

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 #:	IN0003387	Permittee:	LSC COMMUNICATIONS MCL LLC - WARSAW	Facility:	LSC COMMUNICATIONS MCL LLC - WARSAW
Major:	Yes	Permittee Address:	2801 W OLD RD 30 WARSAW, IN 46580	Facility Location:	2801 W OLD RD 30 WARSAW, IN 46580
Permitted Feature:	001 External Outfall	Discharge:	001-A NONPROCESS AND 101 AND 201 WASTEWATER		

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
 NOTIFY IDEM IF CHANGES ARE MADE TO WATER TREATMENT ADDITIVES/DOSAGE RATES. INDUSTRIAL MAJOR KOSCIUSKO COUNTY

Principal Executive Officer					
First Name:	John	Title:	VP of Manufacturing	Telephone:	574-265-1317
Last Name:	Pierog				

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
00011	Temperature, water deg. fahrenheit	1 - Effluent Gross	0	--	Sample						=	73.0	=	73.0	15 - deg F	0	01/30 - Monthly	GR - GRAB
					Permit Req.							Req Mon MO AVG		Req Mon DAILY MX	15 - deg F			
					Value NODI													
00400	pH	1 - Effluent Gross	0	--	Sample					=	7.91	=	8.35	12 - SU	0	02/07 - Twice Every Week	GR - GRAB	
					Permit Req.					>=	8.0 DAILY MN		<=	9.0 DAILY MX				12 - SU
					Value NODI													
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample					<	5.0	<	5.0	19 - mg/L	0	02/07 - Twice Every Week	GR - GRAB	
					Permit Req.					<=	10.0 MO AVG	<=	15.0 DAILY MX	19 - mg/L				
					Value NODI													
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample					<	0.1	<	0.1	19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	1.1 MO AVG	<=	2.1 DAILY MX	19 - mg/L				
					Value NODI													
00717	Cyanide, free [as free]	1 - Effluent Gross	0	--	Sample					=	0.0	=	0.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.						Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L				
					Value NODI													
00940	Chloride [as Cl]	1 - Effluent Gross	0	--	Sample					=	78.0	=	84.5	19 - mg/L	0	01/07 - Weekly	24 - COMP24	
					Permit Req.					<=	188.0 MO AVG	<=	378.0 DAILY MX	19 - mg/L				
					Value NODI													
00980	Iron, total recoverable	1 - Effluent Gross	0	--	Sample					=	0.169	=	0.169	19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	2.0 MO AVG	<=	4.1 DAILY MX	19 - mg/L				
					Value NODI													
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample					=	0.00045	=	0.00045	19 - mg/L	0	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	0.2 MO AVG	<=	0.33 DAILY MX	19 - mg/L				
					Value NODI													
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample					=	0.003	=	0.003	19 - mg/L	0	01/07 - Weekly	24 - COMP24	
					Permit Req.					<=	0.024 MO AVG	<=	0.045 DAILY MX	19 - mg/L				
					Value NODI													
					Sample					<	0.01	<	0.01	19 - mg/L		01/30 - Monthly	GR - GRAB	

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Permit	
Permit #: IN0003387	Permittee: LSC COMMUNICATIONS MCL LLC - WARSAW
Major: Yes	Permittee Address: 2801 W OLD RD 30 WARSAW, IN 46580
Permitted Feature: 101 Internal Outfall	Discharge: 101-A SANITARY WASTEWATER, INTERNAL OUTFALL - DISCHARGES TO 001
Facility: LSC COMMUNICATIONS MCL LLC - WARSAW	
Facility Location: 2801 W OLD RD 30 WARSAW, IN 46580	
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	
INTERNAL OUTFALL (SANITARY WASTEWATER): SAMPLE PRIOR TO MIXING AT 001. INDUSTRIAL MAJOR KOSCIUSKO COUNTY	
Principal Executive Officer	
First Name: John	Title: VP of Manufacturing
Last Name: Pierog	Telephone: 574-265-1317

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
00310	BOD, 5-day, 20 deg. C	R - See Comments	0	--	Sample						=	9.8	<	28.0	19 - mg/L	0	01.07 - Weekly	24 - COMP24
					Permit Req.						<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L			
					Value NODI													
00400	pH	R - See Comments	0	--	Sample						=	8.09	=	8.17	12 - SU	0	01.07 - Weekly	GR - GRAB
					Permit Req.						>=	8.0 DAILY MN	<=	9.0 DAILY MX	12 - SU			
					Value NODI													
X 00530	Solids, total suspended	R - See Comments	0	--	Sample						=	23.3	=	72.0	19 - mg/L	1	01.07 - Weekly	24 - COMP24
					Permit Req.							Req Mon MO AVG <=	45.0 DAILY MX	19 - mg/L				
					Value NODI													
50050	Flow, in conduit or thru treatment plant	R - See Comments	0	--	Sample	=	0.010547	=	0.2632	03 - MGD						0	03.07 - Three Per Week TM - TOTALZ	24 - COMP24
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								
					Value NODI													
51041	E. coli, colony forming units [CFU]	R - See Comments	0	--	Sample						=	3.0	=	19.0	3Z - CFU/100mL	0	01.07 - Weekly	GR - GRAB
					Permit Req.						<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL			
					Value NODI													
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample						=	19.0		3Z - CFU/100mL	0	01.07 - Weekly	GR - GRAB	
					Permit Req.							Req Mon DAILY MX	3Z - CFU/100mL					
					Value NODI													
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	4.0	5J - #			=	0.0	4X - # exceed	0	01.07 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	5J - #			Req Mon MO TOTAL	4X - # exceed				
					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

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
00530	Solids, total suspended	R - See Comments	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

During the time of the TSS exceedance, nothing unusual was noted in processes or the appearance of the discharge. Levels the week before and after were well within limits.

Attachments

Name	Type	Size
IN0003387_101A_MMR_2024_08.pdf	pdf	114348.0

Report Last Saved By

LSC COMMUNICATIONS MCL LLC - WARSAW

User: AHCARTER
Name: Alan Carter
E-Mail: 2cartera@gmail.com
Date/Time: 2024-09-26 15:43 (Time Zone: -04:00)

Report Last Signed By

User: johnpierog
Name: John Pierog
E-Mail: john.pierog@lsc.com.com
Date/Time: 2024-09-29 17:07 (Time Zone: -04:00)

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Permit	
Permit #: IN0003387	Permittee: LSC COMMUNICATIONS MCL LLC - WARSAW
Major: Yes	Permittee Address: 2801 W OLD RD 30 WARSAW, IN 46580
Permitted Feature: 201 Internal Outfall	Discharge: 201-A GRAVURE CYLINDERS PREP AREA INTERNAL OUTFALL - DISCHARGES TO 001
Facility: LSC COMMUNICATIONS MCL LLC - WARSAW	Facility Location: 2801 W OLD RD 30 WARSAW, IN 46580

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
INTERNAL OUTFALL: REPORT OIL & GREASE ON EVEN MONTH DMR FORMS. REPORT HEXAVALENT CHROMIUM ON 201-AQ DMR. INDUSTRIAL MAJOR KOSCIUSKO COUNTY

Principal Executive Officer	
First Name: John	Title: VP of Manufacturing
Last Name: Pierog	Telephone: 574-265-1317

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
00530	Solids, total suspended	R - See Comments	0	--	Sample	=	0.2	=	0.2	26 - lb/d		<	8.0	<	8.0	19 - mg/L	0	01/07 - Weekly	24 - COMP24
					Permit Req.	<=	4.4 MO AVG	<=	8.5 DAILY MX	26 - lb/d		<=	31.0 MO AVG	<=	60.0 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
					Value NODI														
00552	Oil and grease, hexane extr method	R - See Comments	0	--	Sample							<	5.0	<	5.0	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.											19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI														
01034	Chromium, total [as Cr]	R - See Comments	0	--	Sample	=	0.0	=	0.0	26 - lb/d		=	0.196	=	0.196	19 - mg/L	0	01/07 - Weekly	24 - COMP24
					Permit Req.	<=	0.28 MO AVG	<=	0.43 DAILY MX	26 - lb/d		<=	2.0 MO AVG	<=	3.0 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
					Value NODI														
01119	Copper, total recoverable	R - See Comments	0	--	Sample							=	0.32	=	0.32	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Permit Req.											19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI														
50050	Flow, in conduit or thru treatment plant	R - See Comments	0	--	Sample	=	0.000074	=	0.0023	03 - MGD							0	03/07 - Three Per Week	TM - TOTALZ
					Permit Req.													03/07 - Three Per Week	TM - TOTALZ
					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
Operations for this process have ceased. At this time, further discharge from this outfall is not anticipated in the near future.

Attachments

Name	Type	Size
IN0003387_201A_MMR_2024_08.pdf	pdf	201062.0

Report Last Saved By
LSC COMMUNICATIONS MCL LLC - WARSAW

User: AHCARTER
Name: Alan Carter
E-Mail: 2cartera@gmail.com
Date/Time: 2024-09-26 15:40 (Time Zone: -04:00)

Report Last Signed By

User: johnpierog
Name: John Pierog
E-Mail: john.pierog@lsc.com.com
Date/Time: 2024-09-29 17:03 (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:

LSC Communications
 2801 W. Old Road 30
 Warsaw, IN 46580

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: dkistler@ispgroups.net

I	N	0	0	0	3	3	8	7
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS	FLOW	pH		Oil & Grease		Ammonia as N		Total Residual Chlorine	
		HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
EFFLUENT PARAMETER NUMBER	Q50050	C00400		Q00556	C00556	Q00810	C00810	Q50060	C50060
SAMPLE TYPE	Permit Condition	CONT		GRAB		24 COMP		GRAB	
	Monitored	CONT		GRAB		24 COMP		GRAB	
FREQUENCY	Permit Condition	03/07		02/07		01/31		01/31	
	Monitored	03/07		02/07		01/31		01/31	
EFFLUENT LIMITATIONS	Permit Minimum	6.0							
	Permit Average			10.0		1.10		0.01 (0.06)	
	Permit Maximum	9.0		15.0		2.10		0.02 (0.08)	
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY
	Thu	1	0.375						
	Fri	2	0.541						
	Sat	3	0.541						
	Sun	4	0.541						
	Mon	5	0.266			< 5.0			
	Tue	6	0.283		8.08	< 5.0			
	Wed	7	0.210		8.09		< 0.10		< 0.02
	Thu	8	0.243						
	Fri	9	0.228						
	Sat	10	0.228						
	Sun	11	0.228						
	Mon	12	0.276		8.31	< 5.0			
	Tue	13	0.628		8.17	< 5.0			
	Wed	14	0.585						
	Thu	15	0.956						
	Fri	16	0.250						
	Sat	17	0.250						
	Sun	18	0.250						
	Mon	19	0.362		7.91	< 5.0			
	Tue	20	0.280		8.35	< 5.0			
	Wed	21	0.320						
	Thu	22	1.007						
	Fri	23	0.325						
	Sat	24	0.325						
	Sun	25	0.325						
	Mon	26	0.450		7.92	< 5.0			
	Tue	27	0.449		7.98	< 5.0			
	Wed	28	0.806						
	Thu	29	0.484						
	Fri	30	0.545						
	Sat	31	0.545						
MONTHLY AVERAGE	0.421449					< 5.00	< 0.10		< 0.02
HIGHEST VALUE	1.006887	8.35				< 5.00	< 0.10		< 0.02
LOWEST VALUE	0.210266	7.91				< 5.00	< 0.10		< 0.02
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED	0	0				0	0		0
TOTAL FLOW	13.064930								

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)
	David Kistler		9/23/2024
	Preparer's telephone number	Operator's certification number	
574-267-9299	WW 021026		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
John Pierog		9/26/2024	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
 LSC Communications
 2801 W. Old Road 30
 Warsaw, IN 46580

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

I	N	0	0	0	3	3	8	7
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Dis charge
 This is a revised submittal

EFFLUENT CHARACTERISTICS		Iron (T)		Copper (T)		Chloride		Hex Chrome	
EFFLUENT PARAMETER NUMBER		Q00980	C00980	Q01119	C01119	Q00940	C00940	Q01220	C01220
SAMPLE TYPE	Permit Condition		24 COMP		24 COMP		24COMP		GRAB
	Monitored		24 COMP		24 COMP		24 COMP		GRAB
FREQUENCY	Permit Condition		01/31		01/07		01/07		01/31
	Monitored		01/31		01/07		01/07		01/31
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average		2.00		0.024		188.00		REPORT
	Permit Maximum		4.10		0.047		378.00		REPORT
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L		
	Thu 1								
	Fri 2								
	Sat 3								
	Sun 4								
	Mon 5								< 0.01
	Tue 6								
	Wed 7		0.169		0.003		84.5		
	Thu 8								
	Fri 9								
	Sat 10								
	Sun 11								
	Mon 12								
	Tue 13				0.002		78.7		
	Wed 14								
	Thu 15								
	Fri 16								
	Sat 17								
	Sun 18								
	Mon 19								
	Tue 20				0.002		80.4		
	Wed 21								
	Thu 22								
	Fri 23								
	Sat 24								
	Sun 25								
	Mon 26								
	Tue 27				0.003		68.5		
	Wed 28								
	Mon 29								
	Fri 30								
	Sat 31								
MONTHLY AVERAGE			0.169		0.003		78		< 0.01
HIGHEST VALUE			0.169		0.003		84.5		< 0.01
LOWEST VALUE			0.169		0.002		67		< 0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0		0		0		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 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): David Kistler		Date (month, day, year) 9/23/2024
	Preparer's telephone number 574-267-9299	Operator's certification number WW021026	
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) John Pierog		Date (month, day, year) 9/26/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

LSC Communications
2801 W. Old Road 30
Warsaw, IN 46580

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
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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

1	N	0	0	0	3	3	8	7
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		Total Chromium	Temperature	Cyanide			
EFFLUENT PARAMETER NUMBER		Q01118	C01118				
SAMPLE TYPE	Permit Condition	24 COMP	GRAB	GRAB			
	Monitored	24 COMP	GRAB	GRAB			
FREQUENCY	Permit Condition	01/31	01/31	01/31			
	Monitored	01/31	01/31	01/31			
EFFLUENT LIMITATIONS	Permit Minimum						
	Permit Average	0.41	REPORT	REPORT			
	Permit Maximum	0.81	REPORT	REPORT			
UNITS=		LB/DAY	MGL				
Thu	1						
Fri	2						
Sat	3						
Sun	4						
Mon	5		73	0			
Tue	6						
Wed	7	0.00045					
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						
Mon	29						
Fri	30						
Sat	31						
MONTHLY AVERAGE		0.00045	73	0			
HIGHEST VALUE		0.00045	73	0			
LOWEST VALUE		0.00045	73	0			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0			

<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 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>	Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
	David Kistler		9/23/2024
	Preparer's telephone number	Operator's certification number	
574-267-9299		WW021026	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
John Pierog		9/26/2024	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
 LSC Communications
 2801 W. Old Road 30
 Warsaw, IN 46580

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: dkistler@ispgroups.net

I	N	0	0	0	3	3	8	7
PERMIT NUMBER								

1	0	1	A
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge
 This is a revised submittal

EFFLUENT CHARACTERISTICS	FLOW	pH		TSS		BOD5		E. Coli	
		HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
EFFLUENT PARAMETER NUMBER	Q50050	C00400		Q00530	C00530	Q00810	C00810	Q51041	C51041
SAMPLE TYPE	Permit Condition	CONT		GRAB		24 COMP		24 COMP	
	Monitored	CONT		GRAB		24 COMP		24 COMP	
FREQUENCY	Permit Condition	03/07		01/07		01/07		01/07	
	Monitored	03/07		01/07		01/07		01/07	
EFFLUENT LIMITATIONS	Permit Minimum		6.0						
	Permit Average				Report		30.00		125.00
	Permit Maximum		9.0		45.0		45.00		235.00
	UNITS =	MGD		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Thu 1	0.008							
	Fri 2	0.007							
	Sat 3	0.007							
	Sun 4	0.007							
	Mon 5	0.009							
	Tue 6	0.006							
	Wed 7	0.011	8.17		6.0		3.0		2.0
	Thu 8	0.008							
	Fri 9	0.008							
	Sat 10	0.008							
	Sun 11	0.008							
	Mon 12	0.009							
	Tue 13	0.009							
	Wed 14	0.026	8.11		7.0		< 28.0		2.0
	Thu 15	0.015							
	Fri 16	0.014							
	Sat 17	0.014							
	Sun 18	0.014							
	Mon 19	0.017							
	Tue 20	0.010							
	Wed 21	0.015	8.16		72.0		4.0		19.0
	Thu 22	0.010							
	Fri 23	0.011							
	Sat 24	0.011							
	Sun 25	0.011							
	Mon 26	0.008							
	Tue 27	0.011							
	Wed 28	0.008	8.09		8.0		4.0		< 1.0
	Thu 29	0.009							
	Fri 30	0.009							
	Sat 31	0.009							
MONTHLY AVERAGE	0.010547				23.3		9.8		3.0
HIGHEST VALUE	0.026320		8.17		72.0		< 28.0		19.0
LOWEST VALUE	0.006052		8.09		6.0		3.0		< 1.0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED	0		0		1		0		0
TOTAL FLOW	0.328968								

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	Preparer's telephone number: 574-267-9299	Operator's certification number: WW 021026	
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): John Pierog	Date (month, day, year): 9/26/2024	



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 Indianapolis, Indiana 46204-2251

E-mail address: dkistler@ispgroups.net

I	N	0	0	0	3	3	8	7
PERMIT NUMBER								

2	0	1	A
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS	FLOW	pH		Chromium Hex		Copper (T)		Chromium (T)	
		HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
EFFLUENT PARAMETER NUMBER	Q50050	C00400		Q01220	C01220	Q01119	C01119	Q01118	C01118
SAMPLE TYPE	Permit Condition	CONT			GRAB		24 COMP	24COMP	24COMP
	Monitored	CONT			GRAB		24 COMP	24COMP	24COMP
FREQUENCY	Permit Condition	03/07			01/90		01/31	01/07	01/07
	Monitored	03/07			01/90		01/31	01/07	01/07
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average				Report		Report	0.28	2.0
	Permit Maximum				Report		Report	0.43	3.0
	UNITS =	MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY
	Thu 1	0.000							
	Fri 2	0.000							
	Sat 3	0.000							
	Sun 4	0.000							
	Mon 5	0.000							
	Tue 6	0.000							
	Wed 7	0.000							
	Thu 8	0.000							
	Fri 9	0.002				< 0.01	0.32	0.00	0.196
	Sat 10	0.000							
	Sun 11	0.000							
	Mon 12	0.000							
	Tue 13	0.000							
	Wed 14	0.000							
	Thu 15	0.000							
	Fri 16	0.000							
	Sat 17	0.000							
	Sun 18	0.000							
	Mon 19	0.000							
	Tue 20	0.000							
	Wed 21	0.000							
	Thu 22	0.000							
	Fri 23	0.000							
	Sat 24	0.000							
	Sun 25	0.000							
	Mon 26	0.000							
	Tue 27	0.000							
	Wed 28	0.000							
	Thu 29	0.000							
	Fri 30	0.000							
	Sat 31	0.000							
MONTHLY AVERAGE	0.000074					< 0.01	0.32	0.004	0.196
HIGHEST VALUE	0.002300					< 0.01	0.32	0.004	0.196
LOWEST VALUE	0.000000					< 0.01	0.32	0.004	0.196
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED	0					0	0	0	0
TOTAL FLOW	0.002300								

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	David Kistler		9/23/2024
	Preparer's telephone number	Operator's certification number	
	574-267-9299	WW 021026	
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
	John Pierog		9/26/2024



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I	N	0	0	0	3	3	8	7
PERMIT NUMBER								

2	0	1	A
OUTFALL NO.			

0	8	2	4
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		Oil & Grease		TSS			
EFFLUENT PARAMETER NUMBER		Q00558	C00558	Q00530	C00530		
SAMPLE TYPE	Permit Condition		GRAB	24 COMP	24 COMP		
	Monitored		GRAB	24 COMP	24 COMP		
FREQUENCY	Permit Condition		01/80	01/07	01/07		
	Monitored		01/80	01/07	01/07		
EFFLUENT LIMITATIONS	Permit Minimum						
	Permit Average		Report	4.4	31.0		
	Permit Maximum		Report	8.5	80.0		
UNITS=		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		< 5	0.2	< 8.0		
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			< 5	0.2	< 8.0		
HIGHEST VALUE			< 5	0.2	< 8.0		
LOWEST VALUE			< 5	0.2	< 8.0		
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0	0	0		

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	574-267-9299	Operator's certification number WW021026
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) John Pierog	Date (month, day, year) 9/26/2024