

Name: Brett Towne
E-Mail: btowne@peerlesspump.com
Date/Time: 2025-11-26 09:49 (Time Zone: -05:00)

Report Last Signed By

User: PPU2023AU
Name: Brett Towne
E-Mail: btowne@peerlesspump.com
Date/Time: 2025-11-26 09:50 (Time Zone: -05:00)

Name: Brett Towne
E-Mail: btowne@peerlesspump.com
Date/Time: 2025-11-26 09:50 (Time Zone: -05:00)

Report Last Signed By

User: PPU2023AU
Name: Brett Towne
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Date/Time: 2025-11-26 09:50 (Time Zone: -05:00)



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 1-19)

FACILITY NAME AND ADDRESS:

Peerless Pump Company
 2005 Dr. Martin Luther King Jr. St.
 Indianapolis, IN 46202

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

E-mail address: btowne@peerlesspump.com

1	N	0	0	5	1	3	6	5
PERMIT NUMBER								

0	0	2	A
OUTFALL NO.			

1	1	2	5
MO.		YR.	

No Discharge X

** < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		Oil and Grease		Total Iron						
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C			
SAMPLE TYPE		Permit Condition	Grab		Grab		Grab						
FREQUENCY		Permit Condition	1x per month		1x per month		1x per month						
EFFLUENT LIMITATIONS		Permit Minimum	6.0		10.00		Report						
		Permit Average			15.00		Report						
		Permit Maximum	9.0				Report						
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Sat	1												
Sun	2												
Mon	3												
Tue	4												
Wed	5												
Thu	6												
Fri	7												
Sat	8												
Sun	9												
Mon	10												
Tue	11												
Wed	12												
Thu	13												
Fri	14												
Sat	15												
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Sat	22												
Sun	23												
Mon	24												
Tue	25												
Wed	26												
Thu	27												
Fri	28												
Sat	29												
Sun	30												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW 0

Prepared by or under the direction of (Certified Operator):

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Brett Towne Date (month, day, year) 11/25/2025

Preparer's telephone number 317-719-0428 Operator's certification number [Signature]

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) [Signature] Date (month, day, year) [Signature]



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