DMR Copy of Record

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

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Permit

Permit #:	**IN0055565**	Permittee:	DAIRY FARMERS OF AMERICA-GOSHEN	Facility:	DAIRY FARMERS OF AMERICA - GOSHEN
Major:	No	Permittee Address:	1110 S NINTH ST GOSHEN, IN 46526	Facility Location:	1110 S 9TH ST (DITCH TO ELKHART RIVER) GOSHEN, IN 46526
Permitted Feature:	001 External Outfall	Discharge:	**001-A** DAIRY PRODUCT WATERS -TO UNNAMED DITCH TO ELKHART RIVER		

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

DISCHARGE IS LIMITED SOLELY TO CONDENSED WATER FROM EVAPORATED MILK. INDUSTRIAL MINOR ELKHART COUNTY

Principal Executive Officer

First Name:	Martin	Title:	Plant Director	Telephone:	574-364-6420
Last Name:	Carrasco-Lozano				

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	5	--	Sample								=	49.0	=	50.0	15 - deg F	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG	<=	93.0 DAILY MX	15 - deg F		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	11.8					19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.						>=	5.0 DAILY MN					19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.64			=	7.74	12 - SU	0	02/30 - Twice 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															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	0.13	=	0.18	26 - lb/d			=	2.5	=	3.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.	<=	6.7 MO AVG	<=	13.0 DAILY MX	26 - lb/d			<=	10.0 MO AVG	<=	20.0 DAILY MX	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample			=	0.45	26 - lb/d					=	5.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.			<=	6.7 DAILY MX	26 - lb/d					<=	10.0 DAILY MX	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample								=	0.96	=	1.08	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.									Req Mon MO AVG		Req Mon 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	=	0.006124	=	0.03282	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	=	0.0	=	0.002	26 - lb/d			=	0.0	=	0.03	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.	<=	0.007 MO AVG	<	0.02 DAILY MX	26 - lb/d			<=	0.01 MO AVG	<	0.06 DAILY MX	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	0.49	=	0.81	26 - lb/d			=	8.0	=	9.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
					Permit Req.	<=	14.0 MO AVG	<=	28.0 DAILY MX	26 - lb/d			<=	21.0 MO AVG	<=	42.0 DAILY MX	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
					Sample			=	0.18984	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT

82220	Flow, total	1 - Effluent Gross	0	--	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
IN0055565_001A_MMR_2024_08.pdf	pdf	1112930.0

Report Last Saved By

DAIRY FARMERS OF AMERICA-GOSHEN

User:	JORDAN.KENWORTHY
Name:	Jordan Kenworthy
E-Mail:	jordan.kenworthy@dfamilk.com
Date/Time:	2024-09-13 09:23 (Time Zone: -04:00)

Report Last Signed By

User:	MCARRAS1
Name:	Martin Carrasco-Lozano
E-Mail:	mcarrasco-lozano1@dfamilk.com
Date/Time:	2024-09-25 09:12 (Time Zone: -04:00)

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R2 / 8-07)

FACILITY NAME AND ADDRESS:

Dairy Farmers of America, Inc.
PO Box 557
1110 South Ninth Street
Goshen, Indiana 46526

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

Facility e-mail address: jordan.kenworthy@dfamilk.com

I	N	0	0	5	5	5	6	5

PERMIT NUMBER

0	0	1	A

OUTFALL NO.

0	8	2	4

MO. YR.

EFFLUENT CHARACTERISTICS		FLOW	pH		Solids, total suspended		Oil & grease		BOD, carbonaceous	
EFFLUENT PARAMETER NUMBER		Q 50050	C 00400		Q 00530	C 00530	Q 00556	C 00556	Q 80082	C 80082
SAMPLE TYPE	Permit Condition	TOTALZ	Grab		Grab	Grab	Grab	Grab	Grab	Grab
	Monitored	TOTALZ	Grab		Grab	Grab	Grab	Grab	Grab	Grab
FREQUENCY	Permit Condition	Daily	2/30		2/30	2/30	2/30	2/30	2/30	2/30
	Monitored	Daily	2/30		2/30	2/20	2/30	2/30	2/30	2/30
EFFLUENT LIMITATIONS	Permit Minimum	NA	6		NA	NA	NA	NA	NA	NA
	Permit Average	Report	NA		6.7	10	NA	NA	14.0	21
	Permit Maximum	Report	9		13.4	20	6.7	10	28.0	42
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
Thu	1	0.000000								
Fri	2	0.000000								
Sat	3	0.000000								
Sun	4	0.009860								
Mon	5	0.000000								
Tue	6	0.002790	7.74		0.07	3.00	0.12	5.00	0.16	7.00
Wed	7	0.024470								
Thu	8	0.000000								
Fri	9	0.017300								
Sat	10	0.000840								
Sun	11	0.000000								
Mon	12	0.000000								
Tue	13	0.002850								
Wed	14	0.008880								
Thu	15	0.000000								
Fri	16	0.010820	7.64		0.18	2.00	0.45	5.00	0.81	9.00
Sat	17	0.028100								
Sun	18	0.006110								
Mon	19	0.001190								
Tue	20	0.002920								
Wed	21	0.000000								
Thu	22	0.000000								
Fri	23	0.000000								
Sat	24	0.000000								
Sun	25	0.000000								
Mon	26	0.000000								
Tue	27	0.011330								
Wed	28	0.032820								
Thu	29	0.000000								
Fri	30	0.029560								
Sat	31	0.000000								
MONTHLY AVERAGE		0.006124			0.13	2.50	0.28	5.00	0.49	8.00
HIGHEST VALUE		0.032820	7.74		0.18	3.00	0.45	5.00	0.81	9.00
LOWEST VALUE		0.000000	7.64		0.07	2.00	0.12	5.00	0.16	7.00
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0.000000	0		0	0	0	0	0	0
TOTAL FLOW		0.189840								

Type equation here.

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.

Signature of Certified Operator

Date (*month, day, year*)

Signature of principal executive officer or authorized agent

Date (*month, day, year*) 9/13/24

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS (GLI Rules Version)

Indiana Discharge Monitoring Report (This Page Modified for Calculating Reportable Chlorine Values Per GLI)

State Form 30530 (R2 / 8-07)

FACILITY NAME AND ADDRESS:

Dairy Farmers of America, Inc.
PO Box 557
1110 South Ninth Street
Goshen, Indiana 46526

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	5	5	5	6	5

PERMIT NUMBER

0	0	1	A

OUTFALL NO.

0	8	2	4

MO. YR.

EFFLUENT CHARACTERISTICS		Actual Chlorine	GLI Rule Value	Actual Chlorine	GLI Rule Value	Temperature	Oxygen, dissolved	Nitrogen, ammonia	
EFFLUENT PARAMETER NUMBER		C 50060	C 50060	Q 50060	Q 50060	C 00011	C 00300	C 00610	
SAMPLE TYPE	Permit Condition	Grab	Grab	Grab	Grab	Grab	Grab	Grab	
	Monitored	Grab	Grab	Grab	Grab	Grab	Grab	Grab	
FREQUENCY	Permit Condition	2/30	2/30	2/30	2/30	2/30	2/30	2/30	
	Monitored	2/30	2/30	2/30	2/30	2/30	2/30	2/30	
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA	NA	5	NA	
	Permit Average	0.01	0.01	0.007	0.007	Report	NA	Report	
	Permit Maximum	0.06	0.06	0.040	0.040	93	NA	Report	
UNITS=		MG/L	MG/L	LB/DAY	LB/DAY	DEG. F	MG/L	MG/L	
Thu	1								
Fri	2								
Sat	3								
Sun	4								
Mon	5								
Tue	6	0.03	0.000	0.001	0.000	48	10.0	1.080	
Wed	7								
Thu	8								
Fri	9								
Sat	10								
Sun	11								
Mon	12								
Tue	13								
Wed	14								
Thu	15								
Fri	16	0.02	0.000	0.002	0.000	50	11.8	0.840	
Sat	17								
Sun	18								
Mon	19								
Tue	20								
Wed	21								
Thu	22								
Fri	23								
Sat	24								
Sun	25								
Mon	26								
Tue	27								
Wed	28								
Thu	29								
Fri	30								
Sat	31								
MONTHLY AVERAGE			0.000		0.000	49	10.9	0.960	
HIGHEST VALUE		0.03		0.002		50	11.8	1.080	
LOWEST VALUE		0.02		0.001		48	10.0	0.840	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	1	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 personne l 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.

Signature of Certified Operator

Date (*month, day, year*)

Signature of principal executive officer or authorized agent

Date (*month, day, year*) 9/13/24