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<b>Permit</b>	
Permit #: <b>INP000709</b>	Permittee: <b>CATALENT PHARMA SOLUTIONS (FKA BETTERA BRANDS)</b>
Major: <b>No</b>	Permittee Address: <b>601 RUDOLPH WAY GREENDALE, IN 47025</b>
Permitted Feature: <b>001 External Outfall</b>	Discharge: <b>001-A CONFECTIONARY MOGUL WASTE STREAM - TO SOUTH DEARBORN RSD</b>
Facility: <b>CATALENT PHARMA SOLUTIONS (FKA BETTERA BRANDS)</b>	
Facility Location: <b>601 RUDOLPH WAY GREENDALE, IN 47025</b>	
<b>Report Dates &amp; Status</b>	
Monitoring Period: <b>From 11/01/25 to 11/30/25</b>	DMR Due Date: <b>12/28/25</b>
Status: <b>NetDMR Validated</b>	
<b>Considerations for Form Completion</b>	
REPORT QUARTERLY PHOSPHATE ON THE 001-AQ NETDMR. PRETREATMENT - DEARBORN COUNTY	
<b>Principal Executive Officer</b>	
First Name: <b>Brandon</b>	Title: <b>General Manager</b>
Last Name: <b>McDaniel</b>	Telephone: <b>859-882-0268</b>

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					=	5.87			=	8.83	12 - SU	0	01/01 - Daily	GR - Grab
					Permit Req.					>=	5.5 DAILY MN			<=	9.5 DAILY MX	12 - SU			
					Value NODI														
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample									=	5.0	19 - mg/L	0	02/30 - Twice Per Month	GR - Grab
					Permit Req.									<=	100.0 DAILY MX	19 - mg/L			
					Value NODI														
00981	Selenium, total recoverable	1 - Effluent Gross	0	--	Sample									<	0.02	19 - mg/L	0	02/30 - Twice Per Month	GR - Grab
					Permit Req.									<=	4.85 DAILY MX	19 - mg/L			
					Value NODI														
X01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample									=	35.8	19 - mg/L	2	02/30 - Twice Per Month	GR - Grab
					Permit Req.									<=	1.0 DAILY MX	19 - mg/L			
					Value NODI														
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample									=	0.1	19 - mg/L	0	02/30 - Twice Per Month	GR - Grab
					Permit Req.									<=	2.0 DAILY MX	19 - mg/L			
					Value NODI														
50050	Flow in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.013	=	0.028	03 - MGD							0	01/01 - Daily	TM - Totalizer
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									
					Value NODI														
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample									=	7080.0	19 - mg/L	0	02/30 - Twice Per Month	GR - Grab
					Permit Req.										Req Mon DAILY MX	19 - mg/L			
					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**

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
01094	Zinc, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. <b>Please verify that the value you have provided is correct.</b>	Yes

**Comments**

A treatment filter system is being added to combat the zinc. The system is in place and will be starting this up soon, have a few things to complete before the initial start of this system. A non-compliance report was submitted for the high zinc.

**Attachments**

Name	Type	Size
INP000709_001A_MMR_2025_11.pdf	pdf	551500.0

**Report Last Saved By**

**CATALENT PHARMA SOLUTIONS (FKA BETTERA BRANDS)**

User: MHAYES929  
Name: Melissa Hayes  
E-Mail: melissahayes929@gmail.com  
Date/Time: 2025-12-19 15:37 (Time Zone: -05:00)

**Report Last Signed By**

User: MHAYES929  
Name: Melissa Hayes  
E-Mail: melissahayes929@gmail.com  
Date/Time: 2025-12-19 15:37 (Time Zone: -05:00)

## **INSTRUCTIONS FOR MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS**

**General information (Facility Name, Permit Number, Outfall, and Date)** should be entered along the top of the first page, **first**. This information will then automatically display on subsequent pages of the MMR.

**No Discharge?** If no discharge for the entire calendar month, put an X in the box next to "No Discharge" on page 1. Complete the Signature block and save. ("Revised" is also available, if needed.)

**If Discharge:** Report concentration measurement values in the "C" column. Do not enter data in the "Q" columns for they are loading calculation columns.

**Parameters:** Flow and pH are already labeled on page one. Be sure each of the other parameters are individually labeled at the top of the (double) Quantity/Concentration ("Q"/"C") columns.

**Reporting Non-Detect Values:** If a measurement value is Non-detect, report the absolute value of the limit of detection in the "C" column and enter a "<" sign in the corresponding narrow gray column to its left.

### **Rounding of MMR values (when transferring MMR summary data to corresponding netDMR)**

Flow values can be reported precisely (in MGD) to at least the sixth place to the right of the decimal and should be reported to at least the fourth place to the right of the decimal (if a minor).

Non-flow values can be rounded down to same number of significant digits of the limit for that parameter.

### **To add additional pages (e.g. "tabs") to the MMR in order to add additional parameters:**

Right click on the tab below labeled "MMR- Page 3".  
Select Move or Copy.  
Select move to end and Create Copy from the popup .  
Label the tab "MMR - page 4" by right clicking and choosing "Rename".  
Repeat if other pages are needed.

**Signature Block:** Fully complete the Signature block on page 1 of the MMR. Save.

**pH Notes:** If only one pH sample is taken per day, either column (Hi or Low) may be used.

**MMR Cell Calculation Notes:** Many of the cells containing formulas are "locked" to prevent accidental modification.

Should you need to have a geometric mean (rather than an average) calculated, you may unlock the form and change the formula wording in the appropriate cell from "average" to "geomean".

**NetDMR NODI Codes** that are allowed to be used in place of measurement data on the netDMR for Indiana NPDES permits (when they apply to the entire monitoring period) are the ones that are bolded on the attached NODI code list. To use any of the other NODI codes you must acquire special permission from the IDEM OWQ Compliance Data Section and explain in the NetDMR "Comments" field. When form is completed, save it as an Excel document first (in case you ever need to revise it).

### **To Save MMR as a PDF (to attach to netDMR) while the Excel MMR is open (and completed):**

Click on "Page 1" tab (at bottom) to select it (left click on it with mouse).  
Hold down the Shift key (with left hand).  
Click on the last page/tab used (i.e., Page 3), using the mouse.  
Release the CTRL key (and all the pages should now appear to be selected).  
Click on "File".  
Choose "Save As".  
Name the MMR correctly (i.e., PermitID\_Outfall\_MMR\_YYYY\_MM)  
Choose the File Type of "PDF".  
Click on Save.

Note where this PDF file was saved on your computer.

### NetDMR NODI Codes - Indiana

Below is a list of **No Discharge Indicator** (NODI) codes that should be used to report missing measurement data on the netDMR if there is no measurement data for a parameter/outfall for an entire monitoring period. For the majority of permits/outfalls/parameters this should be rare. In order to maintain NPDES data integrity, reduce confusion, and prevent

NODI Code	Description	Places Permit in Noncompliance Status
2	Operation Shutdown	NO
3	Special Report Attached	NO
7	No Influent	NO
<b>9</b>	<b>Conditional Monitoring - Not Required This Period</b>	<b>NO</b>
A	General Permit Exemption	NO
B	Below Detection Limit/No Detection	NO
<b>C</b>	<b>No Discharge</b>	<b>NO</b>
<b>E</b>	<b>Failed to Sample/Required Analysis Not Conducted</b>	<b>YES</b>
F	Insufficient Flow for Sampling	NO
I	Land Applied	NO
<b>N</b>	<b>Not Constructed</b>	<b>NO</b>
<b>P</b>	<b>Laboratory Error or Invalid Test</b>	<b>YES</b>
Q	Not Quantifiable	NO
T	Environmental Conditions - Monitoring Not Possible	NO
W	Dry Lysimeter / Well	unknown
Z	COVID19 valid Mar-Aug 2020 monitoring	NO

above will require permission from the IDEM Compliance Data



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R8 / 7-24)

FACILITY NAME AND ADDRESS:  
 Catalent  
 601 Rudolph Way  
 Greendale, IN 47025

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: melissahayes929@gmail.com

I	N	P	0	0	0	7	0	9
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

1	1	2	5
MO.		YR.	

No Discharge

This is a revised submittal.

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

EFFLUENT CHARACTERISTICS		FLOW	pH		CBOD		OIL & GREASE		PHOSPHATE	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q 80082	C 80082	Q 00552	C 00552	Q 00650	C 00650
SAMPLE TYPE	Permit Condition	24 TOTAL	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
	Monitored	24 TOTAL	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	Permit Condition	DAILY	DAILY	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH	QUARTERLY	QUARTERLY	
	Monitored	DAILY	5 X WEEK	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH			
EFFLUENT LIMITATIONS	Permit Minimum	NA	5.5	NA	NA	NA	NA	NA	NA	NA
	Permit Average	REPORT	NA	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT
	Permit Maximum	REPORT	9.5	REPORT	REPORT	REPORT	REPORT	100.00	REPORT	REPORT

	UNITS =	MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Sat	1	0.025691	7.51	7.22									
Sun	2	0.005496	7.65	7.64									
Mon	3	0.014611	8.83	8.63									
Tue	4	0.017891	8.45	7.07	295.6147821		1980	0.746501975	<	5			
Wed	5	0.018174	8.31	6.57									
Thu	6	0.014672	7.49	7.06	866.8599072		7080	0.514238928		4.2	16.40667056		134
Fri	7	0.017551	7.36	6.81									
Sat	8	0.013124	7.37	7.04									
Sun	9	0.02084	7.53	6.49									
Mon	10	0.013817	7.22	6.7									
Tue	11	0.011759	7.77	6.6									
Wed	12	0.007442	7.86	6.83									
Thu	13	0.008975	7.38	6.97									
Fri	14	0.012542	7.15	6.97									
Sat	15	0.011563	7.72	7.28									
Sun	16	0.017203	7.1	6.55									
Mon	17	0.014594	6.43	6.39									
Tue	18	0.017478	7.78	6.52									
Wed	19	0.014118	7.21	6.74									
Thu	20	0.014599	7.26	6.77									
Fri	21	0.013746	7.61	6.52									
Sat	22	0.010965	6.89	5.87									
Sun	23	0.020246		6.64									
Mon	24	0.009638	6.76	6.34									
Tue	25	0.017609	7.11	6.02	599.5441884		4080	0.411451894		2.8			
Wed	26	0.006639	7.4	6.4									
Thu	27	0.00655		6.3									
Fri	28	0.011444		7.1									
Sat	29	0.006079	8.14	7.47									
Sun	30	0.003899	8.29	7.74									
MONTHLY AVERAGE		0.0132985			587.3396259		4380	0.557397599		4	16.40667056		134
HIGHEST VALUE		0.025691	8.83		866.8599072		7080	0.746501975		5	16.40667056		134
LOWEST VALUE		0.003899		5.87	295.6147821		1980	0.411451894		2.8	16.40667056		134
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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.	TOTAL FLOW	0.398955	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
			Melissa Hayes	12/19/2025
			Preparer's telephone number	Operator's certification number
			812-290-6254	WW020309
		Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
		Brandon McDaniel	12/19/2025	



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R8 / 7-24)

FACILITY NAME AND ADDRESS:

Catalent  
601 Rudolph Way  
Greendale, IN 47025

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.

I	N	P	0	0	0	7	0	9
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

1	1	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		CHROMIUM, TOTAL		ZINC, TOTAL		SELENIUM, TOTAL			
EFFLUENT PARAMETER NUMBER		Q 01118	C 01118	Q 01094	C 01094	Q 00981	C 00981	Q	C
SAMPLE TYPE	Permit Condition	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		
	Monitored	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		
FREQUENCY	Permit Condition	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH		
	Monitored	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH	2 X MONTH		
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA	NA	NA		
	Permit Average	NA	NA	NA	NA	NA	NA		
	Permit Maximum	REPORT	REPORT 2.0	REPORT	REPORT 1.0	REPORT	REPORT 4.85		
UNITS=		LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
Sat	1								
Sun	2								
Mon	3								
Tue	4	0.01493004	0.1	0.0761432	0.51	0.00298601	<	0.02	
Wed	5								
Thu	6	0.0008938	0.0073	4.38327467	35.8	0.00244876	<	0.02	
Fri	7								
Sat	8								
Sun	9								
Mon	10								
Tue	11								
Wed	12								
Thu	13								
Fri	14								
Sat	15								
Sun	16								
Mon	17								
Tue	18								
Wed	19								
Thu	20								
Fri	21								
Sat	22								
Sun	23								
Mon	24								
Tue	25	0.00048493	0.0033	0.58925789	4.01	0.00293894	<	0.02	
Wed	26								
Thu	27								
Fri	28								
Sat	29								
Sun	30								
MONTHLY AVERAGE		0.00543625	0.03686667	1.68289192	13.44	0.00279124		0.02	
HIGHEST VALUE		0.01493004	0.1	4.38327467	35.8	0.00298601		0.02	
LOWEST VALUE		0.00048493	0.0033	0.0761432	0.51	0.00244876		0.02	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									

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): <b>Melissa Hayes</b>		Date (month, day, year) <b>12/19/2025</b>
	Preparer's telephone number <b>812-290-6254</b>		Operator's certification number <b>WW020309</b>
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Brandon McDaniel</b>		Date (month, day, year) <b>12/19/2025</b>



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R8 / 7-24)

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AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
FOR SUBMITTAL.

I	N	P	0	0	0	7	0	9
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

1	1	2	5
MO.		YR.	

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

No Discharge   
This is a revised submittal.

EFFLUENT CHARACTERISTICS													
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition												
	Monitored												
FREQUENCY	Permit Condition												
	Monitored												
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average												
	Permit Maximum												
UNITS=		LB/DAY	**	MG/L	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												
Sun	16												
Mon	17												
Tue	18												
Wed	19												
Thu	20												
Fri	21												
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													

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): <b>Melissa Hayes</b>		Date (month, day, year) <b>12/19/2025</b>
Preparer's telephone number <b>812-290-6254</b>	Operator's certification number <b>WW020309</b>	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Brandon McDaniel</b>		Date (month, day, year) <b>12/19/2025</b>