

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit			
Permit #:	IN0059650	Permittee:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS
Major:	Yes	Permittee Address:	6500 US 231 N 6500 U.S. 231 NORTH ROCKPORT, IN 47635
Permitted Feature:	001 External Outfall	Discharge:	001-B SUBMERGED DIFFUSER & MIXING ZONE
Facility:		Facility Location:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS 6500 US 231 N (OHIO RIVER) ROCKPORT, IN 47635

Report Dates & Status			
Monitoring Period:	From 12/01/24 to 12/31/24	DMR Due Date:	01/28/25
Status:	NetDMR Validated		

Considerations for Form Completion
MONITOR MERCURY IN THE 3RD YEAR OF THE PERMIT. INDUSTRIAL MAJOR SPENCER COUNTY

Principal Executive Officer			
First Name:	Nathan	Title:	General Manager Rockport Works
Last Name:	Johnson	Telephone:	812-489-1719

No Data Indicator (NODI)
FormNODI: --

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			
00011	Temperature, water deg. fahrenheit	1 - Effluent Gross	0	--	Sample	=	78.8	=	82.8	15 - deg F							0	01/30 - Monthly	GR - Grab			
					Permit Req.													01/30 - Monthly	GR - Grab			
					Value NODI																	
00400	pH	1 - Effluent Gross	0	--	Sample	=	7.32	=	7.78	12 - SU						0	01/07 - Weekly	GR - Grab				
					Permit Req.			>=	8.0 DAILYMN			<=	9.0 DAILYMX	12 - SU				01/07 - Weekly	GR - Grab			
					Value NODI																	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	46.5	=	46.5	26 - lb/d			=	3.5	=	3.5	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite		
					Permit Req.														01/30 - Monthly	24 - 24 Hour Composite		
					Value NODI																	
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample	<	19.0	<	19.0	26 - lb/d			<	1.4	<	1.4	19 - mg/L	0	01/30 - Monthly	GR - Grab		
					Permit Req.															01/30 - Monthly	GR - Grab	
					Value NODI																	
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample	=	121.22	=	121.22	26 - lb/d			=	9.12	=	9.12	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite		
					Permit Req.															01/30 - Monthly	24 - 24 Hour Composite	
					Value NODI																	
00940	Chloride [as Cl]	1 - Effluent Gross	0	--	Sample	<	0.159	<	0.159	26 - lb/d			<	0.012	<	0.012	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite		
					Permit Req.																01/30 - Monthly	24 - 24 Hour Composite
					Value NODI																	
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample	=	0.159	=	0.159	26 - lb/d			=	0.012	=	0.012	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite		
					Permit Req.																01/30 - Monthly	24 - 24 Hour Composite
					Value NODI																	
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample	<	0.288	<	0.288	26 - lb/d			<	0.02	<	0.02	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite		
					Permit Req.																01/30 - Monthly	24 - 24 Hour Composite
					Value NODI																	
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample	<	0.0088	<	0.0088	26 - lb/d			<	0.0005	<	0.0005	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite		
					Permit Req.																01/30 - Monthly	24 - 24 Hour Composite
					Value NODI																	
					Sample	=	1.3118	=	1.3118	26 - lb/d			=	0.0987	=	0.0987	19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite		

01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Permit Req.	Req Mon MO AVG	Req Mon DAILY MX	26 - lb/d			Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite
					Value NODI											
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	1.83728	=	1.9944	03 - MGD					05WK - Five Per Week	TM - Totalizer
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD					0	05WK - Five Per Week	TM - Totalizer
					Value NODI											
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	<	0.1667	<	0.197	26 - lb/d		<	0.012	<	0.012	19 - mg/L
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX	26 - lb/d		<=	0.098 MO AVG	<=	0.228 DAILY MX	19 - mg/L	0
					Value NODI											01/07 - Weekly
																01/07 - Weekly
																GR - Grab
																GR - Grab
82220	Flow, total	1 - Effluent Gross	0	--	Sample	=	50.75568	=	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
					Permit Req.	Req Mon MO TOTAL	80 - Mgal/mo							0	01/30 - Monthly	RT - Recorder Total
					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
IN0059850_001B_MMR_2024_12.pdf	pdf	284498.0

Report Last Saved By

CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS

User: steve_steen@aksteel.com
 Name: Dale Steen
 E-Mail: steve.steen@clevelandcliffs.com
 Date/Time: 2025-01-17 08:40 (Time Zone: -05:00)

Report Last Signed By

User: steve_steen@aksteel.com
 Name: Dale Steen
 E-Mail: steve.steen@clevelandcliffs.com
 Date/Time: 2025-01-17 08:56 (Time Zone: -05:00)

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Permit			
Permit #:	IN0059650	Permittee:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS
Major:	Yes	Permittee Address:	6500 US 231 N 6500 U.S. 231 NORTH ROCKPORT, IN 47635
Permitted Feature:	002 External Outfall	Discharge:	002-A EMERGENCY OVERFLOW - RESERVOIR
Facility:		Facility Location:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS 6500 US 231 N (OHIO RIVER) ROCKPORT, IN 47635

Report Dates & Status			
Monitoring Period:	From 12/01/24 to 12/31/24	DMR Due Date:	01/28/25
Status:	NetDMR Validated		

Considerations for Form Completion
EMERGENCY OVERFLOW FROM STORM WATER RESERVOIR. INDUSTRIAL MAJOR SPENCER COUNTY

Principal Executive Officer			
First Name:	Nathan	Title:	General Manager Rockport Works
Last Name:	Johnson	Telephone:	812-489-1719

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
00400	pH	1 - Effluent Gross	0	--	Sample													
					Permit Req.					>=	8.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	DL/DS - Daily When Discharging	GR - Grab
					Value NODI													
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	DL/DS - Daily When Discharging	GR - Grab
					Value NODI													
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							DL/DS - Daily When Discharging	TM - Totalizer
					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 - Recorder Total
					Value NODI		C - No Discharge		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
IN0059650_002A_MMR_2024_12.pdf	pdf	137571.0

Report Last Saved By
CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS

User: steve_steen@aksteel.com
Name: Dale Steen
E-Mail: steve.steen@clevelandcliffs.com

Date/Time: 2025-01-17 08:45 (Time Zone: -05:00)

Report Last Signed By

User: steve_steen@aksteel.com

Name: Dale Steen

E-Mail: steve.steen@clevelandcliffs.com

Date/Time: 2025-01-17 08:56 (Time Zone: -05:00)

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Permit			
Permit #:	IN0059650	Permittee:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS
Major:	Yes	Permittee Address:	6500 US 231 N 6500 U.S. 231 NORTH ROCKPORT, IN 47635
Permitted Feature:	101 Internal Outfall	Discharge:	101-A PICKLING RINSE BEFORE DILUTION
Facility:		Facility Location:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS 6500 US 231 N (OHIO RIVER) ROCKPORT, IN 47635

Report Dates & Status			
Monitoring Period:	From 12/01/24 to 12/31/24	DMR Due Date:	11/30/29
Status:	NetDMR Validated		

Considerations for Form Completion
PRIOR TO MIXING WITH NON-CONTACT COOLING WATER DISCHARGE INDUSTRIAL MAJOR SPENCER COUNTY

Principal Executive Officer			
First Name:	Nathan	Title:	General Manager Rockport Works
Last Name:	Johnson	Telephone:	812-489-1719

No Data Indicator (NODI)
FormNODI: --

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	=	46.2	=	79.3	26 - lb/d			=	4.2	=	8.8	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
					Permit Req.	<=	519.0 MO AVG	<=	1188.0 DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
					Value NODI															
00552	Oil and grease, hexane extr method	R - See Comments	0	--	Sample	=	34.1	=	88.8	26 - lb/d			=	3.2	=	8.4	19 - mg/L	0	01/07 - Weekly	GR - Grab
					Permit Req.	<=	173.0 MO AVG	<=	508.0 DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	GR - Grab
					Value NODI															
01074	Nickel, total recoverable	R - See Comments	0	--	Sample	=	0.159	=	0.268	26 - lb/d			=	0.014	=	0.023	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
					Permit Req.	<=	3.95 MO AVG	<=	11.81 DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
					Value NODI															
01094	Zinc, total recoverable	R - See Comments	0	--	Sample	<	0.22	<	0.24	26 - lb/d			<	0.02	<	0.02	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
					Permit Req.	<=	2.0 MO AVG	<=	5.97 DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
					Value NODI															
01114	Lead, total recoverable	R - See Comments	0	--	Sample	<	0.0054	<	0.0061	26 - lb/d			<	0.0005	<	0.0005	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
					Permit Req.	<=	1.83 MO AVG	<=	4.88 DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
					Value NODI															
01118	Chromium, total recoverable	R - See Comments	0	--	Sample	=	0.3022	=	0.8607	26 - lb/d			=	0.027	=	0.0546	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
					Permit Req.	<=	5.37 MO AVG	<=	13.35 DAILY MX	26 - lb/d				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
					Value NODI															
50050	Flow, in conduit or thru treatment plant	R - See Comments	0	--	Sample	=	1.270452	=	1.51832	03 - MGD								0	05WK - Five Per Week	TM - Totalizer
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									05WK - Five Per Week	TM - Totalizer
					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
IN0059650_101A_MMR_2024_12.pdf	pdf	212411.0

Report Last Saved By

CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS

User: steve_steen@aksteel.com
Name: Dale Steen
E-Mail: steve.steen@clevelandcliffs.com
Date/Time: 2025-01-17 08:55 (Time Zone: -05:00)

Report Last Signed By

User: steve_steen@aksteel.com
Name: Dale Steen
E-Mail: steve.steen@clevelandcliffs.com
Date/Time: 2025-01-17 08:56 (Time Zone: -05:00)

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Permit			
Permit #:	IN0059650	Permittee:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS
Major:	Yes	Permittee Address:	6500 US 231 N 6500 U.S. 231 NORTH ROCKPORT, IN 47635
Permitted Feature:	201 Internal Outfall	Discharge:	201-A CHROME REDUCTION FACILITY
Facility:		Facility Location:	CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS 6500 US 231 N (OHIO RIVER) ROCKPORT, IN 47635

Report Dates & Status			
Monitoring Period:	From 12/01/24 to 12/31/24	DMR Due Date:	01/28/25
Status:	NetDMR Validated		

Considerations for Form Completion
CHROME REDUCTION INTERNAL OUTFALL INDUSTRIAL MAJOR SPENCER COUNTY

Principal Executive Officer			
First Name:	Nathan	Title:	General Manager Rockport Works
Last Name:	Johnson	Telephone:	812-489-1719

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
01220	Chromium, hexavalent dissolved [as Cr]	R - See Comments	0	--	Sample	<	0.001	<	0.002	26 - lb/d		<	0.004	<	0.004	19 - mg/L	0	01/07 - Weekly	GR - Grab
					Permit Req.	<=	0.18 MO AVG	<=	0.56 DAILY MX	26 - lb/d				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	GR - Grab
					Value NODI														
50050	Flow, in conduit or thru treatment plant	R - See Comments	0	--	Sample	=	0.019277	=	0.04608	03 - MGD						0	01/07 - Weekly	TM - Totalizer	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							01/07 - Weekly	TM - Totalizer	
					Value NODI														

Submission Note
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Edit Check Errors
No errors.

Comments

Attachments

Name	Type	Size
IN0059650_201A_MMR_2024_12.pdf	pdf	139275.0

Report Last Saved By
CLEVELAND-CLIFFS STEEL CORP. - ROCKPORT WORKS

User: steve_steen@aksteel.com
Name: Dale Steen
E-Mail: steve.steen@clevelandcliffs.com
Date/Time: 2025-01-17 08:49 (Time Zone: -05:00)

Report Last Signed By

User: steve_steen@aksteel.com
Name: Dale Steen
E-Mail: steve.steen@clevelandcliffs.com
Date/Time: 2025-01-17 08:56 (Time Zone: -05:00)





MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (03 / 3-14)

Facility Name and Address:

Cleveland-Cliffs Steel Corporation
 2500 North U.S. 231
 Rockport, IN 47635

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
 THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
 28 TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-12
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

E-mail address: Chuck.Gibson@clevelandcliffs.com

1	N	0	0	5	9	8	5	0
PERMIT NUMBER								

0	0	1	8
OUTFALL NO.			

1	2	2	4
MO.		YR.	

No Discharge

This is a revised submital

EFFLUENT CHARACTERISTICS		FLOW	pH	Temp. deg F	TSS		Oil & Grease	
EFFLUENT PARAMETER NUMBER		Q00050	C00400	C00011	Q 00530	C 00530	Q 00552	C 00552
SAMPLE TYPE	Permit Condition	24 hr Total	Grab	Grab	24 hr COMP	24 hr COMP	Grab	Grab
	Monitored	24 hr Total	Grab	Grab	24 hr COMP	24 hr COMP	Grab	Grab
FREQUENCY	Permit Condition	05/07	0/07	1/31	1/31	1/31	1/31	1/31
	Monitored	31/31	0/07	1/31	1/31	1/31	1/31	1/31
EFFLUENT LIMITATIONS	Permit Minimum		8.0					
	Permit Average	Report		Report	Report	Report	Report	10
	Permit Maximum	Report	9.0	Report	Report	Report	Report	15
UNITS		MGD	Std. units	deg F	LB/DAY	MG/L	LB/DAY	MG/L
Sun	1	1.592840				48.5	3.5	
Mon	2	1.827200	7.46	82.8			< 19.0	< 1.4
Tue	3	1.483200						
Wed	4	1.281440						
Thu	5	1.380800						
Fri	6	1.548000						
Sat	7	1.500480						
Sun	8	1.519200						
Mon	9	1.550880	7.32	75.2				
Tue	10	1.383880						
Wed	11	1.395380						
Thu	12	1.478000						
Fri	13	1.791380						
Sat	14	1.802880						
Sun	15	1.771200						
Mon	16	1.834400	7.58	78.3				
Tue	17	1.781120						
Wed	18	1.908000						
Thu	19	1.775520						
Fri	20	1.812980						
Sat	21	1.820180						
Sun	22	1.886240						
Mon	23	1.985800	7.78	78.2				
Tue	24	1.588880						
Wed	25	1.399880						
Thu	26	1.552320						
Fri	27	1.994400						
Sat	28	1.848400						
Sun	29	1.870400						
Mon	30	1.539380	7.55	72.7				
Tue	31	1.579880						
MONTHLY AVERAGE		1.837280		78.8	48.5	3.5	< 19.0	< 1.4
HIGHEST VALUE		1.994400	7.78	82.8	48.5	3.5	< 19.0	< 1.4
LOWEST VALUE		1.281440	7.32	72.7	48.5	3.5	< 19.0	< 1.4
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	0	0	0
TOTAL FLOW		50.75680						

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)
Brandon Epison		1/17/2025
Preparer's telephone number	Operator's certification number	
812-362-6118	WW020450	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Nathan Johnson		1/17/2025



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3/3-14)

FACILITY NAME AND ADDRESS

Cleveland-City's Steel Corporation
 8500 North U.S. 231
 Rockport, IN 47835

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 05-0
 100 North Senate Avenue
 Indianapolis, Indiana 46204-0251

1	N	0	0	5	9	8	5	0
PERMIT NUMBER								

0	0	1	8
OUTFALL NO.			

1	2	2	4
MO		YR	

No Discharge

This is analyzed monthly

EFFLUENT CHARACTERISTICS		Ammonia		Chloride		Chromium		Nickel			
EFFLUENT PARAMETER NUMBER		O 00810	C 00810	Q00940	C 00940	Q01034	C01034	Q01074	C01074		
SAMPLE TYPE	Permit Condition	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP		
	Monitored	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP		
FREQUENCY	Permit Condition	1/31	1/31	1/31	1/31	1/31	1/31	1/31	1/31		
	Monitored	1/31	1/31	1/31	1/31	1/31	1/31	1/31	1/31		
EFFLUENT LIMITATIONS	Permit Minimum										
	Permit Average	Report	Report	Report	Report	Report	Report	Report	Report		
	Permit Maximum	Report	Report	Report	Report	Report	Report	Report	Report		
UNITS =		LSDAY	MG/L	LSDAY	MG/L	LSDAY	MG/L	LSDAY	MG/L		
	Sun 1	121.22	9.12	<	0.159	<	0.012	1.3118	0.0987	0.159	0.012
	Mon 2										
	Tue 3										
	Wed 4										
	Thu 5										
	Fri 6										
	Sat 7										
	Sun 8										
	Mon 9										
	Tue 10										
	Wed 11										
	Thu 12										
	Fri 13										
	Sat 14										
	Sun 15										
	Mon 16										
	Tue 17										
	Wed 18										
	Thu 19										
	Fri 20										
	Sat 21										
	Sun 22										
	Mon 23										
	Tue 24										
	Wed 25										
	Thu 26										
	Fri 27										
	Sat 28										
	Sun 29										
	Mon 30										
	Tue 31										
MONTHLY AVERAGE		121.22	9.12	<	0.159	<	0.012	1.3118	0.0987	0.159	0.012
HIGHEST VALUE		121.22	9.12	<	0.159	<	0.012	1.3118	0.0987	0.159	0.012
LOWEST VALUE		121.22	9.12	<	0.159	<	0.012	1.3118	0.0987	0.159	0.012
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	0	0	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): Brandon Epison	Date (month, day, year): 1/17/2025
	Preparer's telephone number: 812-362-6116	Operator's certification number: W W020 450
	Signature of principal executive officer or authorized agent (or attested by NetDNR subscriber agreement): Nathan Johnson	Date (month, day, year): 1/17/2025



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3/3-14)

FACILITY NAME AND ADDRESS

Cleveland-City's Steel Corporation
 8500 North U.S. 231
 Rockport, IN 47835

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 65-0
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

1	N	0	0	5	9	8	5	0
PERMIT NUMBER								

0	0	1	8
OUTFALL NO.			

1	2	2	4
MG		YRL	

No Discharge

This is untested material

EFFLUENT CHARACTERISTICS		Zinc		Lead		BPC	
EFFLUENT PARAMETER NUMBER		Q 01094	C 01094	Q 01114	C 01114	Q 50080	C 50080
SAMPLE TYPE	Permit Condition	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	Grab	Grab
	Monitored	24 hr COMP	24 hr COMP	24 hr COMP	24 hr COMP	Grab	Grab
FREQUENCY	Permit Condition	1/31	1/31	1/31	1/31	1/31	1/31
	Monitored	1/31	1/31	1/31	1/31	1/31	1/31
EFFLUENT LIMITATIONS	Permit Minimum						
	Permit Average	Report	Report	Report	Report	Report	0.028
	Permit Maximum	Report	Report	Report	Report	Report	0.225
UNITS =		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Sun 1	< 0.266	< 0.02	< 0.0066	< 0.0025		
	Mon 2					< 0.163	< 0.012
	Tue 3						
	Wed 4						
	Thu 5						
	Fri 6						
	Sat 7						
	Sun 8						
	Mon 9					< 0.155	< 0.012
	Tue 10						
	Wed 11						
	Thu 12						
	Fri 13						
	Sat 14						
	Sun 15						
	Mon 16					< 0.164	< 0.012
	Tue 17						
	Wed 18						
	Thu 19						
	Fri 20						
	Sat 21						
	Sun 22						
	Mon 23					< 0.157	< 0.012
	Tue 24						
	Wed 25						
	Thu 26						
	Fri 27						
	Sat 28						
	Sun 29						
	Mon 30					< 0.154	< 0.012
	Tue 31						
MONTHLY AVERAGE		< 0.266	< 0.02	< 0.0066	< 0.0025	< 0.167	< 0.012
HIGHEST VALUE		< 0.266	< 0.02	< 0.0066	< 0.0025	< 0.157	< 0.012
LOWEST VALUE		< 0.266	< 0.02	< 0.0066	< 0.0025	< 0.154	< 0.012
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	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):	Date (month, day, year)
	Brandon Epison	1/17/2025
	Preparer's telephone number	Operator's certification number
812-362-6116	W W020450	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
Nathan Johnson	1/17/2025	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMIT \$

Indiana Discharge Monitoring Report
State Form 30530 (03 / 3-14)

FACILITY NAME AND ADDRESS:
Cleveland-Ciffs Steel Corporation
8500 North U.S. 231
Rockport, IN 47835

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
26TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-0
100 North Senate Avenue
Indianapolis, Indiana 46204-0251

E-mail address: Chuck.Gibson@clevelandciffs.com

1	N	0	0	5	9	8	5	0
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

1	2	2	4
MO.		YR.	

No Discharge X

This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		Oil & Grease					
EFFLUENT PARAMETER NUMBER		Q50050	C00400		C 00552	C 00552	Q	C	Q	C
SAMPLE TYPE	Permit Condition	24 hr Total	Grab		Grab	Grab				
	Monitored	24 hr Total	Grab		Grab	Grab				
FREQUENCY	Permit Condition	0507	01/07		Daily	Daily				
	Monitored	3/31	01/07		During Flow	During Flow				
EFFLUENT LIMITATIONS	Permit Minimum		8.0							
	Permit Average	Report			Report	Report				
	Permit Medium	Report	9.0		Report	Report				
	UNITS =	MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Sun	1								
	Mon	2								
	Tue	3								
	Wed	4								
	Thu	5								
	Fri	6								
	Sat	7								
	Sun	8								
	Mon	9								
	Tue	10								
	Wed	11								
	Thu	12								
	Fri	13								
	Sat	14								
	Sun	15								
	Mon	16								
	Tue	17								
	Wed	18								
	Thu	19								
	Fri	20								
	Sat	21								
	Sun	22								
	Mon	23								
	Tue	24								
	Wed	25								
	Thu	26								
	Fri	27								
	Sat	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	0	0	0
TOTAL FLOW		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 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)
	Brandon Epison		1/17/2025
	Preparer's telephone number	Operator's certification number	
812-362-6116		WW020450	
Signature of principal executive officer or authorized agent (or attested by NetDWR subscriber agreement)			Date (month, day, year)
Nathan Johnson			1/17/2025



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (03 / 3-14)

Facility Name and Address:
 Cleveland-Ciffs Steel Corporation
 8500 North U.S. 231
 Rockport, IN 47835

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
 THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
 26TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-0
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

E-mail address: Chuck.Gibson@clevelandciffs.com

PERMIT NUMBER: 1 N 0 0 5 9 8 5 0

OUTFALL NO.: 1 0 1 A

MO: 1 2 2 4
 YR: 1 2 2 4

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH	TSS		Oil & Grease		Lead	
EFFLUENT PARAMETER NUMBER		Q5050	C00400	Q00530	C00530	Q 00552	C 00552	Q 01114	C 01114
SAMPLE TYPE	Permit Condition	24 Hr Total	Grab	24 Hr COMP	24 Hr COMP	Grab	Grab	24 Hr COMP	24 Hr COMP
	Monitored	24 Hr Total	Grab	24 Hr COMP	24 Hr COMP	Grab	Grab	24 Hr COMP	24 Hr COMP
FREQUENCY	Permit Condition	0507	0107	0107	0107	0107	0107	0107	0107
	Monitored	3121	0107	0107	0107	0107	0107	0107	0107
EFFLUENT LIMITATIONS	Permit Minimum		8.0						
	Permit Average	Report		5.19	Report	1.73	Report	1.83	Report
	Permit Medium	Report	9.0	1188	Report	508	Report	4.88	Report
UNITS =		MGD	Hr	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY
Sun	1	1,222,960			29.8	2.9		< 0.0051	< 0.0005
Mon	2	1,251,360	8.22				25.1	2.4	
Tue	3	1,149,120							
Wed	4	1,012,320							
Thu	5	1,081,280							
Fri	6	1,208,720							
Sat	7	1,139,040							
Sun	8	1,182,240			34.5	3.5		< 0.0049	< 0.0005
Mon	9	1,231,200	8.31				17.5	1.7	
Tue	10	1,089,840							
Wed	11	1,131,840							
Thu	12	1,182,240							
Fri	13	1,440,000							
Sat	14	1,391,040							
Sun	15	1,398,240			79.3	8.8		< 0.0058	< 0.0005
Mon	16	1,288,800	8.08				88.8	8.4	
Tue	17	1,408,320							
Wed	18	1,518,320							
Thu	19	1,418,400							
Fri	20	1,458,720							
Sat	21	1,434,240							
Sun	22	1,490,080			38.7	3.2		< 0.0061	< 0.0005
Mon	23	1,438,560	8.49				22.8	1.9	
Tue	24	1,212,480							
Wed	25	1,105,920							
Thu	26	1,187,840							
Fri	27	1,488,640							
Sat	28	1,311,840							
Sun	29	1,242,720			48.7	4.7		< 0.0052	< 0.0005
Mon	30	1,182,240	8.20				38.5	3.7	
Tue	31	1,211,040							
MONTHLY AVERAGE		1,270,452			48.2	4.2	34.1	3.2	< 0.0054
HIGHEST VALUE		1,518,320	8.49		79.3	8.8	88.8	8.4	< 0.0061
LOWEST VALUE		1,012,320	8.08		29.8	2.9	17.5	1.7	< 0.0049
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0	0	0	0	0	0
TOTAL FLOW		39,384,000							

Prepared by or under the direction of (Certified Operator): **Brandon Epison** Date (month, day, year): **1/17/2025**

Preparer's telephone number: **812-362-6116** Operator's certification number: **WW020450**

Signature of principal executive officer or authorized agent (or attested by NetDWR subscriber agreement): **Nathan Johnson** Date (month, day, year): **1/17/2025**

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.



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMIT 8

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

Facility Name and Address:

Cleveland Cliffs Steel Corporation
 5500 North U.S. 231
 Rodport, IN 47635

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
 THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
 26TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-0
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2051

1 0 0 0 5 9 6 5 0
 PERMIT NUMBER

1 0 1 A
 OUTFALL NO.

1 2 2 4
 MO. YR.

No Discharge

This is a wet and submit

EFFLUENT CHARACTERISTICS		Chromium		Nickel		Zinc	
EFFLUENT PARAMETER NUMBER		D-0102A	C-0102B	D-0107A	C-0107B	D-0109A	C-0109B
SAMPLE TYPE	Permit Condition	24 Hr COMP	24 Hr COMP	24 Hr COMP	24 Hr COMP	24 Hr COMP	24 Hr COMP
	Monitored	24 Hr COMP	24 Hr COMP	24 Hr COMP	24 Hr COMP	24 Hr COMP	24 Hr COMP
FREQUENCY	Permit Condition	01:07	01:07	01:07	01:07	01:07	01:07
	Monitored	01:07	01:07	01:07	01:07	01:07	01:07
LIMITATIONS	Permit Minimum						
	Permit Average	5.37	Report	3.95	Report	2.00	Report
	Permit Maximum	13.35	Report	11.81	Report	5.97	Report
UNITS =		LB/DAY	MGL	LB/DAY	MGL	LB/DAY	MGL
Sun	1	0.273	0.029	0.12	0.015	< 0.20	< 0.02
Mon	2						
Tue	3						
Wed	4						
Thu	5						
Fri	6						
Sat	7						
Sun	8	0.148	0.015	0.09	0.008	< 0.20	< 0.02
Mon	9						
Tue	10						
Wed	11						
Thu	12						
Fri	13						
Sat	14						
Sun	15	0.243	0.021	0.29	0.025	< 0.20	< 0.02
Mon	16						
Tue	17						
Wed	18						
Thu	19						
Fri	20						
Sat	21						
Sun	22	0.667	0.054	0.19	0.015	< 0.20	< 0.02
Mon	23						
Tue	24						
Wed	25						
Thu	26						
Fri	27						
Sat	28						
Sun	29	0.183	0.017	0.16	0.016	< 0.20	< 0.02
Mon	30						
Tue	31						
MONTHLY AVERAGE		0.303	0.023	0.15	0.014	< 0.20	< 0.02
HIGHEST VALUE		0.667	0.054	0.29	0.025	< 0.20	< 0.02
LOWEST VALUE		0.148	0.015	0.09	0.008	< 0.20	< 0.02
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	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):
 Brandon E. Pilon
 Date (month, day, year): 1/17/2025

Preparer's telephone number: 812-382-8118
 Operator's certification number: WW020450

Signature of principal executive officer or authorized agent (or attested by NIDMR subscriber agreement):
 Nathan Johnson
 Date (month, day, year): 1/17/2025



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (03 / 3-14)

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 Office of Water Quality, Mail Code 65-0
 100 North Senate Avenue
 Indianapolis, Indiana 46204-0251

E-mail address: Chuck.Gibson@clevelandciffs.com

1 N 0 0 5 9 8 5 0
 PERMIT NUMBER

2 0 1 A
 OUTFALL NO.

1 2 2 4
 MO. YR.

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	Cr VI			
EFFLUENT PARAMETER NUMBER		Q5050	Q01220	C01220		
SAMPLE TYPE	Permit Condition	24 hr Total	Grab	Grab		
	Monitored	24 hr Total	Grab	Grab		
FREQUENCY	Permit Condition	0107	0107	0107		
	Monitored	3121	0107	0107		
EFFLUENT LIMITATIONS	Permit Minimum					
	Permit Average	Report	0.20	Report		
	Permit Medium	Report	0.59	Report		
UNITS =		MGD	LB/DAY	MG/L		
Sun	1	0.036000				
Mon	2	0.021870	< 0.001	< 0.004		
Tue	3	0.001440				
Wed	4	0.001440				
Thu	5	0.001440				
Fri	6	0.001440				
Sat	7	0.001440				
Sun	8	0.001440				
Mon	9	0.004320	< 0.0001	< 0.004		
Tue	10	0.002880				
Wed	11	0.004320				
Thu	12	0.007200				
Fri	13	0.008800				
Sat	14	0.012960				
Sun	15	0.020160				
Mon	16	0.021870	< 0.001	< 0.004		
Tue	17	0.040320				
Wed	18	0.036000				
Thu	19	0.028800				
Fri	20	0.034560				
Sat	21	0.036000				
Sun	22	0.028800				
Mon	23	0.048080	< 0.002	< 0.004		
Tue	24	0.015840				
Wed	25	0.010080				
Thu	26	0.008640				
Fri	27	0.028800				
Sat	28	0.038880				
Sun	29	0.040200				
Mon	30	0.018720	< 0.001	< 0.004		
Tue	31	0.004320				
MONTHLY AVERAGE		0.019277	< 0.001	< 0.004		
HIGHEST VALUE		0.048080	< 0.002	< 0.004		
LOWEST VALUE		0.001440	< 0.000	< 0.004		
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0	0		
TOTAL FLOW		0.597600				

<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 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)
	Brandon Epison		1/17/2025
	Preparer's telephone number	Operator's certification number	
812-362-6116		WW020450	
Signature of principal executive officer or authorized agent (or attested by NetDWR subscriber agreement)			Date (month, day, year)
Scott T. Davis			1/17/2025