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Permit	
Permit #: IN0005002	Permittee: OX PAPERBOARD EATON LLC (FKA WESTROCK CONVERTING CO)
Major: No	Facility: OX PAPERBOARD EATON LLC (FKA WESTROCK CONVERTING CO)
Permitted Feature: 001 External Outfall	Permittee Address: 800 A S ROMY ST EATON, IN 47338
	Facility Location: 800 A S ROMY ST EATON, IN 47338
	Discharge: 001-A NONCONTACT COOLING AND STORM WATER DISCHARGE

Report Dates & Status	
Monitoring Period: From 05/01/24 to 05/31/24	DMR Due Date: 06/28/24
	Status: NetDMR Validated

Considerations for Form Completion
DISCHARGE LIMITED TO ONCE-THROUGH NONCONTACT COOLING WATER AND STORM WATER. INDUSTRIAL MINOR DE LAWARE COUNTY

Principal Executive Officer	
First Name: Rich	Title: Plant Manager
Last Name: Gonzalez	Telephone: 765-396-3317

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			
00011	Temperature, water deg. fahrenheit	1 - Effluent Gross	4	--	Sample						=	87.8	=	87.8	15 - deg F	0	01/30 - Monthly	GR - GRAB				
					Permit Req.													Req Mon MO AVG <=	83.0 DAILYMX	15 - deg F	01/30 - Monthly	GR - GRAB
					Value NODI																	
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.7	=	7.7	12 - SU	0	01/30 - Monthly	GR - GRAB				
					Permit Req.																	
					Value NODI																	
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample						<	5.0	<	5.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB				
					Permit Req.																	
					Value NODI																	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.037928	=	0.048587	03 - MGD						0	01/30 - Monthly	TM - TOTALZ				
					Permit Req.		Req Mon MO AVG		Req Mon DAILYMX	03 - MGD												
					Value NODI																	
74076	Flow	0 - Intake	0	--	Sample	=	0.04098	=	0.048021	03 - MGD						0	01/01 - Daily	TM - TOTALZ				
					Permit Req.		Req Mon MO AVG		Req Mon DAILYMX	03 - MGD												
					Value NODI																	
82220	Flow, total	1 - Effluent Gross	0	--	Sample				=	1.175723	80 - Mgal/mo				0	01/30 - Monthly	RT - RCOTOT					
					Permit Req.					Req Mon MO TOTAL	80 - Mgal/mo											
					Value NODI																	
85863	Velocity of intake	1 - Effluent Gross	0	--	Sample				=	0.5	39 - ft/sec				0	01/01 - Daily	CA - CALCTD					
					Permit Req.					Req Mon DAILYMX	39 - ft/sec											
					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
IN0005002_001A_MMR_2024_05.pdf	pdf	305849.0

Report Last Saved By

OX PAPERBOARD EATON LLC (FKA WESTROCK CONVERTING CO)

User: cindi@cf-environmental.com
Name: cindi fuhrman
E-Mail: cindi@cf-environmental.com
Date/Time: 2024-06-25 11:02 (Time Zone: -04:00)

Report Last Signed By

User: RGONZALEZ@OXINDUSTRIES.COM
Name: Richard Gonzalez
E-Mail: rgonzalez@oxindustries.com
Date/Time: 2024-06-26 07:21 (Time Zone: -04:00)



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

OX INDUSTRIES EATON MILL
600 A SOUTH ROMY STREET
EATON, IN 47338

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY
(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),
AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

E-mail address:

I	N	0	0	0	5	0	0	2
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	5	2	4
MO.		YR.	

No Discharge
This is a revised submittal.

** < column: Can enter "<" if measurement value is less than limit of detection

EFFLUENT CHARACTERISTICS		FLOW	pH		Oil and Grease		TEMPERATURE			INTAKE FLOW			
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C			
SAMPLE TYPE	Permit Condition	24-HR TOT	GRAB		GRAB		GRAB			24-HR TOTAL			
	Monitored	24-HR TOT	GRAB		GRAB		GRAB			24-HR TOTAL			
FREQUENCY	Permit Condition	DAILY	1/MONTH		1/MONTH		1/MONTH			DAILY			
	Monitored	DAILY	1/MONTH		1/MONTH		1/MONTH			DAILY			
EFFLUENT LIMITATIONS	Permit Minimum		6.0										
	Permit Average	REPORT			REPORT					REPORT			
	Permit Maximum	REPORT	9.0		REPORT		63.00			REPORT			
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Wed	1	0.043989	7.7		1.83544103	<	5	24.8151627		67.6	0.01722158		0.046914
Thu	2	0.037594									0.01376361		0.043872
Fri	3	0.040018									0.01524416		0.045648
Sat	4	0.040702									0.01584981		0.046664
Sun	5	0.040909									0.01572934		0.046075
Mon	6	0.039491									0.01487171		0.045127
Tue	7	0.041731									0.0162923		0.046784
Wed	8	0.043002									0.01685885		0.04698
Thu	9	0.041549									0.01665015		0.048021
Fri	10	0.033316									0.01030767		0.037075
Sat	11	0.033316									0.01030767		0.037075
Sun	12	0.033316									0.01030767		0.037075
Mon	13	0.033316									0.01030767		0.037075
Tue	14	0.033316									0.01030767		0.037075
Wed	15	0.040212									0.01475967		0.043984
Thu	16	0.040212									0.01475967		0.043984
Fri	17	0.040212									0.01475967		0.043984
Sat	18	0.040212									0.01475967		0.043984
Sun	19	0.040212									0.01475967		0.043984
Mon	20	0.026884									0.0044672		0.019912
Tue	21	0.029363									0.01031815		0.042109
Wed	22	0.046587									0.01477126		0.037995
Thu	23	0.046587									0.01477126		0.037995
Fri	24	0.046587									0.01477126		0.037995
Sat	25	0.033582									0.01128758		0.040278
Sun	26	0.033582									0.01179201		0.042078
Mon	27	0.033582									0.01128758		0.040278
Tue	28	0.033582									0.01128758		0.040278
Wed	29	0.034824									0.01170504		0.040278
Thu	30	0.037726									0.00980801		0.031154
Fri	31	0.036212									0.01164033		0.03852
MONTHLY AVERAGE		0.03792655			1.83544103		5	24.8151627		67.6	0.01308792		0.04097581
HIGHEST VALUE		0.046587	7.7		1.83544103		5	24.8151627		67.6	0.01722158		0.048021
LOWEST VALUE		0.026884	7.7		1.83544103		5	24.8151627		67.6	0.0044672		0.019912
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0		0			0			0			0
TOTAL FLOW		1.175723											

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):		Date (month, day, year)
Mike Fuhrman		6/25/2024
Preparer's telephone number	Operator's certification number	
260-449-9299	WW019626	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Rich Gonzalez, Plant Manager		6/25/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

OX INDUSTRIES EATON MILL
600 A SOUTH ROMY STREET
EATON, IN 47338

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY
(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),
AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

I	N	0	0	0	5	0	0	2
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	5	2	4
MO.		YR.	

No Discharge

** < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal.

EFFLUENT CHARACTERISTICS		VELOCITY OF INTAKE											
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C				
SAMPLE TYPE	Permit Condition	DAILY MAX											
	Monitored	DAILY MAX											
FREQUENCY	Permit Condition	DAILY											
	Monitored	DAILY											
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average	REPORT											
	Permit Maximum	REPORT											
UNITS=		LB/DAY	**	FT/SEC	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Wed	1	0.1835441		0.5									
Thu	2	0.15686097		0.5									
Fri	3	0.16697511		0.5									
Sat	4	0.1698291		0.5									
Sun	5	0.1706928		0.5									
Mon	6	0.1647762		0.5									
Tue	7	0.1741226		0.5									
Wed	8	0.17942585		0.5									
Thu	9	0.1733632		0.5									
Fri	10	0.13901101		0.5									
Sat	11	0.13901101		0.5									
Sun	12	0.13901101		0.5									
Mon	13	0.13901101		0.5									
Tue	14	0.13901101		0.5									
Wed	15	0.16778457		0.5									
Thu	16	0.16778457		0.5									
Fri	17	0.16778457		0.5									
Sat	18	0.16778457		0.5									
Sun	19	0.16778457		0.5									
Mon	20	0.11217349		0.5									
Tue	21	0.12251712		0.5									
Wed	22	0.19438426		0.5									
Thu	23	0.19438426		0.5									
Fri	24	0.19438426		0.5									
Sat	25	0.1401209		0.5									
Sun	26	0.1401209		0.5									
Mon	27	0.1401209		0.5									
Tue	28	0.1401209		0.5									
Wed	29	0.14530314		0.5									
Thu	30	0.15741174		0.5									
Fri	31	0.15109457		0.5									
MONTHLY AVERAGE		0.15824852		0.5									
HIGHEST VALUE		0.19438426		0.5									
LOWEST VALUE		0.11217349		0.5									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

<p>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.</p>	<p>Prepared by or under the direction of (Certified Operator): Mike Fuhrman</p>	<p>Date (month, day, year) 6/25/2024</p>	
	<p>Preparer's telephone number 260-449-9299</p>	<p>Operator's certification number WW019626</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Rich Gonzalez, Plant Manager</p>		<p>Date (month, day, year)</p>



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report
State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:
OX INDUSTRIES EATON MILL
600 A SOUTH ROMY STREET
EATON, IN 47338

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY
(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),
AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

E-mail address:

1	N	0	0	0	5	0	0	2
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	5	2	4
MO.		YR.	

No Discharge

This is a revised submittal.

** < column: Can enter "<" if measurement value is less than limit of detection

EFFLUENT CHARACTERISTICS		FLOW	pH		DISSOLVED OXYGEN		TOTAL SUSPEND SOLIDS		CBOD				
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C			
SAMPLE TYPE	Permit Condition	24-HR TOT	GRAB			GRAB	24-HR COMP	24-HR COMP	24-HR COMP	24-HR COMP			
	Monitored	24-HR TOT	GRAB			GRAB	24-HR COMP	24-HR COMP	24-HR COMP	24-HR COMP			
FREQUENCY	Permit Condition	5/WEEK	5/WEEK			1/WEEK	5/WEEK	5/WEEK	5/WEEK	5/WEEK			
	Monitored	0/WEEK	0/WEEK			0/WEEK	0/WEEK	0/WEEK	0/WEEK	0/WEEK			
EFFLUENT LIMITATIONS	Permit Minimum		6.0			4.00							
	Permit Average	REPORT					157.60	REPORT	131.30	REPORT			
	Permit Maximum	REPORT	9.0				315.10	REPORT	262.30	REPORT			
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Wed	1												
Thu	2												
Fri	3												
Sat	4												
Sun	5												
Mon	6												
Tue	7												
Wed	8												
Thu	9												
Fri	10												
Sat	11												
Sun	12												
Mon	13												
Tue	14												
Wed	15												
Thu	16												
Fri	17												
Sat	18												
Sun	19												
Mon	20												
Tue	21												
Wed	22												
Thu	23												
Fri	24												
Sat	25												
Sun	26												
Mon	27												
Tue	28												
Wed	29												
Thu	30												
Fri	31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0		0			0			0			0
TOTAL FLOW		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 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): Mike Fuhrman		Date (month, day, year) 6/25/2024
Preparer's telephone number 260-449-9299	Operator's certification number WW019626	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Rich Gonzalez, Plant Manager		Date (month, day, year) 6/25/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

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I	N	0	0	0	5	0	0	2
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	5	2	4
MO.		YR.	

No Discharge

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EFFLUENT CHARACTERISTICS		AMMONIA-NITROGEN		OIL & GREASE			MERCURY			CHLORINE	
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition		24-HR COMP		GRAB		GRAB		GRAB		GRAB
	Monitored		24-HR COMP		GRAB		GRAB		GRAB		GRAB
FREQUENCY	Permit Condition		5/WEEK		1/WEEK		1/MONTH		1/WEEK		1/WEEK
	Monitored		0/WEEK		0/WEEK		0/WEEK		0/WEEK		0/WEEK
EFFLUENT LIMITATIONS	Permit Minimum										
	Permit Average	6.60	9.60		10.00		REPORT		REPORT		REPORT
	Permit Maximum	17.00	24.30		15.00		REPORT		REPORT		REPORT
	UNITS=	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
	Wed	1									
	Thu	2									
	Fri	3									
	Sat	4									
	Sun	5									
	Mon	6									
	Tue	7									
	Wed	8									
	Thu	9									
	Fri	10									
	Sat	11									
	Sun	12									
	Mon	13									
	Tue	14									
	Wed	15									
	Thu	16									
	Fri	17									
	Sat	18									
	Sun	19									
	Mon	20									
	Tue	21									
	Wed	22									
	Thu	23									
	Fri	24									
	Sat	25									
	Sun	26									
	Mon	27									
	Tue	28									
	Wed	29									
	Thu	30									
	Fri	31									
MONTHLY AVERAGE											
HIGHEST VALUE											
LOWEST VALUE											
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 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): <p style="text-align: center;">Mike Fuhrman</p>	Date (month, day, year) <p style="text-align: center;">6/25/2024</p>	
	Preparer's telephone number <p style="text-align: center;">260-449-9299</p>	Operator's certification number <p style="text-align: center;">WW019626</p>	
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <p style="text-align: center;">Rich Gonzalez, Plant Manager</p>		Date (month, day, year)



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I	N	0	0	0	5	0	0	2
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	5	2	4
MO.		YR.	

** < column: Can enter "<" if measurement value is less than limit of detection

No Discharge X
This is a revised submittal.

EFFLUENT CHARACTERISTICS		SULFATE		FLUORIDE		CHLORIDE		HARDNESS	
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition	24-HR COMP		24-HR COMP		24-HR COMP		24-HR COMP	
	Monitored	24-HR COMP		24-HR COMP		24-HR COMP		24-HR COMP	
FREQUENCY	Permit Condition	1/MONTH		5/WEEK		5/WEEK		1/MONTH	
	Monitored	0/WEEK		0/WEEK		0/WEEK		0/WEEK	
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average	REPORT		REPORT		REPORT		REPORT	
	Permit Maximum	REPORT		REPORT		REPORT		REPORT	
UNITS=		LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
Wed	1				5				
Thu	2								
Fri	3								
Sat	4								
Sun	5								
Mon	6								
Tue	7								
Wed	8								
Thu	9								
Fri	10								
Sat	11								
Sun	12								
Mon	13								
Tue	14								
Wed	15								
Thu	16								
Fri	17								
Sat	18								
Sun	19								
Mon	20								
Tue	21								
Wed	22								
Thu	23								
Fri	24								
Sat	25								
Sun	26								
Mon	27								
Tue	28								
Wed	29								
Thu	30								
Fri	31								
MONTHLY AVERAGE					5				
HIGHEST VALUE					5				
LOWEST VALUE					5				
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									

<p>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.</p>	<p>Prepared by or under the direction of (Certified Operator): Mike Fuhrman</p>	<p>Date (month, day, year) 6/25/2024</p>	
	<p>Preparer's telephone number 260-449-9299</p>	<p>Operator's certification number WW019626</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Rich Gonzalez, Plant Manager</p>		<p>Date (month, day, year)</p>



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

OX INDUSTRIES EATON MILL
600 A SOUTH ROMY STREET
EATON, IN 47338

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY
(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),
AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

1	N	0	0	0	5	0	0	2
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

0	5	2	4
MO.		YR.	

No Discharge **x**
This is a revised submittal.

** < column: Can enter "<" if measurement value is less than limit of detection

EFFLUENT CHARACTERISTICS		BORON											
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition		24-HR COMP										
	Monitored		24-HR COMP										
FREQUENCY	Permit Condition		1/MONTH										0
	Monitored	0	0/WEEK										
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average		REPORT										
	Permit Maximum		REPORT										
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Wed	1												
Thu	2												
Fri	3												
Sat	4												
Sun	5												
Mon	6												
Tue	7												
Wed	8												
Thu	9												
Fri	10												
Sat	11												
Sun	12												
Mon	13												
Tue	14												
Wed	15												
Thu	16												
Fri	17												
Sat	18												
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Mon	20												
Tue	21												
Wed	22												
Thu	23												
Fri	24												
Sat	25												
Sun	26												
Mon	27												
Tue	28												
Wed	29												
Thu	30												
Fri	31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED				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 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): <p style="text-align: center;">Mike Fuhrman</p>	Date (month, day, year) <p style="text-align: center;">6/25/2024</p>	
	Preparer's telephone number <p style="text-align: center;">260-449-9299</p>	Operator's certification number <p style="text-align: center;">WW019626</p>	
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <p style="text-align: center;">Rich Gonzalez, Plant Manager</p>		Date (month, day, year)