

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.

Permit			
Permit #:	INP000226	Permittee:	WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP
Major:	No	Permittee Address:	7375 S US 27 PO BOX 638 LYNN, IN 47355
Permitted Feature:	001 External Outfall	Discharge:	001-A DAILY AND SEMIANNUAL SAMPLING - POWDER COATING OF CASKETS - TO LYNN POTW
Facility:	WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP.		
Facility Location:	7375 S US 27 LYNN, IN 47355		

Report Dates & Status			
Monitoring Period:	From 06/01/24 to 06/30/24	DMR Due Date:	07/28/24
Status:	NetDMR Validated		

Considerations for Form Completion
FLOW MAY BE MONITORED BY MEASURING THE LEVEL OF THE WASTEWATER IN THE 0.007 MG HOLDING TANK PRIOR TO DISCHARGE. PRE TREATMENT TO LYNN POTW RANDOLPH COUNTY

Principal Executive Officer			
First Name:	Patrick	Title:	Director of Operations
Last Name:	Patterson	Telephone:	765-874-2525

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
00400	pH	1 - Effluent Gross	0	--	Sample					=	7.3			=	9.1	12 - SU	0	01.01 - Daily	GR - GRAB
					Permit Req.					>=	5.0 DAILY MN			<=	9.5 DAILYMX	12 - SU		01.01 - Daily	GR - GRAB
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.0078	=	0.0088	03 - MGD							0	01.01 - Daily	RF - RCDFLO
					Permit Req.		Req Mon MO AVG		Req Mon DAILYMX	03 - MGD								01.01 - Daily	RF - RCDFLO
					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
INP000226_001A_MMR_2024_06.pdf	pdf	149287.0

Report Last Saved By
WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP

User: CHELSEA STEVENS@ASTRALINDUSTRIES.COM
Name: Chelsea Stevens
E-Mail: chelsea.stevens@astralindustries.com
Date/Time: 2024-07-08 10:59 (Time Zone: -04:00)

Report Last Signed By

User: CHELSEA STEVENS@ASTRALINDUSTRIES.COM
Name: Chelsea Stevens
E-Mail: chelsea.stevens@astralindustries.com
Date/Time: 2024-07-08 11:00 (Time Zone: -04:00)



DMR Copy of Record

Permit

Permit #:	INP000226	Permittee:	WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP	Facility:	WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP.
Major:	No	Permittee Address:	7375 S US 27 PO BOX 638 LYNN, IN 47355	Facility Location:	7375 S US 27 LYNN, IN 47355
Permitted Feature:	001 External Outfall	Discharge:	001-AQ QUARTERLY REPORTING - POWDER COATING OF CASKETS		

Report Dates & Status

Monitoring Period:	From 04/01/24 to 06/30/24	DMR Due Date:	07/28/24	Status:	NetDMR Validated
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Considerations for Form Completion

QUARTERLY REPORTING - PRETREATMENT TO LYNN WWTP RANDOLPH COUNTY

Principal Executive Officer

First Name:	Patrick	Title:	Director of Operations	Telephone:	765-874-2525
Last Name:	Patterson				

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
00865	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample					=	22.4	=	22.4	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.														
					Value NODI														
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample					<	0.02	<	0.02	19 - mg/L	0	01/90 - Quarterly	GR - GRAB		
					Permit Req.					<=	0.65 MO AVG	<=	1.2 DAILY MX	19 - mg/L					
					Value NODI														
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample					=	0.032	=	0.032	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	2.0 MO AVG	<=	3.98 DAILY MX	19 - mg/L					
					Value NODI														
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample					<	0.004	<	0.004	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L					
					Value NODI														
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample					<	0.15	<	0.15	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	1.48 MO AVG	<=	2.61 DAILY MX	19 - mg/L					
					Value NODI														
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample					<	0.003	<	0.003	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L					
					Value NODI														
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample					<	0.006	<	0.006	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	0.43 MO AVG	<=	0.69 DAILY MX	19 - mg/L					
					Value NODI														
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample					<	0.008	<	0.008	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L					
					Value NODI														
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample					<	0.03	<	0.003	19 - mg/L	0	01/90 - Quarterly	24 - COMP24		
					Permit Req.					<=	2.07 MO AVG	<=	3.38 DAILY MX	19 - mg/L					
					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
INP000226_001A_MMR_2024_04M.pdf	pdf	229680.0

Report Last Saved By

WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP

User: CHELSEA.STEVENS@ASTRALINDUSTRIES.COM
Name: Chelsea Stevens
E-Mail: chelsea.stevens@astralindustries.com
Date/Time: 2024-04-25 13:47 (Time Zone: -04:00)

Report Last Signed By

User: CHELSEA.STEVENS@ASTRALINDUSTRIES.COM
Name: Chelsea Stevens
E-Mail: chelsea.stevens@astralindustries.com
Date/Time: 2024-04-25 13:47 (Time Zone: -04:00)

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Permit	
Permit #: INP000226	Permittee: WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP
Major: No	Facility: WILBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP.
Permitted Feature: 001 External Outfall	Permittee Address: 7375 S US 27 PO BOX 638 LYNN, IN 47355
	Facility Location: 7375 S US 27 LYNN, IN 47355
	Discharge: 001-AS SEMIANNUAL REPORTING OF TTO

Report Dates & Status	
Monitoring Period: From 01/01/24 to 06/30/24	DMR Due Date: 07/28/24
	Status: NetDMR Validated

Considerations for Form Completion
 SEMIANNUAL TTO REPORTING. PRETREATMENT TO LYNN POTW RANDOLPH COUNTY

Principal Executive Officer	
First Name: Patrick	Title: Director of Operations
Last Name: Patterson	Telephone: 765-874-2525

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	
78224	Total toxic organics [TTO] [40 CFR433]	1 - Effluent Gross	0	--	Sample										=	0.97	19 - mg/L	0	02/YR - Twice Per Year	GR - GRAB
					Permit Req.										<=	2.13 DAILYMX	19 - mg/L			
					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
INP000226_001A_MMR_2024_04TTO.pdf	pdf	145105.0

Report Last Saved By
WLBERT FUNERAL SERVICES DBA ASTRAL - WILBERT GROUP

User: **CHELSEA STEVENS@ASTRALINDUSTRIES.COM**
 Name: **Chelsea Stevens**
 E-Mail: **chelsea.stevens@astralindustries.com**
 Date/Time: **2024-05-21 08:29 (Time Zone: -04:00)**

Report Last Signed By

User: **CHELSEA STEVENS@ASTRALINDUSTRIES.COM**
 Name: **Chelsea Stevens**
 E-Mail: **chelsea.stevens@astralindustries.com**
 Date/Time: **2024-05-21 08:30 (Time Zone: -04:00)**



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

Willbert Funeral Services DBA
 Astral The Willbert Group
 7375 South US Highway 27
 PO Box 638
 Lynn Indiana 47355

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: CHELSEA.STEVENS@ASTRALINDUSTRIES.COM

I	N	P	0	0	0	2	2	6
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	6	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	FLOW	pH		NICKEL TOT. REC		SILVER TOT. REC		ZINC TOT. REC.					
		Q	C	Q	C	Q	C	Q	C				
EFFLUENT PARAMETER NUMBER	Q50050	C00400											
SAMPLE TYPE	Permit Condition	24TL	GRAB	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24				
	Monitored	24TL	GRAB	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24				
FREQUENCY	Permit Condition	DAILY	01 WEEK	1/90	1/90	1/90	1/90	1/90	1/90				
	Monitored	01/01	01/01	1/51	1/51	1/51	1/51	1/51	1/51				
EFFLUENT LIMITATIONS	Permit Minimum	N/A	5.5										
	Permit Average	REPORT											
	Permit Maximum	REPORT	9.5										
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Sat	1												
Sun	2												
Mon	3	0.0086	8.1	8.1									
Tue	4	0.0081	7.7	7.7									
Wed	5	0.008	9	9									
Thu	6	0.0083	9.1	9.1									
Fri	7												
Sat	8												
Sun	9												
Mon	10	0.0078	7.5	7.5									
Tue	11	0.0076	7.9	7.9									
Wed	12	0.0076	7.9	7.8									
Thu	13	0.0073	7.8	7.8									
Fri	14												
Sat	15												
Sun	16												
Mon	17	0.0078	7.3	7.3									
Tue	18	0.0077	7.5	7.5									
Wed	19	0.0077	7.5	7.5									
Thu	20	0.0076	8.5	8.5									
Fri	21												
Sat	22												
Sun	23												
Mon	24	0.0078	7.3	7.3									
Tue	25	0.0076	8.6	8.6									
Wed	26	0.0078	7.5	7.5									
Thu	27	0.0076	8.3	8.3									
Fri	28												
Sat	29												
Sun	30												
MONTHLY AVERAGE	0.00780625												
HIGHEST VALUE	0.0086		9.1										
LOWEST VALUE	0.0073		7.3										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW	0.1249												

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 violators.

Prepared by or under the direction of (Certified Operator): CHELSEA STEVENS	Date (month, day, year) 7/8/2024
Preparer's telephone number 765-874-2525 EXT 5020	Operator's certification number
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) CHELSEA STEVENS	Date (month, day, year) 7/8/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

Willbert Funeral Services DBA
 Astral The Willbert Group
 7375 South US Highway 27
 PO Box 638
 Lynn Indiana 47355

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: CHELSEA.STEVENS@ASTRALINDUSTRIES.COM

I	N	P	0	0	0	2	2	6
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	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	FLOW	pH		NICKEL TOT. REC		SILVER TOT. REC		ZINC TOT. REC.					
		Q	C	Q	C	Q	C	Q	C				
EFFLUENT PARAMETER NUMBER	Q50050	C00400											
SAMPLE TYPE	Permit Condition	24TL	GRAB	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24				
	Monitored	24TL	GRAB	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24				
FREQUENCY	Permit Condition	DAILY	01 WEEK	1/90	1/90	1/90	1/90	1/90	1/90				
	Monitored	01/01	01/01	1/51	1/51	1/51	1/51	1/51	1/51				
EFFLUENT LIMITATIONS	Permit Minimum	N/A	5.5										
	Permit Average	REPORT											
	Permit Maximum	REPORT	9.5										
UNITS =		MGD	HI	LOW	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						0.032		<	0.004		<	0.15
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												
Mon	29												
Tue	30												
MONTHLY AVERAGE							0.032			0.004			0.15
HIGHEST VALUE							0.032			0.004			0.15
LOWEST VALUE							0.032			0.004			0.15
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
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 violators.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
CHELSEA STEVENS		4/25/2024
Preparer's telephone number	Operator's certification number	
765-874-2525 EXT 5020		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
CHELSEA STEVENS		4/25/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

Wilbert Funeral Services DBA
 Astral The Wilbert Group
 7375 South US Highway 27
 PO Box 638
 Lynn Indiana 47355

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 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	P	0	0	0	2	2	6
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	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		CADMIUM TOT.REC.		LEAD TOT. REC.		CHROMIUM TOT. REC		COPPER TOT.REC.	
EFFLUENT PARAMETER NUMBER		Q01113	C01113	Q01114	C01114	Q01118	C01118	Q01119	C01119
SAMPLE TYPE	Permit Condition	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24
	Monitored	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24	COMP 24
FREQUENCY	Permit Condition	1/90	1/90	1/90	1/90	1/90	1/90	1/90	1/90
	Monitored	1/51	1/51	1/51	1/51	1/51	1/51	1/51	1/51
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average		0.07		0.43		1.71		2.07
	Permit Maximum		0.11		0.69		2.77		3.38
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		< 0.003		< 0.006		< 0.008		< 0.03
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								
Mon	29								
Tue	30								
MONTHLY AVERAGE			0.003		0.006		0.008		0.03
HIGHEST VALUE			0.003		0.006		0.008		0.03
LOWEST VALUE			0.003		0.006		0.008		0.03
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): CHELSEA STEVENS		Date (month, day, year) 4/25/2024
Preparer's telephone number 765-874-2525 EXT 5020	Operator's certification number	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) CHELSEA STEVENS		Date (month, day, year) 4/25/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

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 Astral The Wilbert Group
 7375 South US Highway 27
 PO Box 638
 Lynn Indiana 47355

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I	N	P	0	0	0	2	2	6
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	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		CYANIDE		TTO		PHOSPHORUS			
EFFLUENT PARAMETER NUMBER		Q00720	C00720	Q78224	C78224	Q00665	C00665	Q	C
SAMPLE TYPE	Permit Condition	COMP 24	COMP 24	GRAB	GRAB	COMP 24	COMP 24		
	Monitored	COMP 24	COMP 24	GRAB	GRAB				
FREQUENCY	Permit Condition	1/90	1/90	1/180	1/180	1/90	1/90		
	Monitored	1/51	1/51	1/105	1/105	1/51	1/51		
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		< 0.02				22.4		
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								
Mon	29								
Tue	30								
MONTHLY AVERAGE			0.02				22.4		
HIGHEST VALUE			0.02				22.4		
LOWEST VALUE			0.02				22.4		
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): CHELSEA STEVENS		Date (month, day, year) 4/25/2024
Preparer's telephone number 765-874-2525 EXT 5020	Operator's certification number	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) CHELSEA STEVENS		Date (month, day, year) 4/25/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

WILBERT FUNERAL SERVICES DBA
 ASTRAL THE WILBERT GROUP
 7375 SOUTH US HIGHWAY 27
 PO BOX 638
 LYNN, INDIANA 47355

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: CHELSEA.STEVENS@ASTRALINDUSTRIES.COM

I	N	P	0	0	0	2	2	6
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	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		FLOW	pH		TTO								
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q 78224	C 78224	Q	C	Q	C	Q	C	
SAMPLE TYPE	Permit Condition				GRAB	GRAB							
	Monitored				GRAB	GRAB							
FREQUENCY	Permit Condition				1/180	1/180							
	Monitored				1/105	1/105							
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average												
	Permit Maximum					2.13							
UNITS =		MGD	HI	LOW	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						0.97						
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												
Mon	29												
Tue	30												
MONTHLY AVERAGE							0.97						
HIGHEST VALUE							0.97						
LOWEST VALUE							0.97						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
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 violators.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
CHELSEA STEVENS		5/21/2024
Preparer's telephone number	Operator's certification number	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
CHELSEA STEVENS	5/21/2024	