DMR Copy of Record

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Permit Permit #: IN0055794 Permittee: HUBER FAMILY RESTAURANT, INC. Facility: **HUBER FAMILY RESTAURANT** Major: No **Permittee Address:** 2421 ENGLE ROAD **Facility Location:** 2421 ENGLE ROAD (UNNAMED TRIB TO THOMPSON CR) (UNNAMED TRIB TO THOMPSON CRK) **BORDEN, IN 47106** BORDEN, IN 47106 Permitted Feature: Discharge: External Outfall KITCHEN WASTE: UNT TO THOMPSON CR Report Dates & Status **DMR Due Date:** 02/28/24 Status: **Monitoring Period:** From 01/01/24 to 01/31/24 **NetDMR Validated Considerations for Form Completion** FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. SEMI PUBLIC CLARK COUNTY **Principal Executive Officer** LJ Title: General Manager Telephone: 812-923-5255 **First Name: Last Name:** Huber No Data Indicator (NODI) Form NODI:

Parameter	Monitoring Location	Season	# Param. NODI	I			Quantity or I						<b>Quality or Conce</b>				# of Ex	Frequency of Analysis	Sample Ty	
Code Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1		Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
				Sample						=	11.93					19 - mg/L		02/30 - Twice Per Month		
0300 Oxygen, dissolved [DO]	1 - Effluent Gross	2		Permit Req.						>=	5.0 DAILY MN					19 - mg/L	0	02/30 - Twice Per Month	GR - GRAE	
				Value NODI																
				Sample						=	7.6			=	7.8	12 - SU		02/30 - Twice Per Month	GR - GRAE	
0400 <b>pH</b>	1 - Effluent Gross	0		Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	02/30 - Twice Per Month	GR - GRAI	
P.1.				Value NODI																
				Sample	=	34.84	=	60.08	26 - lb/d			=	5.5	<	6.0	19 - mg/L		02/30 - Twice Per Month	GR - GRA	
00530 Solids, total suspended	1 - Effluent Gross	2		Permit Req.	<=	2.3 MO AVG	<=	3.4 DAILY MX	26 - Ib/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L	2	02/30 - Twice Per Month	GR - GRAE	
0030				Value NODI																
				Sample	<	29.82	<	29.82	26 - lb/d			<	5.0	<	5.0	19 - mg/L		02/30 - Twice Per Month	GR - GRA	
<b>√</b> 00552 Oil and grease, hexane extr method	1 - Effluent Gross	0		Permit Req.	<=	0.8 MO AVG	<=	1.1 DAILY MX	26 - Ib/d			<=	10.0 MO AVG	<=	15.0 DAILY MX	19 - mg/L	2	02/30 - Twice Per Month	GR - GRAI	
00332				Value NODI												-	_			
				Sample	=	23.0	=	39.86	26 - lb/d			=	3.59	=	3.98	19 - mg/L		02/30 - Twice Per Month	GR - GRA	
00610 Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	2		Permit Req.	<=	0.1 MO AVG	<=	0.2 DAILY MX	26 - Ib/d			<=	1.9 MO AVG	<=	2.8 DAILY MX	19 - mg/L	6	02/30 - Twice Per Month	GR - GRAI
00010				Value NODI																
				Sample	=	10.73	=	11.57	26 - lb/d			=	1.8	=	1.94	19 - mg/L		01/30 - Monthly	GR - GRAE	
0665 Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	26 - Ib/d				Req Mon MO AV	VG Req Mon DAILY N		IX 19 - mg/L	0	01/30 - Monthly	GR - GRAI	
				Value NODI																
				Sample	=	0.715	=	1.2	03 - MGD									02/30 - Twice Per Month	TM - TOTA	
0050 Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	02/30 - Twice Per Month	TM - TOTA	
, ,				Value NODI																
				Sample	<	34.84	<	60.08	26 - lb/d			<	5.5	<	6.0	19 - mg/L		02/30 - Twice Per Month	GR - GRAE	
80082 BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2		Permit Req.	<=	1.9 MO AVG	<=	3.0 DAILY MX	26 - Ib/d			<=	25.0 MO AVG	<=	40.0 DAILY MX	19 - mg/L	2	02/30 - Twice Per Month	GR - GRAE	
				Value NODI																
				Sample			=	1.43	80 - Mgal/mo	)								01/30 - Monthly	RT - RCOT	
2220 Flow, total	1 - Effluent Gross	0		Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo	)							0	01/30 - Monthly	RT - RCOT	
	225 21000			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**

	Parameter	Monitoring Location	Field		Description	Acknowledge
Code	Name	Monitoring Location	Field	Туре	Description	Ackilowiedge
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00552	Oil and grease, hexane extr method	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00552	Oil and grease, hexane extr method	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

### Comments

During the month of January, the local area experienced excessive rainfall amount, >6.50 for the month. Except for Nitrogen ammonia N, all concentration levels were within permit limits. The issue with the rainfall during the month and the fact the lagoon has a continuous discharge, the discharge volumes were elevated above normal. The elevated discharge volumes contributed to the mass discharge loading, even though the concentrations loading were below permit parameters. The property owners have ordered and said the additional aerator will be installed by the middle of the week of March 4.

### Attachments

 Name
 Type
 Size

 IN0055794\_001A\_MRO\_2024\_01.pdf
 887060.0

Report Last Saved By

HUBER FAMILY RESTAURANT, INC.

User: CRAWFORD324
Name: Timothy Crawford

E-Mail: timcrawford324@gmail.com

Date/Time: 2024-06-26 09:02 (Time Zone: -04:00)

Report Last Signed By

User: CRAWFORD324
Name: Timothy Crawford
E-Mail: timcrawford324@gmail.com

Date/Time: 2024-06-26 12:22 (Time Zone: -04:00)



## MONTHLY REPORT OF OPERATION LAGOON TYPE WASTEWATER TREATMENT PLANT

lame of Facility Permit Number IN0055794 Hubers Family Restaurant, Inc. Plant Design Flow Telephone Number Year 812/923-5255 2024 0.001 mgd January

E-mail address: State Form 53343 (R5 / 3-19) LJ@joehubers.com Certified Operator: Name Certificate Number Expiration Date V WW0131156 6/30/2025 Timothy L Crawford CHEMICALS **RAW SEWAGE** Total= Collection System Overflow USED Plants less than 1 MGD only Temperature (optional) Lbs/Day or Gal./Day Lbs/Day or Gal./Day recipitation - Inches Bypass At Plant Site mg/l Nater Temperture Phosphorus - mg/l Influent Flow Rate (if metered) MGD lbs Man-Hours at Plant mg/l "x" If Occurred) ("x" If Occurred) Solids -Susp. Solids -Chlorine - Lbs CBOD5 - mg/ Day Of Month lbs Day of Week Ammonia -CBOD5 -Susp. Hd Fill in December's effluent data on page 3 as necessary for correct Sat weekly average calculations. 31 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 Wed Average Maximum Minimum 0 0 0 0 0 0 0 0 0 0 0 0 0 No. of Data 0 repared 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 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.

Signature of principal executive officer or authorized agent

or attested by NetDMR subscriber agreement)

2024

# MONTHLY REPORT OF OPERATION LAGOON TYPE

WASTEWATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

Name of Facility	Permit Number	For Month Of:	Year
Hubers Family Restaurant, Inc.	IN0055794	January	2024

										 _		FINIAL	FFFII	IFAIT		
	CON	TROLLE	DISCHA	RGE	(#)			5	TERT	-		FINAL	EFFLU	JENI		
Day Of Month	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)	Primary Cell Sludge Depth (ft) Measure Annually in June			Primary Cell Effluent CBOD5 mg/l - Test Monthly	Ammonia - mg/l Test Weekly	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1 2	1010									murch						
3																
5																
7																
8 9																
10 11											-					
12 13																
14 15													7.5			1.75
16 17																
18																
20																
21 22																
23 24																
25 26																
27 28													7.8			1.94
29 30																
31 Avg.																1.8
Max. Min.													7. 7.			1.94
Daily N	Max ays abov	re 235										#NUM!			MI.	
Data	0	0	0 ajor repairs	0	0	0	0	0	0	0	0	0	2		0	2

## MONTHLY REPORT OF OPERATION LAGOON TYPE WASTEWATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

Name of Facility	Permit Number	For Month Of:	Year
Hubers Family Restaurant, Inc.	IN0055794	January	2024

-							FI	NAL EFI	FLUENT								
		FI	ow		В	OD	FI			ended S	olids		Amn	nonia		Oth	ner
S C C Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
29 F	Sat																
0110	J (11)																
1 1																	
2 1															District of the last		
3 v																	_
5 F																	
6 8																	
7 s	Sun																
8 1																	
9 т	Tue																
10 v	Ned																
-	Thu																
12 F	ri																
	Sat																
	Sun	4.0		-		00.00				00.00		2.00		20.00		-	
_	Mon	1.2		6		60.08		6		60.08		3.98		39.86		5	_
16 T	_																
2000	Ved																_
19 F	hu																
20 s			1.2		6		60.08		6		60.08		3.98		39.86		
21 s	_																
	Mon																
	ue																
24 v	Ved																
25 T	hu																
26 F	ri																
27 s																	
28 s	_	0.23		5		9.597		5		9.597		3.2		6.142		5	
29 м																	
30 T	_		0.00		-		0.507		-		0.507		2.0		6.140		
31 N	Ved	0.745	0.23	F.F.	5	24.04	9.597	F F	5	24.04	9.597	2.50	3.2	20	6.142	-	
Avg	-	0.715	1.2	5.5	6	34.84	60.00	5.5	6	34.84 60.08	60.08	3.59	3.98	23	30.96	5	
Max Min	$\dashv$	0.23	0.23	6 5	5	60.08 9.597	60.08 9.597	6	5	9.597	60.08 9.597	3.98	3.98	39.86		5	
		5.25	5.25		3	0.007	0.507	9	3	0.007	0.007	0.2	0.2	0.172	0.172	9	
Data	-	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0
/aid		2	- 4	2	2	2	4	4	4	2	- 2	2	2	- 4	- 4	2	0

	I otal Monthly Flow: (million gallons					
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Influent	0
			DESCRIPTION OF THE SECOND	TA MENTINE MARIE	Effluent	1.43
				A STATE OF THE STA	Percent Capa	city
					(influent flow/desi	gn)
Overall Treatment	NA	NA	NA	NA	1	

Page 3 of 3