



					Value NODI																
80093	Dilution factor	1 - Effluent Gross	0	--	Sample	=	0.00029	1U - Ratio											DL/DS - DailyWhen Discharging CA - CALCTD		
					Permit Req.	<=	0.003 DPD MAX	1U - Ratio												DL/DS - DailyWhen Discharging CA - CALCTD	
					Value NODI																
82220	Flow, total	1 - Effluent Gross	0	--	Sample	=	1.4967	80 - Mgal/mo											01/30 - Monthly RT - ROOTOT		
					Permit Req.			Req Mon MO TOTAL 80 - Mgal/mo													01/30 - Monthly RT - ROOTOT
					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
in_0032981_002a_mmr_2024_04.pdf	pdf	324087.0

**Report Last Saved By**

PICKLE PROPERTIES, LLC

User: mtroyer@sechlerspickles.com  
 Name: max troyer  
 E-Mail: mtroyer@sechlerspickles.com  
 Date/Time: 2024-05-23 07:05 (Time Zone: -04:00)

**Report Last Signed By**

User: mtroyer@sechlerspickles.com  
 Name: max troyer  
 E-Mail: mtroyer@sechlerspickles.com  
 Date/Time: 2024-05-23 07:05 (Time Zone: -04:00)

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)(j). 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.

<b>Permit</b>		<b>Permittee:</b> PICKLE PROPERTIES, LLC		<b>Facility:</b> PICKLE PROPERTIES, LLC	
<b>Permit #:</b> IN0032981	<b>Major:</b> No	<b>Permittee Address:</b> 5686 STATE ROUTE 1 ST JOE, IN 46785	<b>Facility Location:</b> 5686 STATE ROUTE 1 SAINT JOE, IN 46785		
<b>Permitted Feature:</b> 002 External Outfall	<b>Discharge:</b> 002-AA ANNUAL MASS REPORT FOR BOD AND TSS - SUBMIT BY MAY 28TH EACH YEAR				
<b>Report Dates &amp; Status</b>					
<b>Monitoring Period:</b> From 05/01/23 to 04/30/24	<b>DMR Due Date:</b> 05/28/24	<b>Status:</b> NetDMR Validated			
<b>Considerations for Form Completion</b>					
ANNUAL MASS REPORTING: MON. LOC. "P" = PREVIOUS YEAR PRODUCTION DETERMINED IN APRIL. "Y" = ACTUAL ANNUAL QUANTITY. ATTACH CALCULATIONS. INDUSTRIAL MINOR DEKALB COUNTY					
<b>Principal Executive Officer</b>					
<b>First Name:</b> max	<b>Title:</b> president	<b>Telephone:</b> 260-337-5461			
<b>Last Name:</b> troyer					

**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	
00310	BOD, 5-day, 20 deg. C	P - See Comments	0	--	Sample		=	119.5	50 - lb/yr								0	01/YR - Annual	CA - CALCTD	
					Permit Req.				Req Mon ANNL MAX	50 - lb/yr									01/YR - Annual	CA - CALCTD
					Value NODI															
00310	BOD, 5-day, 20 deg. C	Y - Effluent Gross (Supplementary)	0	--	Sample		=	841.8511	50 - lb/yr							0	01/YR - Annual	CA - CALCTD		
					Permit Req.				Req Mon ANNL TOT	50 - lb/yr									01/YR - Annual	CA - CALCTD
					Value NODI															
00530	Solids, total suspended	P - See Comments	0	--	Sample		=	2100.0	50 - lb/yr							0	01/YR - Annual	CA - CALCTD		
					Permit Req.				Req Mon ANNL MAX	50 - lb/yr									01/YR - Annual	CA - CALCTD
					Value NODI															
00530	Solids, total suspended	Y - Effluent Gross (Supplementary)	0	--	Sample		=	839.8237	50 - lb/yr						0	01/YR - Annual	CA - CALCTD			
					Permit Req.				Req Mon ANNL TOT	50 - lb/yr									01/YR - Annual	CA - CALCTD
					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**  
No attachments.

**Report Last Saved By**  
PICKLE PROPERTIES, LLC

User: mtroyer@sechlerspickles.com  
Name: max troyer  
E-Mail: mtroyer@sechlerspickles.com  
Date/Time: 2024-06-06 08:27 (Time Zone: -04:00)

**Report Last Signed By**  
User: mtroyer@sechlerspickles.com

Name: max troyer  
E-Mail: mtroyer@sechlerspickles.com  
Date/Time: 2024-06-06 08:27 (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:**

Pickle Properties, LLC  
 5886 S.R. 1  
 P.O. Box 152  
 Saint Joe, IN 46785

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: [mtroyer@sechlerspickles.com](mailto:mtroyer@sechlerspickles.com)

1	N	0	0	3	2	9	8	1
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	TBOD5		TSS		CHLORIDES	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q 47024	C 00310	Q 00530	C 00530	Q 00940	C 00940
SAMPLE TYPE	Permit Condition	24 hr total	Grab	Grab	Grab	Grab	Grab	Grab	Grab
	Monitored	24 hr total	Grab	Grab	Grab	Grab	Grab	Grab	Grab
FREQUENCY	Permit Condition	Daily	2x Montly	1x Weekly	1x Weekly	1x Weekly	1x Weekly	2x Montly	2x Montly
	Monitored	30/30	2/30	1/7	1/7	1/7	1/7	2/30	2/30
EFFLUENT LIMITATIONS	Permit Minimum	N/A	0.2	N/A	N/A	N/A	N/A	N/A	N/A
	Permit Average	Report	N/A	Report	Report	Report	Report	11000.00	5400.00
	Permit Maximum	Report	0.2	Report	Report	Report	Report	19000.00	9500.00
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY
	Mon 1	0.2289	8.37		53.6757911	28.1	55.0129104	28.8	5214.76547
	Tue 2	0.2307			54.0978812	28.1	55.4455152	28.8	5255.7728
	Wed 3	0.2282			53.5116449	28.1	54.8446752	28.8	5198.81817
	Thu 4	0.2049			48.0479231	28.1	49.2448484	28.8	4688.00107
	Fri 5	0.0255			5.97960975	28.1	6.128568	28.8	580.937175
	Sat 6								
	Sun 7								
	Mon 8								
	Tue 9								
	Wed 10								
	Thu 11								
	Fri 12								
	Sat 13								
	Sun 14								
	Mon 15	0.231	8.08		52.433304	27.2	104.09553	54	5493.93075
	Tue 16	0.23			52.20832	27.2	103.6449	54	5470.1475
	Wed 17	0.0881			15.0036424	27.2	29.786643	54	1572.07283
	Thu 18	0.047			10.688248	27.2	21.17961	54	1117.81275
	Fri 19								
	Sat 20								
	Sun 21								
	Mon 22	0.0015	7.4		0.38679075	30.9	2.5911225	207	27.78885
	Tue 23	0.0025			0.64485125	30.9	4.3185375	207	48.31475
	Wed 24	0.0004			0.1031442	30.9	0.690966	207	7.41036
	Thu 25								
	Fri 26								
	Sat 27								
	Sun 28								
	Mon 29								
	Tue 30								
MONTHLY AVERAGE		0.124725	7.95		28.8965792	28.5	40.5819854	81.75	2887.81437
HIGHEST VALUE		0.231	8.37		54.0978812	30.9	104.09553	207	5493.93075
LOWEST VALUE		0.0004	7.4		0.1031442	27.2	0.690966	28.8	7.41036
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0	0	0	0	0
TOTAL FLOW		1.4967							

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):		Date (month, day, year)
Cynthia S. Fuhrman		5/22/2024
Preparer's telephone number	Operator's certification number	
260-449-9299	ww019896	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
max troyer		5/22/2024



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Pick le Properties, LLC  
 5686 S.R. 1  
 P.O. Box 152  
 Saint Joe, IN 46785

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	0	0	3	2	9	8	1
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge   
 This is a revised submittal

EFFLUENT CHARACTERISTICS		AMMONIA (N)		OIL & GREASE		SULFATE, TOTAL (AS SO <sub>4</sub> )	
EFFLUENT PARAMETER NUMBER		Q 00810	C 00810	Q	C 00552	Q	C 00894510
SAMPLE TYPE	Permit Condition	Grab	Grab		Grab		Grab
	Monitored	Grab	Grab		Grab		Grab
FREQUENCY	Permit Condition	2 x Montly	2 x Monthly		2 x Montly		2 x Montly
	Monitored	2/30	2/30		2/30		2/30
EFFLUENT LIMITATIONS	Permit Minimum	N/A	0.20		N/A		N/A
	Permit Average	6.80	3.30		10.00		Report
	Permit Maximum	12.00	0.24		15.00		Report
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	MG/L	
	Mon 1	0.09550853	0.05		5.7	67	
	Tue 2	0.09625958	0.05				
	Wed 3	0.09521645	0.05				
	Thu 4	0.08549453	0.05				
	Fri 5	0.01083988	0.05				
	Sat 6						
	Sun 7						
	Mon 8						
	Tue 9						
	Wed 10						
	Thu 11						
	Fri 12						
	Sat 13						
	Sun 14						
	Mon 15	0.13493865	0.07		0.12	58.2	
	Tue 16	0.1343545	0.07				
	Wed 17	0.03881232	0.07				
	Thu 18	0.02745505	0.07				
	Fri 19						
	Sat 20						
	Sun 21						
	Mon 22	0.0055077	0.44		2.95	75.8	
	Tue 23	0.0091795	0.44				
	Wed 24	0.00146872	0.44				
	Thu 25						
	Fri 26						
	Sat 27						
	Sun 28						
	Mon 29						
	Tue 30						
MONTHLY AVERAGE		0.06121962	0.16363636		2.92333333	67	
HIGHEST VALUE		0.13493865	0.44		5.7	75.8	
LOWEST VALUE		0.00146872	0.05		0.12	58.2	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		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): <b>Cynthia S. Fuhrman</b>	Date (month, day, year) <b>5/22/2024</b>
	Preparer's telephone number <b>260-449-9299</b>	Operator's certification number <b>ww019896</b>
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>max troyer</b>	Date (month, day, year) <b>5/22/2024</b>



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Pickle Properties, LLC  
 5888 S.R. 1  
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Mail To: Indiana Department of Environmental Management  
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 100 North Senate Avenue  
 Indianapolis, Indiana 46204-2251

1	N	0	0	3	2	9	8	1
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Dis charge

This is a revised submittal

EFFLUENT CHARACTERISTICS		E COLI	Flow	streamflow	streamflow	dillution factor		
EFFLUENT PARAMETER NUMBER		5104100	50050100	Q 00080	Q 00080	Q 80093		
SAMPLE TYPE	Permit Condition	GRAB	Flow Rate	Daily Mean	Daily Mean	24 hr total		
	Monitored	GRAB	Continous	Daily	Daily	24 hr total		
FREQUENCY	Permit Condition	2X Monthly	Daily	Daily	Daily	Daily		
	Monitored	2/30	Continous	30/30	30/30	30/30		
EFFLUENT LIMITATIONS	Permit Minimum	N/A	0.20000	100.00	64.60	N/A		
	Permit Average	Report	Report	Report	Report	N/A		
	Permit Maximum	Report	0.24000	Report	Report	0.00372		
UNITS=		cfu/100ml	MGD	cfs	MGD	RATIO		
Mon	1	16	0.2317	1160	749.67552	0.00023		
Tue	2		0.2326	2030	1311.93216	0.00023		
Wed	3		0.229	2720	1757.85984	0.00023		
Thu	4		0.2326	3240	2093.92128	0.00023		
Fri	5		0.2274	3520	2274.87744	0.00023		
Sat	6							
Sun	7							
Mon	8							
Tue	9							
Wed	10							
Thu	11							
Fri	12							
Sat	13							
Sun	14							
Mon	15	19.9	0.2307	1560	1008.18432	0.00023		
Tue	16		0.2311	1270	820.76544	0.00028		
Wed	17		0.23	966	624.298752	0.00037		
Thu	18		0.2265	1020	659.19744	0.00034		
Fri	19							
Sat	20							
Sun	21							
Mon	22	8.6	0.2297	936	604.910592	0.00038		
Tue	23		0.2196	805	520.24896	0.00042		
Wed	24		0.2268	887	573.243264	0.0004		
Thu	25							
Fri	26							
Sat	27							
Sun	28							
Mon	29							
Tue	30							
MONTHLY AVERAGE		14.83333333	0.228975	1676.166667	1083.259584	0.0002975		
HIGHEST VALUE		19.9	0.2326	3520	2274.87744	0.00042		
LOWEST VALUE		8.6	0.2196	805	520.24896	0.00023		
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		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): <b>Cynthia S. Fuhrman</b>		Date (month, day, year): <b>5/22/2024</b>
Preparer's telephone number: <b>260-449-9299</b>	Operator's certification number: <b>ww019896</b>	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): <b>max troyer</b>		Date (month, day, year): <b>5/22/2024</b>