		CYANIDE, Total [as CN]		NICKEL, TOTAL REC	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q00665	C00665	Q00720	C00720	Q01074	C01074
SAMPLE TYPE	Permit Condition	24 TOT	GRAB		COMP24	COMP24	GRAB	GRAB	COMP24	COMP24
	Monitored	24 TOT	GR		COMP24	COMP24	GRAB	GRAB	COMP24	COMP24
FREQUENCY	Permit Condition	02/07	DAILY		01/31	01/31	01/31	01/31	02/31	02/31
	Monitored	DAILY	DAILY		01/31	01/31	01/31	01/31	02/31	02/31
EFFLUENT LIMITATIONS	Permit Minimum	NA	6.0		NA	NA	NA	NA	NA	NA
	Permit Average	REPORT	NA		NA	Report	NA	0.300	NA	2.000
	Permit Maximum	REPORT	9.0		NA	Report	NA	0.300	NA	2.000
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Mon 1	0.0050	7.4	7.4						
	Tue 2	0.0070	7.2	7.2						
	Wed 3	0.0060	8.0	8.0						
	Thu 4	0.0090	7.5	7.5		7.9		0.0020		0.0110
	Fri 5									
	Sat 6									
	Sun 7									
	Mon 8	0.0040	7.3	7.3						
	Tue 9	0.0050	7.5	7.5						
	Wed 10	0.0070	7.5	7.5						
	Thu 11	0.0080	7.6	7.6						
	Fri 12									
	Sat 13									
	Sun 14									
	Mon 15	0.0020	7.1	7.1						
	Tue 16	0.0070	7.2	7.2						
	Wed 17	0.0050	7.3	7.3						
	Thu 18	0.0090	7.5	7.5		12.3				
	Fri 19									
	Sat 20									
	Sun 21									
	Mon 22	0.0080	7.3	7.3						
	Tue 23	0.0060	7.3	7.3						
	Wed 24	0.0080	7.5	7.5						
	Thu 25	0.0080	7.7	7.7						
	Fri 26									
	Sat 27									
	Sun 28									
	Mon 29	0.0050	7.3	7.3						
	Tue 30	0.0070	7.6	7.6						
MONTHLY AVERAGE		0.0064				10.1		0.0020		0.0110
HIGHEST VALUE		0.0090	8.0			12.3		0.0020		0.0110
LOWEST VALUE		0.0020	7.1			7.9		0.0020		0.0110
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0	0	0	0	0	0
TOTAL FLOW (82220)		0.1160								

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): Kim West

Date (month, day, year): 5/16/2024

Preparer's telephone number: 574-825-9561

Operator's certification number: WW016922

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

Date (month, day, year): 5/16/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
Lozier Store Fixtures, LLC
402 North Main Street
Middlebury, IN 46540

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	5	3
PERMIT NUMBER								

0	0	3	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		SILVER, TOTAL REC		ZINC, TOTAL REC		CADMIUM, TOTAL REC		LEAD, TOTAL REC	
EFFLUENT PARAMETER NUMBER		Q01079	C01079	Q01094	C01094	Q01113	C01113	Q01114	C01114
SAMPLE TYPE	Permit Condition	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24
	Monitored	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24
FREQUENCY	Permit Condition	02/31	02/31	02/31	02/31	02/31	02/31	02/31	02/31
	Monitored	02/31	02/31	02/31	02/31	02/31	02/31	02/31	02/31
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA	NA	NA	NA	NA
	Permit Average	NA	0.20	NA	1.48	NA	0.070	NA	0.330
	Permit Maximum	NA	0.20	NA	2.50	NA	0.110	NA	0.330
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		0.0040		0.0244		0.0010		0.0050
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								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
Tue	30								
MONTHLY AVERAGE			0.0040		0.0244		0.0010		0.0050
HIGHEST VALUE			0.0040		0.0244		0.0010		0.0050
LOWEST VALUE			0.0040		0.0244		0.0010		0.0050
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	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 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	6	5	3
PERMIT NUMBER								

0	0	3	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		CHROMIUM, TOTAL REC		COPPER, TOTAL REC					
EFFLUENT PARAMETER NUMBER		Q01118	C01118	Q01119	C01119				
SAMPLE TYPE	Permit Condition	COMP24	COMP24	COMP24	COMP24				
	Monitored	COMP24	COMP24	COMP24	COMP24				
FREQUENCY	Permit Condition	02/31	02/31	02/31	02/31				
	Monitored	02/31	02/31	02/31	02/31				
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA				
	Permit Average	NA	1.710	NA	2.000				
	Permit Maximum	NA	2.500	NA	2.000				
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L				
Mon	1								
Tue	2								
Wed	3								
Thu	4		0.0040		0.0136				
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								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
Tue	30								
MONTHLY AVERAGE			0.0040		0.0136				
HIGHEST VALUE			0.0040		0.0136				
LOWEST VALUE			0.0040		0.0136				
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0				

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Date (month, day, year): 5/16/2024

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Indianapolis, Indiana 46204-2251

E-mail address: kim.west@lozier.biz

I	N	P	0	0	0	6	5	3
PERMIT NUMBER								

0	0	4	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		Phosphorous, Total [as P]		CYANIDE, Total [as CN]		NICKEL, TOTAL REC	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q00665	C00665	Q00720	C00720	Q01074	C01074
SAMPLE TYPE	Permit Condition	24 TOT	GRAB		COMP24	COMP24	GRAB	GRAB	COMP24	COMP24
	Monitored	24 TOT	GR		COMP24	COMP24	GRAB	GRAB	COMP24	COMP24
FREQUENCY	Permit Condition	02/07	DAILY		01/31	01/31	01/31	01/31	02/31	02/31
	Monitored	DAILY	DAILY		01/31	01/31	01/31	01/31	02/31	02/31
EFFLUENT LIMITATIONS	Permit Minimum	NA	6.0		NA	NA	NA	NA	NA	NA
	Permit Average	REPORT	NA		NA	Report	NA	0.300	NA	2.000
	Permit Maximum	REPORT	9.0		NA	Report	NA	0.300	NA	2.000
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Mon 1	0.0103	8.29	8.3						
	Tue 2	0.0103	8.5	8.5						
	Wed 3	0.0104	8.4	8.4						
	Thu 4	0.0105	8.4	8.4		4.5		0.0020		0.0100
	Fri 5	0.0107	8.4	8.4						
	Sat 6									
	Sun 7									
	Mon 8	0.0131	8.4	8.4						
	Tue 9	0.0136	8.2	8.2						
	Wed 10	0.0102	8.3	8.3						
	Thu 11	0.0109	8.5	8.5						
	Fri 12	0.0093	8.2	8.2						
	Sat 13									
	Sun 14									
	Mon 15	0.0089	8.2	8.2						
	Tue 16	0.0101	8.2	8.2						
	Wed 17	0.0117	8.3	8.3						
	Thu 18	0.0099	8.3	8.3		5.5				
	Fri 19	0.0100	8.3	8.3						
	Sat 20									
	Sun 21									
	Mon 22	0.0096	8.3	8.3						
	Tue 23	0.0112	8.2	8.2						
	Wed 24	0.0087	8.3	8.3						
	Thu 25	0.0087	8.2	8.2						
	Fri 26	0.0090	8.2	8.2						
	Sat 27									
	Sun 28									
	Mon 29	0.0063	8.3	8.3						
	Tue 30	0.0080	8.2	8.2						
MONTHLY AVERAGE		0.0101				5.0		0.0020		0.0100
HIGHEST VALUE		0.0136		8.5		5.5		0.0020		0.0100
LOWEST VALUE		0.0063		8.2		4.5		0.0020		0.0100
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0	0	0	0	0	0
TOTAL FLOW (82220)		0.2213								

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.

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Date (month, day, year): 5/16/2024

Preparer's telephone number: 574-825-9561

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Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	5	3
PERMIT NUMBER								

0	0	4	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		SILVER, TOTAL REC		ZINC, TOTAL REC		CADMIUM, TOTAL REC		LEAD, TOTAL REC	
EFFLUENT PARAMETER NUMBER		Q01079	C01079	Q01094	C01094	Q01113	C01113	Q01114	C01114
SAMPLE TYPE	Permit Condition	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24
	Monitored	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24	COMP24
FREQUENCY	Permit Condition	02/31	02/31	02/31	02/31	02/31	02/31	02/31	02/31
	Monitored	02/31	02/31	02/31	02/31	02/31	02/31	02/31	02/31
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA	NA	NA	NA	NA
	Permit Average	NA	0.20	NA	1.48	NA	0.070	NA	0.330
	Permit Maximum	NA	0.20	NA	2.50	NA	0.110	NA	0.330
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		0.0040		0.0410		0.0010		0.0050
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								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
Tue	30								
MONTHLY AVERAGE			0.0040		0.0410		0.0010		0.0050
HIGHEST VALUE			0.0040		0.0410		0.0010		0.0050
LOWEST VALUE			0.0040		0.0410		0.0010		0.0050
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	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 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): Kim West

Date (month, day, year): 5/16/2024

Preparer's telephone number: 574-825-9561

Operator's certification number: WW016922

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

Date (month, day, year): 5/16/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
Lozier Store Fixtures, LLC
402 North Main Street
Middlebury, IN 46540

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	5	3
PERMIT NUMBER								

0	0	4	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		CHROMIUM, TOTAL REC		COPPER, TOTAL REC					
EFFLUENT PARAMETER NUMBER		Q01118	C01118	Q01119	C01119				
SAMPLE TYPE	Permit Condition	COMP24	COMP24	COMP24	COMP24				
	Monitored	COMP24	COMP24	COMP24	COMP24				
FREQUENCY	Permit Condition	02/31	02/31	02/31	02/31				
	Monitored	02/31	02/31	02/31	02/31				
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA				
	Permit Average	NA	1.710	NA	2.000				
	Permit Maximum	NA	2.500	NA	2.000				
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L				
Mon	1								
Tue	2								
Wed	3								
Thu	4		0.0040		0.0074				
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								
Tue	23								
Wed	24								
Thu	25								
Fri	26								
Sat	27								
Sun	28								
Thu	29								
Tue	30								
MONTHLY AVERAGE			0.0040		0.0074				
HIGHEST VALUE			0.0040		0.0074				
LOWEST VALUE			0.0040		0.0074				
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 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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