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Permit			
Permit #:	IN0002810	Permittee:	DUKE ENERGY INDIANA LLC FORMER WABASH RIVER STATION
Major:	No	Permittee Address:	450 BOLTON RD 450 BOLTON ROAD WEST TERRE HAUTE, IN 47885
Permitted Feature:	002 External Outfall	Discharge:	002-A PSI ASH POND EFFLUENT
Facility:		Facility Location:	DUKE ENERGY INDIANA LLC FORMER WABASH RIVER STATION 450 BOLTON RD WEST TERRE HAUTE, IN 47885

Report Dates & Status			
Monitoring Period:	From 08/01/24 to 08/31/24	DMR Due Date:	09/28/24
Status:	NetDMR Validated		

Considerations for Form Completion
INDUSTRIAL MAJOR VIGO COUNTY

Principal Executive Officer			
First Name:	Mike	Title:	GM CCP Midwest OM and Plant Retirement
Last Name:	Wertz	Telephone:	812-249-0446

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					=	8.22			=	8.42	12 - SU	0	02/30 - Twice Per Month	GR - GRAB		
					Permit Req.					>=	8.0 DAILYMN			<=	9.0 DAILYMX	12 - SU		02/30 - Twice Per Month	GR - GRAB		
					Value NODI																
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								=	5.6	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB			
					Permit Req.							<=	30.0 MO AVG	<=	70.0 DAILYMX		19 - mg/L	02/30 - Twice Per Month	GR - GRAB		
					Value NODI																
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample								<	1.4	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB			
					Permit Req.							<=	10.0 MO AVG	<=	15.0 DAILYMX		19 - mg/L	02/30 - Twice Per Month	GR - GRAB		
					Value NODI																
01104	Aluminum, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.578	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.												Req Mon MO AVG	Req Mon DAILYMX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NODI																
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.3573	=	1.0745	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																
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	11.0751	80 - Mgal/mo							0	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
IN0002810_002_MMR_2024_08.pdf	pdf	274441.0

Report Last Saved By

DUKE ENERGY INDIANA LLC FORMER WABASH RIVER STATION

User: jpadgett@doxycy.com
Name: Jac Padgett
E-Mail: jpadgett@doxycy.com
Date/Time: 2024-09-03 10:23 (Time Zone: -04:00)

Report Last Signed By

User: michael.wertz@duke-energy.com
Name: Michael Wertz
E-Mail: michael.wertz@duke-energy.com
Date/Time: 2024-09-11 12:49 (Time Zone: -04:00)

80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Permit Req.									Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NODI									N - Not Constructed	N - Not Constructed			
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample									Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Permit Req.									N - Not Constructed	N - Not Constructed			
81395	Storm water flow	1 - Effluent Gross	0	--	Sample									Req Mon MO AVG	Req Mon DAILY MX	03 - MGD	01/30 - Monthly	ES - ESTIMA
					Permit Req.									N - Not Constructed	N - Not Constructed			
					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

No Discharge

Attachments

Name	Type	Size
IN0002810_010_MMR_2024_08.pdf	pdf	358906.0

Report Last Saved By

DUKE ENERGY INDIANA LLC FORMER WABASH RIVER STATION

User: jpadgett@doxycy.com
 Name: Jac Padgett
 E-Mail: jpadgett@doxycy.com
 Date/Time: 2024-09-03 10:28 (Time Zone: -04:00)

Report Last Signed By

User: michael.wertz@duke-energy.com
 Name: Michael Wertz
 E-Mail: michael.wertz@duke-energy.com
 Date/Time: 2024-09-11 12:49 (Time Zone: -04:00)

80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Permit Req.									Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NODI									N - Not Constructed	N - Not Constructed			
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample									Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Permit Req.									N - Not Constructed	N - Not Constructed			
81395	Storm water flow	1 - Effluent Gross	0	--	Sample									Req Mon MO AVG	Req Mon DAILY MX	03 - MGD	01/30 - Monthly	ES - ESTIMA
					Permit Req.									N - Not Constructed	N - Not Constructed			
					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

No Discharge

Attachments

Name	Type	Size
IN0002810_011_MMR_2024_08.pdf	pdf	358856.0

Report Last Saved By

DUKE ENERGY INDIANA LLC FORMER WABASH RIVER STATION

User: jpadgett@doxycy.com
 Name: Jac Padgett
 E-Mail: jpadgett@doxycy.com
 Date/Time: 2024-09-03 10:29 (Time Zone: -04:00)

Report Last Signed By

User: michael.wertz@duke-energy.com
 Name: Michael Wertz
 E-Mail: michael.wertz@duke-energy.com
 Date/Time: 2024-09-11 12:49 (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:

Duke Energy Indiana Wabash River Generating Station
 450 Bolton Road
 West Terre Haute, IN 47885-9563

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: jpadgett@doxco.com

1 | N | 0 | 0 | 0 | 2 | 8 | 1 | 0
 PERMIT NUMBER

0 | 0 | 0 | 2
 OUTFALL NO.

0 | 8 | 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	Solids, TSS		Oil & Grease		Aluminum, Total		
EFFLUENT PARAMETER NUMBER		Q00050	C00400	Q00530	C00530	Q00552	C00552	Q01104	C01104	
SAMPLE TYPE	Permit Condition	TOTALZ	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	TOTALZ	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	Daily	02/30	02/30	02/30	02/30	02/30	01/30	01/30	
	Monitored	01/01	02/30	02/30	02/30	02/30	02/30	01/30	01/30	
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average	Report			30		10		Report	
	Permit Maximum	Report	9.0		70		15		Report	
UNITS =		MGD	HI	LOW	LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L
Thu	1	0.8027		8.42		7.6	<	1.4		0.578
Fri	2	0.8230								
Sat	3	0.0000								
Sun	4	0.0000								
Mon	5	0.8348								
Tue	6	1.0884		8.22		3.6	<	1.4		
Wed	7	1.0745								
Thu	8	0.7509								
Fri	9	0.4128								
Sat	10	0.0000								
Sun	11	0.0000								
Mon	12	0.7584								
Tue	13	0.9437								
Wed	14	0.9288								
Thu	15	0.8916								
Fri	16	0.3586								
Sat	17	0.0000								
Sun	18	0.0000								
Mon	19	0.8881								
Tue	20	0.7187								
Wed	21	0.2421								
Thu	22	0.0000								
Fri	23	0.0000								
Sat	24	0.0000								
Sun	25	0.0000								
Mon	26	0.0000								
Tue	27	0.0000								
Wed	28	0.0000								
Thu	29	0.0000								
Fri	30	0.0000								
Sat	31	0.0000								
MONTHLY AVERAGE		0.3573				5.6		1.4		0.578
HIGHEST VALUE		1.0745		8.42		7.6		1.4		0.578
LOWEST VALUE		0.0000		8.22		3.6		1.4		0.578
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0			0		0		NA

TOTAL FLOW: 11.0751

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):
Jac Padgett
 Date (month, day, year): **9/3/2024**

Preparer's telephone number: **812-208-1438**
 Operator's certification number: **WW 021037**

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement):
Michael Wertz
 Date (month, day, year): **9/3/2024**



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R8 / 4-23)

FACILITY NAME AND ADDRESS:
 Duke Energy Indiana Wabash River Generating Station
 450 Bolton Road
 West Terre Haute, IN 47885-9563

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	2	8	1	0
PERMIT NUMBER								

0	0	0	2
OUTFALL NO.			

0	8	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		Arsenic, Total				Mercury			
EFFLUENT PARAMETER NUMBER		Q00978		C00978		Q71901		C71901	
SAMPLE TYPE	Permit Condition	GRAB	GRAB	GRAB	GRAB				
	Monitored	GRAB	GRAB	GRAB	GRAB				
FREQUENCY	Permit Condition	01/90	01/90	01/90	01/90				
	Monitored	01/90	01/90	01/90	01/90				
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average	Report	Report	Report	Report				
	Permit Maximum	Report	Report	Report	Report				
UNITS=		LB/DAY	** MG/L	LB/DAY	** NG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
Thu	1		0.0928		2.00				
Fri	2								
Sat	3								
Sun	4								
Mon	5								
Tue	6								
Wed	7								
Thu	8								
Fri	9								
Sat	10								
Sun	11								
Mon	12								
Tue	13								
Wed	14								
Thu	15								
Fri	16								
Sat	17								
Sun	18								
Mon	19								
Tue	20								
Wed	21								
Thu	22								
Fri	23								
Sat	24								
Sun	25								
Mon	26								
Tue	27								
Wed	28								
Thu	29								
Fri	30								
Sat	31								
MONTHLY AVERAGE			0.0928		2.00				
HIGHEST VALUE			0.0928		2.00				
LOWEST VALUE			0.0928		2.00				
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			NA		NA				

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): Jac Padgett		Date (month, day, year) 9/3/2024
Preparer's telephone number 812-208-1438	Operator's certification number WW021037	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Michael Wertz		Date (month, day, year) 9/3/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

Duke Energy Indiana Wabash River Generating Station
 450 Bolton Road
 West Terre Haute, IN 47885-9563

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E-mail address: jpadgett@doxycy.com

1	N	0	0	0	2	8	1	0
PERMIT NUMBER								

0	0	1	0
OUTFALL NO.			

0	8	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		FLOW	pH	Solids, TSS		Oil & Grease		Nitrogen, Kjeldahl		
EFFLUENT PARAMETER NUMBER		Q00050	C00400	Q00530	C00530	Q00552	C00552	Q00625	C00625	
SAMPLE TYPE	Permit Condition	ESTIMATE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	ESTIMATE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30	
	Monitored	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30	
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average	Report		Report		Report		Report		
	Permit Maximum	Report	9.0	Report		Report		Report		
UNITS =		MGD	HI	LOW	LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L
Thu	1									
Fri	2									
Sat	3									
Sun	4									
Mon	5									
Tue	6									
Wed	7									
Thu	8									
Fri	9									
Sat	10									
Sun	11									
Mon	12									
Tue	13									
Wed	14									
Thu	15									
Fri	16									
Sat	17									
Sun	18									
Mon	19									
Tue	20									
Wed	21									
Thu	22									
Fri	23									
Sat	24									
Sun	25									
Mon	26									
Tue	27									
Wed	28									
Thu	29									
Fri	30									
Sat	31									
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0			NA		NA		NA
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):		Date (month, day, year)
Jac Padgett		9/3/2024
Preparer's telephone number	Operator's certification number	
812-208-1438	WW 021037	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Michael Wertz		9/3/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

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 (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	2	8	1	0
PERMIT NUMBER								

0	0	1	0
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge	<input checked="" type="checkbox"/>
--------------	-------------------------------------

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Nitrate/Nitrite		Phosphorus, Total (as P)		CBOD5		Chemical Oxygen Demand	
EFFLUENT PARAMETER NUMBER		Q00630	C00630	Q00666	C00666	Q80082	C80082	Q81017	C81017
SAMPLE TYPE	Permit Condition	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
	Monitored	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	Permit Condition	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30
	Monitored	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average	Report	Report	Report	Report	Report	Report	Report	Report
	Permit Maximum	Report	Report	Report	Report	Report	Report	Report	Report
UNITS=		LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L
Thu	1								
Fri	2								
Sat	3								
Sun	4								
Mon	5								
Tue	6								
Wed	7								
Thu	8								
Fri	9								
Sat	10								
Sun	11								
Mon	12								
Tue	13								
Wed	14								
Thu	15								
Fri	16								
Sat	17								
Sun	18								
Mon	19								
Tue	20								
Wed	21								
Thu	22								
Fri	23								
Sat	24								
Sun	25								
Mon	26								
Tue	27								
Wed	28								
Thu	29								
Fri	30								
Sat	31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			NA		NA		NA		NA

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): Jac Padgett		Date (month, day, year) 9/3/2024
Preparer's telephone number 812-208-1438	Operator's certification number WW021037	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Michael Wertz		Date (month, day, year) 9/3/2024



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 AND ATTACHED TO THE CORRESPONDING NETDMR FORM
 FOR SUBMITTAL.

1	N	0	0	0	2	8	1	0
PERMIT NUMBER								

0	0	1	0
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge X

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Iron, Total		Copper, Total		Nitrogen, Ammonia Total			
EFFLUENT PARAMETER NUMBER		Q00980	C00980	Q01119	C01119	Q00610	C00610		
SAMPLE TYPE	Permit Condition	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		
	Monitored	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		
FREQUENCY	Permit Condition	01/30	01/30	01/30	01/30	01/30	01/30		
	Monitored	01/30	01/30	01/30	01/30	01/30	01/30		
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average	Report	Report	Report	Report	Report	Report		
	Permit Maximum	Report	Report	Report	Report	Report	Report		
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
Thu	1								
Fri	2								
Sat	3								
Sun	4								
Mon	5								
Tue	6								
Wed	7								
Thu	8								
Fri	9								
Sat	10								
Sun	11								
Mon	12								
Tue	13								
Wed	14								
Thu	15								
Fri	16								
Sat	17								
Sun	18								
Mon	19								
Tue	20								
Wed	21								
Thu	22								
Fri	23								
Sat	24								
Sun	25								
Mon	26								
Tue	27								
Wed	28								
Thu	29								
Fri	30								
Sat	31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			NA		NA		NA		

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): Jac Padgett		Date (month, day, year) 9/3/2024
Preparer's telephone number 812-208-1438	Operator's certification number WW021037	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Michael Wertz		Date (month, day, year) 9/3/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS:

Duke Energy Indiana Wabash River Generating Station
 450 Bolton Road
 West Terre Haute, IN 47885-9563

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: jpadgett@doxycy.com

1	N	0	0	0	2	8	1	0
PERMIT NUMBER								

0	0	1	1
OUTFALL NO.			

0	8	2	4
MO.		YR.	

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

No Discharge This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH	Solids, TSS		Oil & Grease		Nitrogen, Kjeldahl		
EFFLUENT PARAMETER NUMBER		Q00050	C00400	Q00530	C00530	Q00552	C00552	Q00625	C00625	
SAMPLE TYPE	Permit Condition	ESTIMATE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	ESTIMATE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30	
	Monitored	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30	
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average	Report		Report		Report		Report		
	Permit Maximum	Report	9.0	Report		Report		Report		
UNITS =		MGD	HI	LOW	LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L
Thu	1									
Fri	2									
Sat	3									
Sun	4									
Mon	5									
Tue	6									
Wed	7									
Thu	8									
Fri	9									
Sat	10									
Sun	11									
Mon	12									
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Wed	28									
Thu	29									
Fri	30									
Sat	31									
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0			NA		NA		NA

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Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Jac Padgett		9/3/2024
Preparer's telephone number	Operator's certification number	
812-208-1438	WW 021037	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Michael Wertz		9/3/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R8 / 4-23)

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 AND ATTACHED TO THE CORRESPONDING NETDMR FORM
 FOR SUBMITTAL.

1	N	0	0	0	2	8	1	0
PERMIT NUMBER								

0	0	1	1
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge X

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Nitrate/Nitrite		Phosphorus, Total (as P)		CBOD5		Chemical Oxygen Demand	
EFFLUENT PARAMETER NUMBER		Q00630	C00630	Q00666	C00666	Q80082	C80082	Q81017	C81017
SAMPLE TYPE	Permit Condition	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
	Monitored	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	Permit Condition	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30
	Monitored	01/30	01/30	01/30	01/30	01/30	01/30	01/30	01/30
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average	Report	Report	Report	Report	Report	Report	Report	Report
	Permit Maximum	Report	Report	Report	Report	Report	Report	Report	Report
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
Thu	1								
Fri	2								
Sat	3								
Sun	4								
Mon	5								
Tue	6								
Wed	7								
Thu	8								
Fri	9								
Sat	10								
Sun	11								
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Mon	26								
Tue	27								
Wed	28								
Thu	29								
Fri	30								
Sat	31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			NA		NA		NA		NA

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1	N	0	0	0	2	8	1	0
PERMIT NUMBER								

0	0	1	1
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge X

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Iron, Total		Copper, Total		Nitrogen, Ammonia Total			
EFFLUENT PARAMETER NUMBER		Q00980	C00980	Q01119	C01119	Q00610	C00610		
SAMPLE TYPE	Permit Condition	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		
	Monitored	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		
FREQUENCY	Permit Condition	01/30	01/30	01/30	01/30	01/30	01/30		
	Monitored	01/30	01/30	01/30	01/30	01/30	01/30		
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average	Report	Report	Report	Report	Report	Report		
	Permit Maximum	Report	Report	Report	Report	Report	Report		
UNITS=		LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L	LB/DAY	M/G/L
Thu	1								
Fri	2								
Sat	3								
Sun	4								
Mon	5								
Tue	6								
Wed	7								
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Fri	30								
Sat	31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			NA		NA		NA		

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