# DMR Copy of Record

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

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*Permit*

| | | | | | |
|---|---|---|---|---|---|
| Permit #: | **IN0003646** | Permittee: | US GYPSUM COMPANY | Facility: | US GYPSUM CO |
| Major: | No | Permittee Address: | US 50 & SR 650<br>SHOALS, IN 47581 | Facility Location: | US 50 & SR 650<br>EAST SHOALS, IN 47581 |
| Permitted Feature: | 001<br>External Outfall | Discharge: | **001-A**<br>SANITARY WITH INCIDENTAL 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*

LIMITED SOLELY TO SANITARY WASTEWATER DISCHARGE. INDUSTRIAL MINOR SHOALS / MARTIN COUNTY

*Principal Executive Officer*

| | | | | | |
|---|---|---|---|---|---|
| First Name: | Dakotah | Title: | Plant Manager | Telephone: | 812-247-2101 |
| Last Name: | Rogers | | | | |

*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 | | | |
| 00300 | Oxygen, dissolved [DO] | 1 - Effluent Gross | 1 | -- | Sample | | | | | | = | 7.42 | | | | | 19 - mg/L | | 05/07 - Weekdays | GR - GRAB |
| | | | | | Permit Req. | | | | | | >= | 5.0 DLYAVMIN | | | | | 19 - mg/L | | 01/07 - Weekly | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 00400 | pH | 1 - Effluent Gross | 0 | -- | Sample | | | | | | = | 7.0 | | | = | 7.6 | 12 - SU | | 05/07 - Weekdays | GR - GRAB |
| | | | | | Permit Req. | | | | | | >= | 6.0 DAILY MN | | | <= | 9.0 DAILY MX | 12 - SU | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 00530 | Solids, total suspended | 1 - Effluent Gross | 0 | -- | Sample | <= | 0.051 | <= | 0.054 | 26 - lb/d | | | <= | 2.5 | <= | 2.5 | 19 - mg/L | | 02/30 - Twice Per Month | 08 - COMP-8 |
| | | | | | Permit Req. | <= | 6.7 MO AVG | <= | 10.0 DAILY MX | 26 - lb/d | | | <= | 20.0 MO AVG | <= | 30.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | 08 - COMP-8 |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 00552 | Oil and grease, hexane extr method | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | <= | 4.9 | <= | 4.9 | 19 - mg/L | | 01/30 - Monthly | GR - GRAB |
| | | | | | Permit Req. | | | | | | | | <= | 10.0 MO AVG | <= | 15.0 DAILY MX | 19 - mg/L | | 01/30 - Monthly | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross | 2 | -- | Sample | <= | 0.002 | <= | 0.0022 | 26 - lb/d | | | <= | 0.1 | <= | 0.1 | 19 - mg/L | | 02/30 - Twice Per Month | 08 - COMP-8 |
| | | | | | Permit Req. | <= | 1.0 MO AVG | <= | 2.0 DAILY MX | 26 - lb/d | | | <= | 1.5 MO AVG | <= | 3.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | 08 - COMP-8 |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 00945 | Sulfate, total [as SO4] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | = | 319.0 | = | 326.0 | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Permit Req. | | | | | | | | <= | 2300.0 MO AVG | <= | 3950.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 50050 | Flow, in conduit or thru treatment plant | 1 - Effluent Gross | 0 | -- | Sample | = | 0.0041 | = | 0.0102 | 03 - MGD | | | | | | | | | 07/WK - Seven Per Week | TM - TOTALZ |
| | | | | | Permit Req. | | Req Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | | 02/30 - Twice Per Month | TM - TOTALZ |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 51041 | E. coli, colony forming units [CFU] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | = | 8.0 | = | 88.0 | 3Z - CFU/100mL | | 05/WK - Five Per Week | GR - GRAB |
| | | | | | Permit Req. | | | | | | | | <= | 125.0 MO GEO | <= | 235.0 DAILY MX | 3Z - CFU/100mL | | 05/WK - Five Per Week | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 80082 | BOD, carbonaceous [5 day, 20 C] | 1 - Effluent Gross | 0 | -- | Sample | = | 0.12 | = | 0.162 | 26 - lb/d | | | = | 4.7 | = | 5.3 | 19 - mg/L | | 02/30 - Twice Per Month | 08 - COMP-8 |
| | | | | | Permit Req. | <= | 3.3 MO AVG | <= | 5.0 DAILY MX | 26 - lb/d | | | <= | 10.0 MO AVG | <= | 15.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | 08 - COMP-8 |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| 82220 | Flow, total | 1 - Effluent Gross | 0 | -- | Sample | | | = | 0.1271 | 80 - Mgal/mo | | | | | | | | | 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 |
|---|---|---|
| IN0003646_001A_MRO_2024_8.pdf | pdf | 209939.0 |

*Report Last Saved By*

*US GYPSUM COMPANY*

| | |
|---|---|
| User: | TDWILLIAMS |
| Name: | Travis Williams |
| E-Mail: | tdwilliams@usg.com |
| Date/Time: | 2024-09-10 08:16 (Time Zone: -04:00) |

*Report Last Signed By*

| | |
|---|---|
| User: | DSROGERS9169 |
| Name: | Dakotah Rogers |
| E-Mail: | dsrogers@usg.com |
| Date/Time: | 2024-09-16 07:14 (Time Zone: -04:00) |

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*Permit*

| | | | | | |
|---|---|---|---|---|---|
| Permit #: | **IN0003646** | Permittee: | US GYPSUM COMPANY | Facility: | US GYPSUM CO |
| Major: | No | Permittee Address: | US 50 & SR 650<br>SHOALS, IN 47581 | Facility Location: | US 50 & SR 650<br>EAST SHOALS, IN 47581 |
| Permitted Feature: | 002<br>External Outfall | Discharge: | **002-A**<br>UNDERGROUND MINE DRAINAGE OR SEEPAGE | | |

*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*

LIMITED SOLELY TO MINE DRAINAGE OR SEEPAGE AND STORM WATER. INDUSTRIAL MINOR SHOALS / MARTIN COUNTY

*Principal Executive Officer*

| | | | | | |
|---|---|---|---|---|---|
| First Name: | Dakotah | Title: | Plant Manager | Telephone: | 812-247-2101 |
| Last Name: | Rogers | | | | |

*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 | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | >= | 6.0 DAILY MN | | | <= | 9.0 DAILY MX | 12 - SU | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | C - No Discharge | | | | C - No Discharge | | | | |
| 00530 | **Solids, total suspended** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 20.0 MO AVG | <= | 30.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00552 | **Oil and grease, hexane extr method** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 10.0 MO AVG | <= | 15.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00940 | **Chloride [as Cl]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 470.0 MO AVG | <= | 810.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00945 | **Sulfate, total [as SO4]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 2300.0 MO AVG | <= | 3950.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 50050 | **Flow, in conduit or thru treatment plant** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | Req Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | | 02/30 - Twice Per Month | TM - TOTALZ |
| | | | | | Value NODI | | C - No Discharge | | C - No Discharge | | | | | | | | | | | |
| 82220 | **Flow, total** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | Req Mon MO TOTAL | 80 - Mgal/mo | | | | | | | | | 01/30 - Monthly | RT - RCOTOT |
| | | | | | Value NODI | | | | C - No Discharge | | | | | | | | | | | |

*Submission Note*

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*Edit Check Errors*

*No errors.*

*Comments*

*Attachments*

| Name | Type | Size |
|---|---|---|
| IN0003646_002A_MMR_2024_8.pdf | pdf | 189720.0 |

| | |
|---|---|
| ***Report Last Saved By*** | |
| ***US GYPSUM COMPANY*** | |
| User: | TDWILLIAMS |
| Name: | Travis Williams |
| E-Mail: | tdwilliams@usg.com |
| Date/Time: | 2024-09-10 08:16 (Time Zone: -04:00) |
| ***Report Last Signed By*** | |
| User: | DSROGERS9169 |
| Name: | Dakotah Rogers |
| E-Mail: | dsrogers@usg.com |
| Date/Time: | 2024-09-16 07:24 (Time Zone: -04:00) |

# DMR Copy of Record

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*Permit*

| | | | | | |
|---|---|---|---|---|---|
| Permit #: | **IN0003646** | Permittee: | US GYPSUM COMPANY | Facility: | US GYPSUM CO |
| Major: | No | Permittee Address: | US 50 & SR 650<br>SHOALS, IN 47581 | Facility Location: | US 50 & SR 650<br>EAST SHOALS, IN 47581 |
| Permitted Feature: | 003<br>External Outfall | Discharge: | **003-A**<br>UNDERGROUND MINE DRAINAGE OR SEEPAGE | | |

*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*

LIMITED SOLELY TO MINE DRAINAGE OR SEEPAGE AND STORM WATER. INDUSTRIAL MINOR SHOALS / MARTIN COUNTY

*Principal Executive Officer*

| | | | | | |
|---|---|---|---|---|---|
| First Name: | Dakotah | Title: | Plant Manager | Telephone: | 812-247-2101 |
| Last Name: | Rogers | | | | |

*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 | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | >= | 6.0 DAILY MN | | | <= | 9.0 DAILY MX | 12 - SU | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | C - No Discharge | | | | C - No Discharge | | | | |
| 00530 | **Solids, total suspended** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 20.0 MO AVG | <= | 30.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00552 | **Oil and grease, hexane extr method** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 10.0 MO AVG | <= | 15.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00940 | **Chloride [as Cl]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 470.0 MO AVG | <= | 810.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00945 | **Sulfate, total [as SO4]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 2300.0 MO AVG | <= | 3950.0 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 50050 | **Flow, in conduit or thru treatment plant** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | Req Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | | 02/30 - Twice Per Month | TM - TOTALZ |
| | | | | | Value NODI | | C - No Discharge | | C - No Discharge | | | | | | | | | | | |
| 82220 | **Flow, total** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | Req Mon MO TOTAL | 80 - Mgal/mo | | | | | | | | | 01/30 - Monthly | RT - RCOTOT |
| | | | | | Value NODI | | | | C - No Discharge | | | | | | | | | | | |

*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 |
|---|---|---|
| IN0003646_003A_MMR_2024_8.pdf | pdf | 219160.0 |

| | |
|---|---|
| ***Report Last Saved By*** | |
| ***US GYPSUM COMPANY*** | |
| User: | TDWILLIAMS |
| Name: | Travis Williams |
| E-Mail: | tdwilliams@usg.com |
| Date/Time: | 2024-09-10 08:16 (Time Zone: -04:00) |
| ***Report Last Signed By*** | |
| User: | DSROGERS9169 |
| Name: | Dakotah Rogers |
| E-Mail: | dsrogers@usg.com |
| Date/Time: | 2024-09-16 07:25 (Time Zone: -04:00) |

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*Permit*

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|---|---|---|---|---|---|
| Permit #: | **IN0003646** | Permittee: | US GYPSUM COMPANY | Facility: | US GYPSUM CO |
| Major: | No | Permittee Address: | US 50 & SR 650<br>SHOALS, IN 47581 | Facility Location: | US 50 & SR 650<br>EAST SHOALS, IN 47581 |
| Permitted Feature: | 007<br>External Outfall | Discharge: | **007-A**<br>PLANT RESERVOIR DISCHARGE | | |

*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*

MONITORING TO OCCUR DURING PERIODS OF DISCHARGE. INDUSTRIAL MINOR MARTIN COUNTY

*Principal Executive Officer*

| | | | | | |
|---|---|---|---|---|---|
| First Name: | Dakotah | Title: | Plant Manager | Telephone: | 812-247-2101 |
| Last Name: | Rogers | | | | |

*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 | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | >= | 6.0 DAILY MN | | | <= | 9.0 DAILY MX | 12 - SU | | 01/30 - Monthly | GR - GRAB |
| | | | | | Value NODI | | | | | | | C - No Discharge | | | | C - No Discharge | | | | |
| 00530 | **Solids, total suspended** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | <= | 20.0 MO AVG | <= | 40.0 DAILY MX | 19 - mg/L | | MM/WD - Monthly When Discharging | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00900 | **Hardness, total [as CaCO3]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | 19 - mg/L | | MM/WD - Monthly When Discharging | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00940 | **Chloride [as Cl]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | 19 - mg/L | | MM/WD - Monthly When Discharging | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 00945 | **Sulfate, total [as SO4]** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | 19 - mg/L | | MM/WD - Monthly When Discharging | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| 50050 | **Flow, in conduit or thru treatment plant** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | Req Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | | MM/WD - Monthly When Discharging | TM - TOTALZ |
| | | | | | Value NODI | | C - No Discharge | | C - No Discharge | | | | | | | | | | | |
| 82220 | **Flow, total** | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | Req Mon MO TOTAL | 80 - Mgal/mo | | | | | | | | | 01/30 - Monthly | RT - RCOTOT |
| | | | | | Value NODI | | | | C - No Discharge | | | | | | | | | | | |

*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 |
|---|---|---|
| IN0003646_007A_MMR_2024_8.pdf | pdf | 198602.0 |

| | |
|---|---|
| ***Report Last Saved By*** | |
| ***US GYPSUM COMPANY*** | |
| User: | TDWILLIAMS |
| Name: | Travis Williams |
| E-Mail: | tdwilliams@usg.com |
| Date/Time: | 2024-09-10 08:16 (Time Zone: -04:00) |
| ***Report Last Signed By*** | |
| User: | DSROGERS9169 |
| Name: | Dakotah Rogers |
| E-Mail: | dsrogers@usg.com |
| Date/Time: | 2024-09-16 07:25 (Time Zone: -04:00) |

# MONTHLY REPORT OF OPERATION
# ACTIVATED SLUDGE TYPE
# WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

| Name of Facility | | Permit Number | |
|---|---|---|---|
| United States Gypsum Company | | IN0003646 | |
| Month | Year | Plant Design Flow | Telephone Number |
| August | 2024 | 0.04 mgd | 812-247-2101 |
| E-mail address: tdwilliams@usg.com | | 001 | A |
| Certified Operator: Name | Class | Certificate Number | Expiration Date |
| Travis Williams | A | WW022239 | 6/30/2026 |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= 2.5 Precipitation - Inches | Bypass At Plant Site ("x" If Occurred) | Sanitary Sewer Overflow ("x" If Occurred) | CHEMICALS USED: Chlorine - Lbs/day | CHEMICALS USED: Lbs/Day or Gal./Day | CHEMICALS USED: Lbs/Day or Gal./Day | RAW SEWAGE: Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs/day | Susp. Solids - mg/l | Susp. Solids - lbs/day | Phosphorus - mg/l | Ammonia - mg/l | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Thu | 5 | | 0.9 | | | | | | | 7.6 | | | | | | | |
| 2 | Fri | 5 | | | | | | | | | 7.8 | | | | | | | |
| 3 | Sat | | | | | | | | | | | | | | | | | |
| 4 | Sun | | | | | | | | | | | | | | | | | |
| 5 | Mon | 5 | | | | | | | | | 7.9 | | | | | | | |
| 6 | Tue | 5 | | | | | | | | | 7.7 | | | | | | | |
| 7 | Wed | 5 | | | | | | | | | 7.8 | 168 | 3.2394 | 35.7 | 0.6884 | | 28 | |
| 8 | Thu | 5 | | | | | | | | | 8.0 | | | | | | | |
| 9 | Fri | 5 | | | | | | | | | 7.9 | | | | | | | |
| 10 | Sat | | | | | | | | | | | | | | | | | |
| 11 | Sun | | | | | | | | | | | | | | | | | |
| 12 | Mon | 5 | | | | | | | | | 7.9 | | | | | | | |
| 13 | Tue | 5 | | | | | | | | | 8.2 | | | | | | | |
| 14 | Wed | 5 | | | | | | | | | 7.8 | | | | | | | |
| 15 | Thu | 5 | | | | | | | | | 7.9 | | | | | | | |
| 16 | Fri | 5 | | 1.6 | | | | | | | 8.0 | | | | | | | |
| 17 | Sat | | | | | | | | | | | | | | | | | |
| 18 | Sun | | | | | | | | | | | | | | | | | |
| 19 | Mon | 5 | | | | | | | | | 7.9 | | | | | | | |
| 20 | Tue | 5 | | | | | | | | | 7.9 | | | 740 | 15.954 | | 59.5 | |
| 21 | Wed | 5 | | | | | | | | | 7.9 | | | | | | | |
| 22 | Thu | 5 | | | | | | | | | 7.9 | | | | | | | |
| 23 | Fri | 5 | | | | | | | | | | | | | | | | |
| 24 | Sat | | | | | | | | | | | | | | | | | |
| 25 | Sun | | | | | | | | | | | | | | | | | |
| 26 | Mon | 5 | | | | | | | | | 7.3 | | | | | | | |
| 27 | Tue | 5 | | | | | | | | | 7.2 | | | | | | | |
| 28 | Wed | 5 | | | | | | | | | 7.7 | 294 | 8.9668 | | | | | |
| 29 | Thu | 5 | | | | | | | | | 7.9 | | | | | | | |
| 30 | Fri | 5 | | | | | | | | | 7.8 | | | | | | | |
| 31 | Sat | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | 231 | 6.1031 | 387.9 | 8.321 | | 43.75 | |
| Maximum | | | | 1.6 | | | | | | | 8.2 | 294 | 8.9668 | 740 | 15.954 | | 59.5 | |
| Minimum | | | | | | | | | | | 7.2 | 168 | 3.2394 | 35.7 | 0.6884 | | 28 | |
| # of Data | | | | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 2 | 2 | 2 | 2 | 0 | 2 | 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): Travis Williams

Date *(month, day, year)*: 9/6/2024

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dakotah S Rogers

Date *(month, day, year)*: 9/6/2024

# MONTHLY REPORT OF OPERATION
# ACTIVATED SLUDGE TYPE
# WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

| Name of Facility | Permit Number | For Month Of: | Year |
|---|---|---|---|
| United States Gypsum Company | IN0003646 | August | 2024 |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | MIXED LIQUOR | | | | | RETURN SLUDGE | | | | | | | | | | | |
| | CBOD5 - mg/l | Susp. Solids - mg/l | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | CBOD5 - mg/l | Susp. Solids - mg/l | | Residual Chlorine - Final | Residual Chlorine - Contact Tank | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Oil & Grease (mg/l) |
| 1 | | | 40 | | | 4.3 | 80 | | | | | | | | 53 | 7.4 | | 7.8 | |
| 2 | | | 30 | | | 4.1 | 79 | | | | | | | | 3 | 7.2 | | 7.8 | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | 20 | | | 4.9 | 79 | | | | | | | | 21.6 | 7.2 | | 7.7 | |
| 6 | | | 15 | | | 4.6 | 80 | | | | | | | | 21.6 | 7.5 | | 7.5 | |
| 7 | | | 15 | 1380 | 109 | 4.0 | 80 | | | | | | | | 9.8 | 7.4 | | 7.8 | 4.9 |
| 8 | | | 15 | | | 3.0 | 80 | | | | | | | | 4.1 | 7.4 | | 7.4 | |
| 9 | | | 20 | | | 3.3 | 79 | | | | | | | | 4.1 | 7.2 | | 7.7 | |
| 10 | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | 15 | | | 6.0 | 75 | | | | | | | | 4.1 | 7.5 | | 8.2 | |
| 13 | | | 15 | | | 4.3 | 76 | | | | | | | | 41.4 | 7.6 | | 7.7 | |
| 14 | | | 18 | | | 3.4 | 76 | | | | | | | | 0 | 7.3 | | 7.6 | |
| 15 | | | 20 | | | 3.9 | 78 | | | | | | | | 9.8 | 7.5 | | 7.9 | |
| 16 | | | 18 | | | 2.9 | 78 | | | | | | | | 16 | 7.2 | | 7.7 | |
| 17 | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | |
| 19 | | | 20 | | | 5.8 | 78 | | | | | | | | 0 | 7.4 | | 7.9 | |
| 20 | | | 22 | 2500 | 88 | 6.1 | 77 | | | | | | | | 0 | 7.2 | | 8.0 | 4.9 |
| 21 | | | 20 | | | 5.8 | 77 | | | | | | | | 9.7 | 7.4 | | 8.0 | |
| 22 | | | 20 | | | 4.1 | 78 | | | | | | | | 12.1 | 7.0 | | 8.4 | |
| 23 | | | 27 | | | | | | | | | | | | 5.2 | | | | |
| 24 | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | |
| 26 | | | 20 | | | 2.7 | 78 | | | | | | | | 28.5 | 7.3 | | 8.0 | |
| 27 | | | 22 | | | 4.1 | 79 | | | | | | | | 88.2 | 7.2 | | 7.8 | |
| 28 | | | 15 | | | 4.7 | 80 | | | | | | | | 9.8 | 7.3 | | 7.5 | |
| 29 | | | 20 | | | 2.3 | 81 | | | | | | | | 4.1 | 7.1 | | 7.9 | |
| 30 | | | 20 | | | 2.0 | 82 | | | | | | | | 12.1 | 7.3 | | 7.6 | |
| 31 | | | | | | | | | | | | | | | | | | | |
| Avg. | | | 20.32 | 1940 | 98.35 | 4.096 | 78.6 | | | | | | | | 8 | | | 7.801 | 4.9 |
| Max. | | | 40 | 2500 | 108.7 | 6.11 | 82 | | | | | | | | 88.2 | 7.6 | | 8.39 | 4.9 |
| Min. | | | 15 | 1380 | 88 | 1.97 | 75 | | | | | | | | 0 | 7.0 | | 7.42 | 4.9 |
| Daily Max | | | | | | | | | | | | | | | 88 | | | | |
| # of Days above 235 | | | | | | | | | | | | | | | 0 | | | | |
| Data | 0 | 0 | 22 | 2 | 2 | 21 | 21 | 0 | 0 | 0 | 0 | | 0 | 0 | 22 | 21 | | 21 | 2 |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

# MONTHLY REPORT OF OPERATION
# ACTIVATED SLUDGE TYPE
# WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

| Name of Facility | Permit Number | For Month Of: | Year |
|---|---|---|---|
| United States Gypsum Company | IN0003646 | August | 2024 |

| | | FINAL EFFLUENT | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Phosphorus | |
| Day Of Month | Day of Week | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs/day | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs/day | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs/day | Ammonia - lbs/day Weekly Average | Phosphorus - mg/l | Phosphorus - lbs/day |
| 1 | Thu | 0.0052 | | | | | | | | | | | | | | | |
| 2 | Fri | 0.0052 | | | | | | | | | | | | | | | |
| 3 | Sat | 0.0052 | | | | | | | | | | | | | | | |
| 4 | Sun | 0.0052 | | | | | | | | | | | | | | | |
| 5 | Mon | 0.0038 | | | | | | | | | | | | | | | |
| 6 | Tue | 0.0068 | | | | | | | | | | | | | | | |
| 7 | Wed | 0.0023 | | 4.1 | | 0.079 | | 2.5 | | 0.048 | | 0.1 | | 0.002 | | | |
| 8 | Thu | 0.0102 | | | | | | | | | | | | | | | |
| 9 | Fri | 0.002 | | | | | | | | | | | | | | | |
| 10 | Sat | 0.002 | 0.0046 | | 4.1 | | 0.079 | | 2.5 | | 0.048 | | 0.1 | | 0.0019 | | |
| 11 | Sun | 0.002 | | | | | | | | | | | | | | | |
| 12 | Mon | 0.0057 | | | | | | | | | | | | | | | |
| 13 | Tue | 0.0041 | | | | | | | | | | | | | | | |
| 14 | Wed | 0.0052 | | | | | | | | | | | | | | | |
| 15 | Thu | 0.0066 | | | | | | | | | | | | | | | |
| 16 | Fri | 0.0035 | | | | | | | | | | | | | | | |
| 17 | Sat | 0.0035 | 0.0044 | | | | | | | | | | | | | | |
| 18 | Sun | 0.0035 | | | | | | | | | | | | | | | |
| 19 | Mon | 0.0052 | | | | | | | | | | | | | | | |
| 20 | Tue | 0.0026 | | | | | | 2.5 | | 0.054 | | 0.1 | | 0.002 | | | |
| 21 | Wed | 0.0042 | | | | | | | | | | | | | | | |
| 22 | Thu | 0.005 | | | | | | | | | | | | | | | |
| 23 | Fri | 0.0024 | | | | | | | | | | | | | | | |
| 24 | Sat | 0.0024 | 0.0036 | | | | | | 2.5 | | 0.054 | | 0.1 | | 0.0022 | | |
| 25 | Sun | 0.0024 | | | | | | | | | | | | | | | |
| 26 | Mon | 0.0052 | | | | | | | | | | | | | | | |
| 27 | Tue | 0.0038 | | | | | | | | | | | | | | | |
| 28 | Wed | 0.0037 | | 5.3 | | 0.162 | | | | | | | | | | | |
| 29 | Thu | 0.004 | | | | | | | | | | | | | | | |
| 30 | Fri | 0.0023 | | | | | | | | | | | | | | | |
| 31 | Sat | 0.0023 | 0.0034 | | 5.3 | | 0.162 | | | | | | | | | | |
| Avg | | 0.0041 | | 4.7 | | 0.12 | | 2.5 | | 0.051 | | 0.1 | | 0.002 | | | |
| Max | | 0.0102 | 0.0046 | 5.3 | 5.3 | 0.162 | 0.162 | 2.5 | 2.5 | 0.054 | 0.054 | 0.1 | 0.1 | 0.002 | 0.0022 | | |
| Min | | 0.002 | 0.0034 | 4.1 | 4.1 | 0.079 | 0.079 | 2.5 | 2.5 | 0.048 | 0.048 | 0.1 | 0.1 | 0.002 | 0.0019 | | |
| | | | | | | | | | | | | | | | | | |
| Data | | 31 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|---|---|---|---|---|---|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) 0.1271 |
| Primary Treatment | NA | NA | | | |
| Secondary Treatment | NA | NA | | | Percent Capacity |
| Tertiary Treatment | NA | NA | | | (actual flow/design) 10% |
| Overall Treatment | 98.0 | 99.4 | 99.8 | NA | |

# MONTHLY REPORT OF OPERATION
# ACTIVATED SLUDGE TYPE
# WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

| Name of Facility | Permit Number | For Month Of: | Year |
|---|---|---|---|
| United States Gyp | IN0003646 | August | 2024 |

| | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Anaerobic Only | | | | | | | | | | | |
| Day Of Month | Primary Sludge Gal. x 1000 | Waste Act. Sludge Gal. x 1000 | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | 0 | |
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| Avg. | | | | | | | | | | | | | | |
| Max. | | | | | | | | | | | | | | |
| Min. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Data | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

# MONTHLY REPORT OF OPERATION
# ACTIVATED SLUDGE TYPE
# WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

| Name of Facility | Permit Number | For Month Of | Year |
|---|---|---|---|
| United States Gypsu | IN0003646 | August | 2024 |

Substitute for State Form 30530

| Day Of Month | Final Effluent | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Chloride | | Total Nitrogen | | | | | | | | | | | | | | | |
| | Chloride - mg/l | Chloride - lbs/day | Total Nitrogen- mg/l | Total Nitrogen- lbs/day | Sulfates -mg/L | | | | | | | | | | | | | |
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| 30 | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | |
| Avg | | | | | 319 | | | | | | | | | | | | | |
| Max | | | | | 326 | | | | | | | | | | | | | |
| Min | | | | | 312 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Data | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

| Name of Facility | Permit Number | For Month Of: | Year |
|---|---|---|---|
| United States Gypsu | IN0003646 | August | 2024 |

Substitute for State Form 30530

| Day Of Month | 0 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | | | |
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| 30 | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | |
| Avg | | | | | | | | | | | | | | | | | |
| Max | | | | | | | | | | | | | | | | | |
| Min | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Data | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

United States Gypsum Company
P.O. Box 1377
Shoals, IN 47581

Summer Limitations: May 1st -> November 30th

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: tdwilliams@usg.com

| I | N | 0 | 0 | 0 | 3 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|
| PERMIT NUMBER | | | | | | | | |

| 0 | 0 | 2 | A |
|---|---|---|---|
| OUTFALL NO. | | | |

| 0 | 8 | 2 | 4 |
|---|---|---|---|
| MO. | | YR. | |

No Discharge: X

This is a revised submittal:

| EFFLUENT CHARACTERISTICS | | FLOW | pH | | Oil & Grease | | TSS | | Sulfate | |
|---|---|---|---|---|---|---|---|---|---|---|
| EFFLUENT PARAMETER NUMBER | | Q50050 | C00400 | | Q | C | Q | C | Q | C |
| SAMPLE TYPE | Permit Condition | 24 Total | Grab | | Grab | Grab | Grab | Grab | Grab | Grab |
| | Monitored | | | | | | | | | |
| FREQUENCY | Permit Condition | 2/Month | 2/Month | | N/A | 2/Month | N/A | 2/Month | N/A | 2/Month |
| | Monitored | | | | | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | Report | 6.0 | | N/A | N/A | N/A | N/A | N/A | N/A |
| | Permit Average | Report | N/A | | N/A | 10.00 | N/A | 20.00 | N/A | 2300.00 |
| | Permit Maximum | Report | 9.0 | | N/A | 15.00 | N/A | 30.00 | N/A | 3950.00 |
| UNITS = | | MGD | HI | LOW | 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 | | | 0 | | 0 | 0 | 0 | 0 | | 0 |
| TOTAL FLOW | | 0 | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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): Travis Williams

Date (month, day, year): 9/6/2024

Preparer's telephone number: 812-247-4114

Operator's certification number: WW022239

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dakotah S. Rogers

Date (month, day, year): 9/6/2024

# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

United States Gypsum Company
P.O. Box 1377
Shoals, IN 47581

Summer Limitations: May 1st -> November 30th

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 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|
| PERMIT NUMBER | | | | | | | | |

| 0 | 0 | 2 | A |
|---|---|---|---|
| OUTFALL NO. | | | |

| 0 | 8 | 2 | 4 |
|---|---|---|---|
| MO. | | YR. | |

No Discharge: X
This is a revised submittal:

| EFFLUENT CHARACTERISTICS | | Chloride | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| EFFLUENT PARAMETER NUMBER | | Q | C | Q | C | Q | C | | C |
| SAMPLE TYPE | Permit Condition | N/A | Grab | | | | | | |
| | Monitored | | | | | | | | |
| FREQUENCY | Permit Condition | N/A | 2/Month | | | | | | |
| | Monitored | | | | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | N/A | N/A | | | | | | |
| | Permit Average | N/A | 470.00 | | | | | | |
| | Permit Maximum | N/A | 810.00 | | | | | | |
| UNITS= | | 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 | | | | | | | | |
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| 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 | | | | | | |

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): Travis Williams

Date (month, day, year): 9/6/2024

Preparer's telephone number: 812-247-4114

Operator's certification number: WW022239

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dakotah S. Rogers

Date (month, day, year): 9/6/2024

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State Form 30530 (R3 / 3-14)

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P.O. Box 1377
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Summer Limitations: May 1st -> November 30th

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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: tdwilliams@usg.com

| I | N | 0 | 0 | 0 | 3 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|
| PERMIT NUMBER | | | | | | | | |

| 0 | 0 | 3 | A |
|---|---|---|---|
| OUTFALL NO. | | | |

| 0 | 8 | 2 | 4 |
|---|---|---|---|
| MO. | | YR. | |

No Discharge: x
This is a revised submittal:

| EFFLUENT CHARACTERISTICS | | FLOW | pH | | Oil & Grease | | TSS | | Sulfate | |
|---|---|---|---|---|---|---|---|---|---|---|
| EFFLUENT PARAMETER NUMBER | | Q50050 | C00400 | | Q | C | Q | C | Q | C |
| SAMPLE TYPE | Permit Condition | 24 Total | Grab | | Grab | Grab | Grab | Grab | Grab | Grab |
| | Monitored | | | | | | | | | |
| FREQUENCY | Permit Condition | 2/Month | 2/Month | | N/A | 2/Month | N/A | 2/Month | N/A | 2/Month |
| | Monitored | | | | | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | Report | 6.0 | | N/A | N/A | N/A | N/A | N/A | N/A |
| | Permit Average | Report | N/A | | N/A | 10.00 | N/A | 20.00 | N/A | 2300.00 |
| | Permit Maximum | Report | 9.0 | | N/A | 15.00 | N/A | 30.00 | N/A | 3950.00 |
| UNITS = | | MGD | HI | LOW | LB/DAY | MG/L | LB/DAY | MG/L | LB/DAY | MG/L |
| Thu | 1 | | | | | | | | | |
| Fri | 2 | | | | | | | | | |
| Sat | 3 | | | | | | | | | |
| Sun | 4 | | | | | | | | | |
| Mon | 5 | | | | | | | | | |
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| Wed | 7 | | | | | | | | | |
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| 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 | | | | | | | | | |
| Sun | 29 | | | | | | | | | |
| Mon | 30 | | | | | | | | | |
| Tue | 31 | | | | | | | | | |
| MONTHLY AVERAGE | | | | | | | | | | |
| HIGHEST VALUE | | | | | | | | | | |
| LOWEST VALUE | | | | | | | | | | |
| NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED | | | 0 | | 0 | 0 | 0 | 0 | | 0 |
| TOTAL FLOW | | 0 | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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): Travis Williams

Date (month, day, year): 9/6/2024

Preparer's telephone number: 812-247-4114

Operator's certification number: WW022239

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dakotah S. Rogers

Date (month, day, year): 9/6/2024

# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

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P.O. Box 1377
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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 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|
| PERMIT NUMBER | | | | | | | | |

| 0 | 0 | 3 | A |
|---|---|---|---|
| OUTFALL NO. | | | |

| 0 | 8 | 2 | 4 |
|---|---|---|---|
| MO. | | YR. | |

No Discharge [ ]
This is a revised submittal [ ]

| EFFLUENT CHARACTERISTICS | | Chloride | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| EFFLUENT PARAMETER NUMBER | | Q | C | Q | C | Q | C | | C |
| SAMPLE TYPE | Permit Condition | N/A | Grab | | | | | | |
| | Monitored | | | | | | | | |
| FREQUENCY | Permit Condition | N/A | 2/Month | | | | | | |
| | Monitored | | | | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | N/A | N/A | | | | | | |
| | Permit Average | N/A | 470.00 | | | | | | |
| | Permit Maximum | N/A | 810.00 | | | | | | |
| UNITS= | | 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 | | | 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): Travis Williams

Date (month, day, year): 9/6/2024

Preparer's telephone number: 812-247-4114

Operator's certification number: WW022239

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dakotah S. Rogers

Date (month, day, year): 9/6/2024

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Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

E-mail address: tdwilliams@usg.com

| I | N | 0 | 0 | 0 | 3 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|
| PERMIT NUMBER | | | | | | | | |

| 0 | 0 | 7 | A |
|---|---|---|---|
| OUTFALL NO. | | | |

| 0 | 8 | 2 | 4 |
|---|---|---|---|
| MO. | | YR. | |

No Discharge X
This is a revised submittal

| EFFLUENT CHARACTERISTICS | | FLOW | pH | | Chlorides | | TSS | | Sulfate | |
|---|---|---|---|---|---|---|---|---|---|---|
| EFFLUENT PARAMETER NUMBER | | Q50050 | C00400 | | Q | C | Q | C | Q | C |
| SAMPLE TYPE | Permit Condition | 24 Total | Grab | | Grab | Grab | Grab | Grab | Grab | Grab |
| | Monitored | | | | | | | | | |
| FREQUENCY | Permit Condition | 2/Month | 2/Month | | N/A | 2/Month | N/A | 2/Month | N/A | 2/Month |
| | Monitored | | | | | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | Report | 6.0 | | N/A | Report | N/A | N/A | N/A | Report |
| | Permit Average | Report | N/A | | N/A | Report | N/A | 20.00 | N/A | Report |
| | Permit Maximum | Report | 9.0 | | N/A | Report | N/A | 40.00 | N/A | Report |
| UNITS = | | MGD | HI | LOW | 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 | | 0 | | | | | | | | |
| TOTAL FLOW | | 0 | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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) |
|---|---|
| Travis Williams | 9/6/2024 |
| **Preparer's telephone number** | **Operator's certification number** |
| 812-247-4114 | WW022239 |
| **Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)** | **Date (month, day, year)** |
| Dakotah S. Rogers | 9/6/2024 |

# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

United States Gypsum Company
P.O. Box 1377
Shoals, IN 47581

Summer Limitations: May 1st -> November 30th

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: tdwilliams@usg.com

| I | N | 0 | 0 | 0 | 3 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|
| PERMIT NUMBER | | | | | | | | |

| 0 | 0 | 7 | A |
|---|---|---|---|
| OUTFALL NO. | | | |

| 0 | 8 | 2 | 4 |
|---|---|---|---|
| MO. | | YR. | |

No Discharge: X
This is a revised submittal:

| EFFLUENT CHARACTERISTICS | | FLOW | | Total Hardness | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| EFFLUENT PARAMETER NUMBER | | Q50050 | | Q | C | | | | |
| SAMPLE TYPE | Permit Condition | 24 Total | | Grab | Grab | | | | |
| | Monitored | | | | | | | | |
| FREQUENCY | Permit Condition | 2/Month | | N/A | 2/Month | | | | |
| | Monitored | | | | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | Report | | N/A | Report | | | | |
| | Permit Average | Report | | N/A | Report | | | | |
| | Permit Maximum | Report | | N/A | Report | | | | |
| UNITS = | | MGD | | 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 | | 7 | | | | | | | |

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) |
|---|---|
| Travis Williams | 9/6/2024 |
| **Preparer's telephone number** | **Operator's certification number** |
| 812-247-4114 | WW022239 |
| **Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)** | **Date (month, day, year)** |
| Dakotah S. Rogers | 9/6/2024 |