DMR Copy of Record

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

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Permit

Permit #:	**IN0043435**	Permittee:	LINDE INC. - BURNS HARBOR FACILITY	Facility:	LINDE INC. - BURNS HARBOR
Major:	No	Permittee Address:	1224 N BOO RD 1224 N. BOO ROAD BURNS HARBOR, IN 46304	Facility Location:	1224 N BOO RD CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	Discharge:	**001-A** PRAXAIR BURNS HARBOR FACILITY		

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

INDUSTRIAL MINOR PORTER COUNTY

Principal Executive Officer

First Name:	Jovo	Title:	Facility Manger	Telephone:	219-787-5525
Last Name:	Katic				

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			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	9.1			=	9.1	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Permit Req.							Req Mon DAILY MN				Req Mon DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	8.0			=	8.4	12 - SU		02/30 - Twice Per Month	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								=	5.0	=	5.0	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Permit Req.								<=	20.0 MO AVG	<=	30.0 DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample	=	2.6495375	=	2.8373	26 - lb/d			=	5.0	=	5.0	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Permit Req.	<=	27.1 MO AVG	<=	54.2 DAILY MX	26 - lb/d				Req Mon MO AVG	<=	10.0 DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample			=	0.737698	26 - lb/d					=	1.4	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.0865	=	0.178	03 - MGD									01/07 - Weekly	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	01/07 - Weekly	TM - TOTALZ
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	=	0.0	=	0.0240336	26 - lb/d			=	0.0	=	0.02	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Permit Req.	<=	0.06 MO AVG	<	0.18 DAILY MX	26 - lb/d			<=	0.02 MO AVG	<	0.06 DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	2.595	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					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
IN0043435_001A_MMR_2024_4.pdf	pdf	10514055.0

Report Last Saved By

LINDE INC. - BURNS HARBOR FACILITY

User:	JKATIC123
Name:	Jovo Katic
E-Mail:	jovo.katic@linde.com
Date/Time:	2024-05-21 13:04 (Time Zone: -04:00)

Report Last Signed By

User:	JKATIC123
Name:	Jovo Katic
E-Mail:	jovo.katic@linde.com
Date/Time:	2024-05-21 13:05 (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:
PRAXAIR, INC
1224 N BOO ROAD
CHESTERTON, IN 46304

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: [redacted]

I	N	0	0	4	3	4	3	5
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		TSS		OIL & GREASE		PHOSPHOROUS	
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	0.126								
Tue	2	0.168								
Wed	3	0.068	8.28		2.8373	5	2.8373	5	0.737698	1.3
Thu	4	0.101								
Fri	5	0.099								
Sat	6	0.132								
Sun	7	0.064								
Mon	8	0.061								
Tue	9	0.042								
Wed	10	0.178								
Thu	11	0.144	8.3							
Fri	12	0.083								
Sat	13	0.075								
Sun	14	0.047								
Mon	15	0.15								
Tue	16	0.034								
Wed	17	0.059	8		2.461775	5	2.461775	5	0.689297	1.4
Thu	18	0.079								
Fri	19	0.108								
Sat	20	0.06								
Sun	21	0.072								
Mon	22	0.048								
Tue	23	0.03								
Wed	24	0.136								
Thu	25	0.062								
Fri	26	0.075								
Sat	27	0.054								
Sun	28	0.038								
Mon	29	0.077	8.4							
Tue	30	0.124								
MONTHLY AVERAGE		0.0865			2.6495375	5	2.6495375	5	0.7134975	1.35
HIGHEST VALUE		0.178	8.4		2.8373	5	2.8373	5	0.737698	1.4
LOWEST VALUE		0.03	8		2.461775	5	2.461775	5	0.689297	1.3
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										
TOTAL FLOW		2.595								

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): 5/17/24

Preparer's telephone number: Gbenga Oduwole 219-344-1660

Operator's certification number: WW016624

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

Date (month, day, year):

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

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Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

I	N	0	0	4	3	4	3	5
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge ☐
This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		Dissolved Oxygen							
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition								
	Monitored								
FREQUENCY	Permit Condition								
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average								
	Permit Maximum								
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								
Fri	5								
Sat	6								
Sun	7								
Mon	8								
Tue	9								
Wed	10								
Thu	11	10.935288	9.1						
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								
Mon	29	5.8473415	9.1						
Tue	30								
MONTHLY AVERAGE		8.39131475	9.1						
HIGHEST VALUE		10.935288	9.1						
LOWEST VALUE		5.8473415	9.1						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									

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	0	0	4	3	4	3	5
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	4
MO.		YR.	

No Discharge ☐
This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		Chlorine - C	GLIRuleMoAvg	Chlorine - C	GLIRuleMoAvg
EFFLUENT PARAMETER NUMBER					
SAMPLE TYPE	Permit Condition		Formulae in the cells below calculate values based on "Actual Chlorine" as measured, flow, and Indiana GLI rules.		
	Monitored				
FREQUENCY	Permit Condition				
	Monitored				
EFFLUENT LIMITATIONS	Permit Minimum				
	Permit Average				
	Permit Maximum				
UNITS=		MG/L	MG/L	LB/DAY	LB/DAY
Mon	1				
Tue	2				
Wed	3	0.02		0.0113492	0
Thu	4				
Fri	5				
Sat	6				
Sun	7				
Mon	8				
Tue	9				
Wed	10				
Thu	11	0.02	0	0.0240336	0
Fri	12				
Sat	13				
Sun	14				
Mon	15				
Tue	16				
Wed	17	0.02		0.0098471	0
Thu	18				
Fri	19				
Sat	20				
Sun	21				
Mon	22				
Tue	23				
Wed	24				
Thu	25				
Fri	26				
Sat	27				
Sun	28				
Mon	29	0.02	0	0.0128513	0
Tue	30				
MONTHLY AVERAGE			0		0
HIGHEST VALUE		0.02		0.0240336	
LOWEST VALUE					
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED					

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