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Permit			
Permit #:	INP000662	Permittee:	MANASEK ACQUISITION COMPANY, LLC
Major:	No	Permittee Address:	D/B/A/ WARNER BODIES 11700 N STATE RD 37 ELWOOD, IN 46036
Permitted Feature:	001 External Outfall	Discharge:	001-A TRUCK BODY WASH WATER - TO ELWOOD POTW
Facility:		Facility Location:	MANASEK ACQUISITION COMPANY, LLC D/B/A WARNER BODIES 11700 N SR 37 ELWOOD, IN 46036
Report Dates & Status			
Monitoring Period:	From 05/01/22 to 05/31/22	DMR Due Date:	06/28/22
Status:	NetDMR Validated		
Considerations for Form Completion			
REPORT SEMIANNUAL TTO ON 001-AS DMR FORM. PRETREATMENT MADISON COUNTY			
Principal Executive Officer			
First Name:	Brian	Title:	CFO
Last Name:	Lapp	Telephone:	765-551-1600
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	
X 00400	pH	1 - Effluent Gross	0	--	Sample						=	9.8				=	12.7	12 - SU	4	01/01 - Daily	GR - GRAB
					Permit Req.						>=	5.0 DAILY MN				<=	11.0 DAILY MX	12 - SU			
					Value NODI																
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample						<	0.01	<	0.01	19 - mg/L					01/30 - Monthly	GR - GRAB
					Permit Req.						<=	0.61 MO AVG	<=	0.61 DAILY MX	19 - mg/L						
					Value NODI																
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample						<	0.005	<	0.005	19 - mg/L					01/30 - Monthly	24 - COMP24
					Permit Req.						<=	2.38 MO AVG	<=	3.98 DAILY MX	19 - mg/L						
					Value NODI																
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample						<	0.002	<	0.002	19 - mg/L					01/30 - Monthly	24 - COMP24
					Permit Req.						<=	0.24 MO AVG	<=	0.24 DAILY MX	19 - mg/L						
					Value NODI																
X 01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample						=	3.2	=	4.0	19 - mg/L				2	02/30 - Twice Per Month	24 - COMP24
					Permit Req.						<=	1.48 MO AVG	<=	2.61 DAILY MX	19 - mg/L						
					Value NODI																
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample						<	0.002	<	0.002	19 - mg/L					01/30 - Monthly	24 - COMP24
					Permit Req.						<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L						
					Value NODI																
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample						<	0.005	<	0.005	19 - mg/L					01/30 - Monthly	24 - COMP24
					Permit Req.						<=	0.43 MO AVG	<=	0.69 DAILY MX	19 - mg/L						
					Value NODI																
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample						=	0.0093	=	0.0093	19 - mg/L					01/30 - Monthly	24 - COMP24
					Permit Req.						<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L						
					Value NODI																
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample						=	0.022	=	0.022	19 - mg/L					01/30 - Monthly	24 - COMP24
					Permit Req.						<=	1.32 MO AVG	<=	1.32 DAILY MX	19 - mg/L						
					Value NODI																
					Sample	=	0.00018	=	0.00058	03 - MGD								01/01 - Daily	TM - TOTALZ		

50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Permit Req. Value NODI	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD										01/01 - Daily	TM - TOTALZ
-------	--	--------------------	---	----	---------------------------	----------------	------------------	----------	--	--	--	--	--	--	--	--	--	---------------	-------------

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	Type	Description	Acknowledge
Code	Name					
00400	pH	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
01094	Zinc, total recoverable	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
01094	Zinc, total recoverable	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

Comments

Attachments

Name	Type	Size
INP000662_NCR.pdf	pdf	215021.0
INP000662_001_MMR_2022_05.pdf	pdf	123580.0

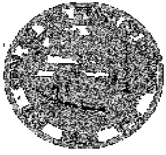
Report Last Saved By

MANASEK ACQUISITION COMPANY, LLC

User: TCHAPPELOW
 Name: Tessah Chappelow
 E-Mail: tchappelow@augustmack.com
 Date/Time: 2022-08-02 07:59 (Time Zone: -04:00)

Report Last Signed By

User: BWLAPP99
 Name: Brian Lapp
 E-Mail: compliance@warnerbodies.com
 Date/Time: 2024-07-01 12:27 (Time Zone: -04:00)



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:
 Warner Bodies
 1699 South 8th St
 Noblesville, IN 46060

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
 THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
 28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

E-mail address: blapp@warnerbodies.com

I	N	P	0	0	0	6	6	2
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	5	2	2
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH	CYANIDE		NICKEL		SILVER	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C00720	Q	C01074	Q	C01079
SAMPLE TYPE	Permit Condition	TOTALZ	GRAB	NA	GRAB	NA	COMP24	NA	COMP24
	Monitored	TOTALZ	GRAB	NA	GRAB	NA	COMP24	NA	COMP24
FREQUENCY	Permit Condition	DAILY	DAILY	NA	MONTHLY	NA	MONTHLY	NA	MONTHLY
	Monitored	DAILY	DAILY	NA	*	NA	MONTHLY	NA	MONTHLY
EFFLUENT LIMITATIONS	Permit Minimum	NA	5.0	NA	NA	NA	NA	NA	NA
	Permit Average	REPORT	NA	NA	0.61	NA	2.38	NA	0.24
	Permit Maximum	REPORT	11.0	NA	0.61	NA	3.98	NA	0.24
UNITS =		MGD	pH	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L

Sun	1	0.00000	No Flow		<		<		<
Mon	2	0.00036	12.4	0.00	0.01	0.00	0.005	0.00	0.002
Tue	3	0.00014	10.5						
Wed	4	0.00014	10.5						
Thu	5	0.00029	10.5						
Fri	6	0.00006	10.6						
Sat	7	0.00000	No Flow						
Sun	8	0.00000	No Flow						
Mon	9	0.00022	10.5						
Tue	10	0.00034	10.6						
Wed	11	0.00024	10.6						
Thu	12	0.00014	10.7						
Fri	13	0.00006	10.5						
Sat	14	0.00000	No Flow						
Sun	15	0.00000	No Flow						
Mon	16	0.00043	10.5						
Tue	17	0.00024	10.0						
Wed	18	0.00016	9.8						
Thu	19	0.00023	12.7						
Fri	20	0.00019	12.6						
Sat	21	0.00000	No Flow						
Sun	22	0.00000	No Flow						
Mon	23	0.00036	12.4						
Tue	24	0.00035	10.6						
Wed	25	0.00058	10.6						
Thu	26	0.00044	10.6						
Fri	27	0.00017	10.5						
Sat	28	0.00000	No Flow						
Sun	29	0.00000	No Flow						
Mon	30	0.00000	No Flow						
Tue	31	0.00051	10.5						

MONTHLY AVERAGE	0.00018	10.9	0.00	<0.01	0.00	<0.005	0.00	<0.002
HIGHEST VALUE	0.00058	12.7	0.00	<0.01	0.00	<0.005	0.00	<0.002
LOWEST VALUE	0.00000	9.8	0.00	<0.01	0.00	<0.005	0.00	<0.002
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		4						

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 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.	Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
	Justen Stutz		05.28.2022
	Preparer's telephone number	Operator's certification number	
317.916.8000		WW020696	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
Brian Lapp		06.28.2022	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Warner Bodies
1699 South 8th St
Noblesville, IN 46060

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	6	2
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	5	2	2
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		ZINC		CADMIUM		LEAD		CHROMIUM	
EFFLUENT PARAMETER NUMBER		Q	C01094	Q	C01113	Q	C01114	Q	C01118
SAMPLE TYPE	Permit Condition	NA	COMP24	NA	COMP24	NA	COMP24	NA	COMP24
	Monitored	NA	COMP24	NA	COMP24	NA	COMP24	NA	COMP24
FREQUENCY	Permit Condition	NA	2X MONTHLY	NA	MONTHLY	NA	MONTHLY	NA	MONTHLY
	Monitored	NA	2X MONTHLY	NA	MONTHLY	NA	MONTHLY	NA	MONTHLY
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA	NA	NA	NA	NA
	Permit Average	NA	1.48	NA	0.07	NA	0.43	NA	1.71
	Permit Maximum	NA	2.61	NA	0.11	NA	0.69	NA	2.77
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Sun 1	1			<		<		
	Mon 2	0.005	1.8	0.00	0.002	0.00	0.005	0.00	0.0093
	Tue 3	0.005	4.0						
	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	0.005	3.7						
	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								
MONTHLY AVERAGE		0.005	3.2	0.00	<0.002	0.00	<0.005	0.00	0.0093
HIGHEST VALUE		0.005	4.0	0.00	<0.002	0.00	<0.005	0.00	0.0093
LOWEST VALUE		0.005	1.8	0.00	<0.002	0.00	<0.005	0.00	0.0093
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			2						

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.	Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
	Justen Stutz		05.28.2022
	Preparer's telephone number		Operator's certification number
317-916-8000		WW020696	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)			Date (month, day, year)
Brian Lapp			06.28.2022



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Warner Bodies
1699 South 8th St
Noblesville, IN 46060

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	6	2
PERMIT NUMBER								

0	0	0	1
OUTFALL NO.			

0	5	2	2
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		COPPER		TTO	
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78224
SAMPLE TYPE	Permit Condition	NA	COMP24	NA	GRAB
	Monitored	NA	COMP24	NA	GRAB
FREQUENCY	Permit Condition	NA	MONTHLY	NA	SEMI-ANNUAL
	Monitored	NA	MONTHLY	NA	SEMI-ANNUAL
EFFLUENT LIMITATIONS	Permit Minimum	NA	NA	NA	NA
	Permit Average	NA	1.32	NA	NA
	Permit Maximum	NA	1.32	NA	2.13
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L
	Sun	1			
	Mon	2	0.000	0.022	
	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			
MONTHLY AVERAGE		0.000	0.022		
HIGHEST VALUE		0.000	0.022		
LOWEST VALUE		0.000	0.022		
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED					

<p>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.</p>	Prepared by or under the direction of (Certified Operator): Justen Stutz	Date (month, day, year) 05.28.2022
	Preparer's telephone number 317-916-8000	Operator's certification number WW020696
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Brian Lapp	Date (month, day, year) 06.28.2022



NONCOMPLIANCE 24-HOUR NOTIFICATION REPORT

State Form 52415 (R / 10-13)
Indiana Department of Environmental Management
Office of Water Quality

INSTRUCTIONS: Complete all sections of this form and email it to Office of Water Quality, Compliance Data Section at wwreports@idem.IN.gov. Thorough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Additionally, any **noncompliance which may pose a significant danger to human health or the environment (including a fish kill) must be immediately reported** to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

FACILITY INFORMATION		
Facility Name Manasek Acquisition Company, LLC d/b/a Warner Bodies	County Madison	NPDES Permit Number INP000662
Individual Reporting Tessah Chappelow	Telephone Number 317-916-3142	Reporting Date (month, day, year) 06/28/2022
Email Address tchappelow@augustmack.com		

NONCOMPLIANCE INFORMATION				
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value
05/2022	001	Zinc	Zinc Monthly Average: 1.48 mg/l	Average: 3.2 mg/l
May 02 19 20 23	001	pH	ph Daily Max: 11.0	12.4 mg/l 12.7 mg/l 12.6 mg/l 12.4 mg/l

Description of the Noncompliance and its Cause:
Zinc exceeded effluent limitations due to hydroxide precipitation issues with current system.

pH value was above 11.0 on May 02, 19, 20, 23

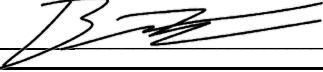
Description of the Period of Noncompliance, Including Exact Dates and Time, and if the Noncompliance has not been Corrected, the Anticipated Time it is Expected to Continue:
For the month of May, zinc exceeded the monthly average effluent limitations due to hydroxide precipitation issues with current system.

Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance:
August Mack is supporting Warner Bodies in assessing and modifying their existing hydroxide precipitation system to reduce zinc concentrations to meet permit limits in accordance with their additional action plan dated 5/18/21. Warner bodies has procured and will assess performance of smaller micron bag filter's ability to improve effluent water quality in the month of June. Current bag filter pore size is 25-um and bag filters pore sizes ranging from 0.5-um to 10-um will be tested

CERTIFICATION AND SIGNATURE

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.

SIGNATURE: _____



DATE (month, day, year): 6/13/2022