DMR Copy of Record

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

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)(i). 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 #:	**IN0003310**	Permittee:	ELI LILLY AND COMPANY	Facility:	ELI LILLY AND COMPANY - LILLY TECHNOLOGY CENTER
Major:	No	Permittee Address:	LILLY TECHNOLOGY CENTER 639 S. DELAWARE ST INDIANAPOLIS, IN 46285	Facility Location:	1555 S HARDING ST INDIANAPOLIS, IN 46221
Permitted Feature:	001 External Outfall	Discharge:	**001-B** GROUNDWATER, STEAM CONDENSATE AND STORM WATER		

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

APPLY/RECEIVE APPROVAL FOR NEW WATER TREATMENT ADDITIVES OR CHANGES TO WATER TREATMENT ADDITIVES PRIOR TO DISCHARGE. ANNUAL STORM WATER REPORT DUE FEB 1ST EACH YEAR. INDUSTRIAL MARION COUNTY

Principal Executive Officer

First Name:	Victor	Title:	VP Corporate Engineering and Global HSE	Telephone:	317-695-6070
Last Name:	Cruz				

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			
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	7.3	12 - SU	0	04/30 - Four Per Month	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
34475	Tetrachloroethylene	1 - Effluent Gross	0	--	Sample								=	0.286	=	0.338	19 - mg/L	0	04/30 - Four Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
34506	1,1,1-Trichloroethane	1 - Effluent Gross	0	--	Sample								<	0.005	<	0.005	19 - mg/L	0	04/30 - Four Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
39180	Trichloroethylene	1 - Effluent Gross	0	--	Sample								=	0.0658	=	0.0775	19 - mg/L	0	04/30 - Four Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	3.5	=	3.729	03 - MGD								0	99/99 - Continuous	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/07 - Weekly	TM - TOTALZ
					Value NODI															
81686	cis-1,2-Dichloroethene	1 - Effluent Gross	0	--	Sample								=	0.0416	=	0.047	19 - mg/L	0	04/30 - Four Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	108.5	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									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
IN0003310_001B_MMR_2024_08.pdf	pdf	92385.0

Report Last Saved By

ELI LILLY AND COMPANY

User:	DCCHARLES
Name:	Daniel Charles
E-Mail:	daniel.charles@lilly.com
Date/Time:	2024-09-11 08:46 (Time Zone: -04:00)

Report Last Signed By

User:	DCCHARLES
Name:	Daniel Charles
E-Mail:	daniel.charles@lilly.com
Date/Time:	2024-09-11 08:46 (Time Zone: -04:00)

DMR Copy of Record

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

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Permit

Permit #:	**IN0003310**	Permittee:	ELI LILLY AND COMPANY	Facility:	ELI LILLY AND COMPANY - LILLY TECHNOLOGY CENTER
Major:	No	Permittee Address:	LILLY TECHNOLOGY CENTER 639 S. DELAWARE ST INDIANAPOLIS, IN 46285	Facility Location:	1555 S HARDING ST INDIANAPOLIS, IN 46221
Permitted Feature:	003 External Outfall	Discharge:	**003-A** NON-PROCESS: STEAM CONDENSATE, CITY WATER, AND RO WATER		

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

APPLY/RECEIVE APPROVAL FOR NEW WATER TREATMENT ADDITIVES OR CHANGES TO WATER TREATMENT ADDITIVES PRIOR TO DISCHARGE. MAY COLLECT TEMPERATURE SAMPLES AT THE TK931 LOCATION. INDUSTRIAL MARION COUNTY

Principal Executive Officer

First Name:	Victor	Title:	VP Corporate Engineering and Global HSE	Telephone:	317-695-6070
Last Name:	Cruz				

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			
00011	Temperature, water deg. fahrenheit	1 - Effluent Gross	0	--	Sample								=	70.4	=	105.3	15 - deg F		60/HR - 60 Per Hour	CN - CONTIN
					Permit Req.									Req Mon MO AVG	<=	120.0 DAILY MX	15 - deg F	0	60/HR - 60 Per Hour	CN - CONTIN
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	8.0			=	8.5	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								<	2.7	=	2.8	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Permit Req.								<=	20.0 MO AVG	<=	40.0 DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00940	Chloride [as Cl]	1 - Effluent Gross	0	--	Sample								=	319.0	=	334.0	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.281	=	0.471	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	8.717	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
IN0003310_003A_MMR_2024_08.pdf	pdf	85120.0

Report Last Saved By	
ELI LILLY AND COMPANY	
User:	DCCHARLES
Name:	Daniel Charles
E-Mail:	daniel.charles@lilly.com
Date/Time:	2024-09-11 08:43 (Time Zone: -04:00)
Report Last Signed By	
User:	DCCHARLES
Name:	Daniel Charles
E-Mail:	daniel.charles@lilly.com
Date/Time:	2024-09-11 08:43 (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:

Eli Lilly and Company
LTC-South, Drop Code 4121
1400 W. Raymond Street
Indianapolis, IN 46221

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

E-mail address: daniel.charles@lilly.com

I	N	0	0	0	3	3	1	0
PERMIT NUMBER								

0	0	1	B
OUTFALL NO.			

0	8	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		Tetrachloro ethylene		1,1,1-Trichloro ethane		Trichloro ethene		cis-1,2 Dichloro ethene		
EFFLUENT PARAMETER NUMBER			Q50050	C00400		C78389		C34506		C78391		C81686		
SAMPLE TYPE	Permit Condition		24 TOT	Grab		Grab		Grab		Grab		Grab		
	Monitored		CONTIN	CONTIN		Grab		Grab		Grab		Grab		
FREQUENCY	Permit Condition		01/07	02/30		01/30		01/30		01/30		01/30		
	Monitored		CONTIN	04/30		04/30		04/30		04/30		04/30		
EFFLUENT LIMITATIONS	Permit Minimum		Report	6.0		Report		Report		Report		Report		
	Permit Average		Report	NA		Report		Report		Report		Report		
	Permit Maximum		Report	9.0		Report		Report		Report		Report		
UNITS =			MGD	S.U.	**	MG/L	**	MG/L	**	MG/L	**	MG/L	**	
	Thu	1	3.215											
	Fri	2	3.257											
	Sat	3	3.259											
	Sun	4	3.293											
	Mon	5	3.299											
	Tue	6	3.290											
	Wed	7	3.407											
	Thu	8	3.427	7.2		0.338	<	0.0050		0.0775		0.0470		
	Fri	9	3.342											
	Sat	10	3.313											
	Sun	11	3.294											
	Mon	12	3.466											
	Tue	13	3.567											
	Wed	14	3.546	7.1		0.260	<	0.0050		0.0684		0.0423		
	Thu	15	3.658											
	Fri	16	3.608											
	Sat	17	3.612											
	Sun	18	3.628											
	Mon	19	3.624											
	Tue	20	3.618											
	Wed	21	3.607											
	Thu	22	3.616	7.2		0.271	<	0.0050		0.0531		0.0344		
	Fri	23	3.622											
	Sat	24	3.609											
	Sun	25	3.619											
	Mon	26	3.693											
	Tue	27	3.708											
	Wed	28	3.696											
	Thu	29	3.268	7.3		0.275	<	0.0050		0.0641		0.0427		
	Fri	30	3.729											
	Sat	31	3.606											
MONTHLY AVERAGE			3.500			0.286	<	0.0050		0.0658		0.0416		
HIGHEST VALUE			3.729	7.3		0.338	<	0.0050		0.0775		0.0470		
LOWEST VALUE			3.215	7.1		0.260	<	0.0050		0.0531		0.0344		
NO. OF TIMES (WEEKLY, DAILY, MONTHLY) EFFL. LIMITATIONS EXCEEDED			0											
TOTAL FLOW			108.5											

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): D Garrod

Date *(month, day, year)*: 9/10/2024

Preparer's telephone number: (317) 277-7142

Operator's certification number: WW 020882

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

Date *(month, day, year)*: 9/11/2024

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Eli Lilly and Company
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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.

E-mail address: daniel. charles@lilly.com

I	N	0	0	0	3	3	1	0
PERMIT NUMBER								

0	0	3	A
OUTFALL NO.			

0	8	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		CHLORIDES			TSS			TEMPERATURE	
EFFLUENT PARAMETER NUMBER			Q50050	C00400		Q		C00940	Q		C00530	C00011 (CA)	C00011 (CA)
SAMPLE TYPE	Permit Condition		24 TOT	Grab		NA		Grab	NA		Grab	CONTIN-AVE	CONTIN-MAX
	Monitored		CONTIN	CONTIN		NA		Grab	NA		Grab	CONTIN-AVE	CONTIN-MAX
FREQUENCY	Permit Condition		01/01	02/30		NA		02/30	NA		02/30	60/HR	60/HR
	Monitored		99/99	CONTIN		NA		02/30	NA		02/30	CONTIN	CONTIN
EFFLUENT LIMITATIONS	Permit Minimum		Report	6.0		NA		Report	NA		NA	NA	NA
	Permit Average		Report	NA		NA		Report	NA		20	Report	Report
	Permit Maximum		Report	9.0		NA		Report	NA		40	Report	120
UNITS =			MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	DEG F	DEG F
Thu		1	0.217	8.5	8.1							71.9	100.9
Fri		2	0.002	8.5	8.4							79.4	91.2
Sat		3	0.049	8.4	8.3							72.0	95.0
Sun		4	0.007	8.4	8.3							76.8	92.3
Mon		5	0.126	8.5	8.0							69.5	105.3
Tue		6	0.277	8.4	8.0							69.3	90.1
Wed		7	0.149	8.5	8.3	377		303	3	<	2.5	72.6	94.2
Thu		8	0.093	8.5	8.3							70.3	91.5
Fri		9	0.157	8.5	8.2							69.4	87.5
Sat		10	0.346	8.4	8.1							69.3	90.1
Sun		11	0.345	8.5	8.0							69.2	99.2
Mon		12	0.406	8.4	8.1							70.0	91.6
Tue		13	0.384	8.4	8.1							69.1	91.3
Wed		14	0.331	8.5	8.2	923		334	8		2.8	68.4	86.3
Thu		15	0.461	8.5	8.2							69.2	93.3
Fri		16	0.457	8.4	8.1							69.3	87.4
Sat		17	0.471	8.4	8.0							69.1	88.4
Sun		18	0.415	8.5	8.1							69.6	91.5
Mon		19	0.446	8.4	8.2							69.1	86.3
Tue		20	0.388	8.4	8.0							69.1	84.5
Wed		21	0.400	8.4	8.1							69.3	87.7
Thu		22	0.387	8.5	8.0							70.0	93.7
Fri		23	0.442	8.5	8.2							68.7	85.0
Sat		24	0.430	8.4	8.0							70.9	96.8
Sun		25	0.341	8.5	8.1							69.3	92.8
Mon		26	0.348	8.5	8.1							69.0	90.5
Tue		27	0.113	8.6	8.2							72.7	89.8
Wed		28	0.350	8.5	8.2							71.3	94.8
Thu		29	0.270	8.5	8.2							69.5	88.7
Fri		30	0.098	8.5	8.4							69.1	88.2
Sat		31	0.009	8.5	8.4							68.7	77.0
MONTHLY AVERAGE			0.281			650		319	5	<	2.7	70.4	91.1
HIGHEST VALUE			0.471		8.5	923		334	8		2.8	79.4	105.3
LOWEST VALUE			0.002		8.0	377		303	3	<	2.5	68.4	77.0
NO. OF TIMES (WEEKLY, DAILY, MONTHLY) EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW			8.717										

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)*: 9/10/2024

Preparer's telephone number: (317) 277-7142

Operator's certification number: WW 020682

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

Date *(month, day, year)*: 9/11/2024