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Permit			
Permit #:	IN0064942	Permittee:	Charlestown River Ridge WTP
Major:	No	Permittee Address:	6513 Longview Beach Road Jeffersonville, IN 47130
Permitted Feature:	001 External Outfall	Discharge:	001-A DISCHARGE INTO BATTLE CREEK
Facility:	CHARLESTOWN RIVER RIDGE WTP		
Facility Location:	6513 LONGVIEW BEACH ROAD JEFFERSONVILLE, IN 47130		

Report Dates & Status			
Monitoring Period:	From 10/01/25 to 10/31/25	DMR Due Date:	11/28/25
Status:	NetDMR Validated		

Considerations for Form Completion
CLARK COUNTY

Principal Executive Officer			
First Name:	Marc	Title:	Executive Director
Last Name:	Hildenbrand	Telephone:	812-725-9974

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
00400	pH	1 - Effluent Gross	0	--	Sample													01/07 - Weekly	GR - Grab
					Permit Req.					>=	8.0 DAILYMN				<=	9.0 DAILYMX	12 - SU		
					Value NODI						C - No Discharge					C - No Discharge			
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample												01/07 - Weekly	GR - Grab	
					Permit Req.						<=	20.0 MO AVG	<=	40.0 DAILYMX	19 - mg/L				
					Value NODI						C - No Discharge				C - No Discharge				
00980	Iron, total recoverable	1 - Effluent Gross	0	--	Sample												01/07 - Weekly	GR - Grab	
					Permit Req.							Req Mon MO AVG		Req Mon DAILYMX	19 - mg/L				
					Value NODI						C - No Discharge				C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												01/07 - Weekly	TM - Totalizer	
					Permit Req.							Req Mon MO AVG		Req Mon DAILYMX	03 - MGD				
					Value NODI						C - No Discharge				C - No Discharge				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												01/07 - Weekly	GR - Grab	
					Permit Req.							<	0.06 MO AVG	<	0.06 DAILYMX	19 - mg/L			
					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
IN0064942_001A_MMR_2025_10.pdf	pdf	135112.0

Report Last Saved By
Charlestown River Ridge WTP

User: JTE RRY1234

Name: John Terry
E-Mail: jterry@louisvillewater.com
Date/Time: 2025-11-10 10:56 (Time Zone: -05:00)

Report Last Signed By

User: JTERRY1234
Name: John Terry
E-Mail: jterry@louisvillewater.com
Date/Time: 2025-11-10 10:56 (Time Zone: -05:00)



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R8 / 7-24)

FACILITY NAME AND ADDRESS:
 CHARLESTOWN RIVER RIDGE WTP
 6513 LONGVIEW BEACH ROAD
 JEFFERSONVILLE, IN 47130

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: jterry@louisvillewater.com

I	N	0	0	6	4	9	4	2
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

1	0	2	5
MO.		YR.	

No Discharge

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH		SOLIDS, TOT SUSPENDED		IRON, TOTAL		RESIDUAL CHLORINE, TOTAL	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q 00530	C 00530	Q 00980	C 00980	Q 50080	C 50080	
SAMPLE TYPE	Permit Condition	24 TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
	Monitored	24 TOT	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	Permit Condition	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	
	Monitored									
EFFLUENT LIMITATIONS	Permit Minimum	N/A	6.0	N/A	N/A	N/A	N/A	N/A	N/A	
	Permit Average	REPORT	N/A	20.00	20	REPORT	REPORT	0.01	.01	
	Permit Maximum	REPORT	9.0	40.00	40	REPORT	REPORT	0.02	0.02	
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Wed	1								
	Thu	2								
	Fri	3								
	Sat	4								
	Sun	5								
	Mon	6								
	Tue	7								
	Wed	8								
	Thu	9								
	Fri	10								
	Sat	11								
	Sun	12								
	Mon	13								
	Tue	14								
	Wed	15								
	Thu	16								
	Fri	17								
	Sat	18								
	Sun	19								
	Mon	20								
	Tue	21								
	Wed	22								
	Thu	23								
	Fri	24								
	Sat	25								
	Sun	26								
	Mon	27								
	Tue	28								
	Wed	29								
	Thu	30								
	Fri	31								
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		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 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.	Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
	JOHN TERRY		11/10/2025
	Preparer's telephone number	Operator's certification number	
5025469589	WT230129		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
<i>John Terry</i>		11/10/2025	