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 #:	**INP000682**	Permittee:	SOLAE LLC	Facility:	SOLAE LLC
Major:	No	Permittee Address:	413 CRESSY AVE REMMINGTON, IN 47977	Facility Location:	413 CRESSY AVE REMINGTON, IN 47977
Permitted Feature:	001 External Outfall	Discharge:	**001-A** LECITHIN & PROTEIN WATSEWATER		

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

PRETREATER JASPER COUNTY

Principal Executive Officer

First Name:	Aaron	Title:	Plant Manager	Telephone:	463-766-4038
Last Name:	Franks				

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						=	7.57			=	8.17	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															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								=	32.3	=	88.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample								<	5.0	<	5.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG	<=	100.0 DAILY MX	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample								=	0.6	=	2.0	19 - mg/L	0	03/07 - Three Per Week	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	3.4	=	5.5	19 - mg/L	0	03/07 - Three Per Week	24 - COMP24
					Permit Req.									Req Mon MO AVG		Req Mon 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	=	0.059	=	0.087	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															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample								=	4.4	=	11.0	19 - mg/L	0	03/07 - Three Per Week	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
INP000682_001_MMR_2024_04.pdf	pdf	56998.0

Report Last Saved By	
SOLAE LLC	
User:	larry.ewen@dupont.com
Name:	Larry Ewen
E-Mail:	larry.ewen@iff.com
Date/Time:	2024-05-10 11:52 (Time Zone: -04:00)
Report Last Signed By	
User:	larry.ewen@dupont.com
Name:	Larry Ewen
E-Mail:	larry.ewen@iff.com
Date/Time:	2024-05-10 11:53 (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:

Solae, LLC
PO Box 127
413 Cressy Ave
Remington, IN 47977

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: larry.ewen@ff.com

I	N	P	0	0	0	6	8	2
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge
This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		BOD/5 Day	O&G	TSS	Phosphorus	Ammonia	
EFFLUENT PARAMETER NUMBER		50050	00400		80082	00552	00530	00665	00610	
SAMPLE TYPE	Permit Condition	24 TOT	24 COMP		24 COMP	GRAB	24 COMP	24 COMP	24 COMP	
	Monitored									
FREQUENCY	Permit Condition	DAILY	DAILY		2/MONTH	2/MONTH	2/MONTH	2/MONTH	2/MONTH	
	Monitored									
EFFLUENT LIMITATIONS	Permit Minimum	NA		6	NA	NA	NA	NA	NA	
	Permit Average	REPORT	REPORT		REPORT	REPORT	REPORT	REPORT	REPORT	
	Permit Maximum	REPORT		9	REPORT	100	REPORT	REPORT	REPORT	
UNITS =		MGD	HI	LOW	MG/L	MG/L	MG/L	MG/L	MG/L	
Mon	1	0.087	7.7	7.62			25			
Tue	2	0.086	7.76	7.57	4.3		22	3.44	0.2	
Wed	3	0.083	7.92	7.66	3.8		25			
Thu	4	0.076	7.8	7.67	11		41	3.38	0.1	
Fri	5	0.061	7.85	7.74		<5	31			
Sat	6	0.058	7.81	7.64			34			
Sun	7	0.058	7.76	7.63			26	2.37	2	
Mon	8	0.063	7.86	7.71		<5	27			
Tue	9	0.058	7.91	7.75	5.5		18	4.01	2	
Wed	10	0.062	7.9	7.7	4.7		21			
Thu	11	0.047	7.87	7.64	6.7		32	5.51	2	
Fri	12	0.051	7.96	7.73			43			
Sat	13	0.063	8.02	7.87			52			
Sun	14	0.067	8.04	7.81			29	2.8	0.1	
Mon	15	0.061	7.89	7.75			19			
Tue	16	0.047	7.94	7.81	2.2		19	4.43	0.1	
Wed	17	0.043	7.97	7.73	4.1		21			
Thu	18	0.034	7.87	7.74	5.4		64	4.92	0.1	
Fri	19	0.039	7.91	7.81			57			
Sat	20	0.063	8.11	7.91			34			
Sun	21	0.066	8.06	7.94			22	3.38	0.1	
Mon	22	0.070	7.94	7.81			21			
Tue	23	0.072	7.87	7.7	1.9		21	1.48	0.1	
Wed	24	0.074	7.87	7.63	1.8		21			
Thu	25	0.065	7.85	7.65	2.8		20	1.05	0.3	
Fri	26	0.023	7.95	7.72			88			
Sat	27	0.044	8.1	7.8			46			
Sun	28	0.055	8.17	7.85			17	3.52	0.1	
Mon	29	0.049	7.94	7.71			26			
Tue	30	0.030	7.84	7.61	3.5		48	3.87	0.4	
MONTHLY AVERAGE		0.0585	7.8225		4.43846153	<5.0	32.3333333	3.396923077	0.584615385	
HIGHEST VALUE		0.087	8.17		11	<5.0	88	5.51	2	
LOWEST VALUE		0.023	7.57		1.8	<5.0	17	1.05	0.1	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0	0	0	0	0	
TOTAL FLOW		1.755								

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): Larry Ewen

Date (month, day, year): 5/10/2024

Preparer's telephone number: 463-766-4035

Operator's certification number: WW021088

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

Date (month, day, year): 5/10/2024