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<b>Permit</b>			
Permit #:	INP000714	Permittee:	TOSCA LTD.
Major:	No	Permittee Address:	6750 DANIEL BURNHAM DR. STE. D PORTAGE, IN 46368
Permitted Feature:	001 External Outfall	Discharge:	001-A MANHOLE ON WEST SIDE OF THE BUILDING
Facility:		TOSCALTD.	
Facility Location:		6750 DANIEL BURNHAM DR. STE. D PORTAGE, IN 46368	
<b>Report Dates &amp; Status</b>			
Monitoring Period:	From 11/01/25 to 11/30/25	DMR Due Date:	12/28/25
Status:		NetDMR Validated	
<b>Considerations for Form Completion</b>			
PRETREATMENT PORTER COUNTY			
<b>Principal Executive Officer</b>			
First Name:	Jim	Title:	Facilities Manager
Last Name:	Morris	Telephone:	

**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					=	7.2				=	8.6	12 - SU	0	01.01 - Daily	GR - Grab
					Permit Req.					>=	5.5 DAILY MN			<=	9.5 DAILY MX	12 - SU				
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample									=	110.0	19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite	
					Permit Req.								<=	1000.0 DAILY MX	19 - mg/L					
					Value NODI															
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample									=	0.1025	19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite	
					Permit Req.								<=	50.0 DAILY MX	19 - mg/L					
					Value NODI															
00885	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample									=	1.27	19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite	
					Permit Req.								<=	10.0 DAILY MX	19 - mg/L					
					Value NODI															
00940	Chloride [as Cl]	1 - Effluent Gross	0	--	Sample							=	27.5		19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite		
					Permit Req.								Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L					
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.00388781	=	0.00988451	03 - MGD							0	01.01 - Daily	TM - Totalizer	
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD											
					Value NODI															
70295	Solids, total dissolved	1 - Effluent Gross	0	--	Sample							=	973.5		19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite		
					Permit Req.								Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L					
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample							=	45.0	19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite			
					Permit Req.								<=	1000.0 DAILY MX				19 - mg/L		
					Value NODI															
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0	--	Sample							=	201.0	19 - mg/L	0	01.07 - Weekly	24 - 24 Hour Composite			
					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*

No errors.

*Comments*

*Attachments*

Name	Type	Size
INP000714_001_MMR_2025_11.pdf	pdf	194878.0

*Report Last Saved By*

TOSCA LTD.

User: sschutte@crawfordsville-in.gov  
Name: Scott Schutte  
E-Mail: scott@schuttecompliance.com  
Date/Time: 2025-12-14 21:49 (Time Zone: -05:00)

*Report Last Signed By*

User: sschutte@crawfordsville-in.gov  
Name: Scott Schutte  
E-Mail: scott@schuttecompliance.com  
Date/Time: 2025-12-14 21:49 (Time Zone: -05:00)



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

**FACILITY NAME AND ADDRESS:**  
 Tosca, LTD  
 6750 Daniel Burnham Drive  
 Suite D  
 Portage, IN 46368

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: \_\_\_\_\_

I	N	P	0	0	0	7	1	4
PERMIT NUMBER								

0	0	1	
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		FLOW	pH	cBOD5		TSS		Ammonia as N					
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C	Q	C	Q	C				
SAMPLE TYPE	Permit Condition	24 Hr. Total	Grab		24 Hr. Comp		24 Hr. Comp		24 Hr. Comp				
	Monitored	24 Hr. Total	Grab		24 Hr. Comp		24 Hr. Comp		24 Hr. Comp				
FREQUENCY	Permit Condition	Daily	Daily		1 X Weekly		1 X Weekly		1 X Weekly				
	Monitored	Daily	Daily		1X Weekly		1X Weekly		1X Weekly				
EFFLUENT LIMITATIONS	Permit Minimum	Report	5.5										
	Permit Average	Report											
	Permit Maximum	Report	9.5	800.00	1000	800.00	1000.00	85.00	50.00				
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Sat	1	0.000000											
Sun	2	0.000000											
Mon	3	0.003846		8.4									
Tue	4	0.005268		8.4									
Wed	5	0.008005		7.9									
Thu	6	0.006243		8.2	2.187933825		42	2.29212115		44	0.005209366	<	0.1
Fri	7	0.006929		8.6									
Sat	8	0.004055		8.4									
Sun	9	0.000000											
Mon	10	0.003231		8.3									
Tue	11	0.009685		8.1									
Wed	12	0.006100		8.3									
Thu	13	0.008060		8.3	1.547005697		23	2.421400221		36	0.006726112	<	0.1
Fri	14	0.004079		8.4									
Sat	15	0.001408		8.4									
Sun	16	0.000000											
Mon	17	0.002887		7.2									
Tue	18	0.006187		8.2									
Wed	19	0.004803		8.4									
Thu	20	0.004607		8.3	1.730133801		45	4.229215958		110	0.004229216		0.11
Fri	21	0.005262		8.4									
Sat	22	0.004599		8.4									
Sun	23	0.000143		8.4									
Mon	24	0.004953		8.4									
Tue	25	0.005365		7.9	1.880529561		42	3.134215935		70	0.004477451	<	0.1
Wed	26	0.004583		8.2									
Thu	27	0.000066		8.2									
Fri	28	0.000000											
Sat	29	0.000000											
Sun	30	0.000269		8.4									
MONTHLY AVERAGE		0.003687811			1.836400721		38	3.019238316		65	0.005160536		0.1025
HIGHEST VALUE		0.00968451		8.6	2.187933825		45	4.229215958		110	0.006726112		0.11
LOWEST VALUE		0		7.2	1.547005697		23	2.29212115		36	0.004229216		0.1
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED				0									

TOTAL FLOW 0.22126866

Prepared by or under the direction of (Certified Operator):  
 Scott W. Schutte  
 Date (month, day, year): 12/14/2025

Preparer's telephone number: 317-600-9507  
 Operator's certification number: 15184

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement):  
 Scott W. Schutte  
 Date (month, day, year): 12/14/2025

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 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.



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Tosca, LTD  
 6750 Daniel Burnham Drive  
 Suite D  
 Portage, IN 46368

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	1	4
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

1	1	2	5
MO.		YR.	

No Discharge	
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\*\* < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Chloride		TDS		Phosphorus		COD	
EFFLUENT PARAMETER NUMBER		Q	C	Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition		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
FREQUENCY	Permit Condition		1 X Weekly		1 X Weekly		1 X Weekly		1 X Weekly
	Monitored		1X Weekly		1X Weekly		1X Weekly		1X Weekly
EFFLUENT LIMITATIONS	Permit Minimum		Report		Report				Report
	Permit Average		Report		Report				Report
	Permit Maximum		Report		Report		10		Report
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	1.2502479	24	40.9977124	787	0.05157273	0.99	7.55358106	145
	Fri 7								
	Sat 8								
	Sun 9								
	Mon 10								
	Tue 11								
	Wed 12								
	Thu 13	1.9505724	29	68.6063396	1020	0.06120762	0.91	10.5599954	157
	Fri 14								
	Sat 15								
	Sun 16								
	Mon 17								
	Tue 18								
	Wed 19								
	Thu 20	1.11497512	29	42.5612915	1107	0.04844375	1.26	7.72793098	201
	Fri 21								
	Sat 22								
	Sun 23								
	Mon 24								
	Tue 25	1.25368637	28	43.8790231	980	0.05686363	1.27	8.23851046	184
	Wed 26								
	Thu 27								
	Fri 28								
	Sat 29								
	Sun 30								
MONTHLY AVERAGE		1.39237045	27.5	49.0110916	973.5	0.05452193	1.1075	8.52000448	171.75
HIGHEST VALUE		1.9505724	29	68.6063396	1107	0.06120762	1.27	10.5599954	201
LOWEST VALUE		1.11497512	24	40.9977124	787	0.04844375	0.91	7.55358106	145
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): Scott W. Schutte		Date (month, day, year) 12/14/2025
Preparer's telephone number 317-600-9507	Operator's certification number 15184	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Scott W. Schutte		Date (month, day, year)