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<b>Permit</b>	
<b>Permit #:</b> IN0003361	<b>Permittee:</b> CARGILL, INC.
<b>Major:</b> No	<b>Permittee Address:</b> 1502 WABASH AVE 1502 WABASH AVENUE LAFAYETTE, IN 479051066
<b>Permitted Feature:</b> 001 External Outfall	<b>Discharge:</b> 001-A N-C COOLING, BOILER, BACKWASH
<b>Facility:</b> CARGILL INC	<b>Facility Location:</b> 1503 WABASH AVE 1502 WABASH AVENUE LAFAYETTE, IN 479051066

<b>Report Dates &amp; Status</b>			
<b>Monitoring Period:</b> From 04/01/23 to 04/30/23	<b>DMR Due Date:</b> 05/28/23	<b>Status:</b>	<b>NetDMR Validated</b>

**Considerations for Form Completion**  
INDUSTRIAL MINOR LAFAYETTE, TIPPECANOE COUNTY

<b>Principal Executive Officer</b>			
<b>First Name:</b> Adam	<b>Title:</b> Plant Superintendent	<b>Telephone:</b> 765-420-6612	
<b>Last Name:</b> Hudson			

**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
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample						=	22.0	=	22.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.							Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI														
00400	pH	1 - Effluent Gross	0	--	Sample					=	8.34		=	8.34	12 - SU	0	01/30 - Monthly	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN		<=	9.0 DAILY MX		12 - SU	01/30 - Monthly	GR - GRAB
					Value NODI														
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample						=	40.0	=	40.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.							Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI														
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample						=	5.3	=	5.3	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.						<=	10.0 MO AVG	<=	15.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.0413	=	0.0413	03 - MGD						0	01/30 - Monthly	TM - TOTALZ	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							01/30 - Monthly	TM - TOTALZ	
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample						<	0.02	<	0.02	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.						<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI														
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	1.239	80 - Mgal/mo						0	01/30 - Monthly	RT - RCOTOT	
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo							01/30 - Monthly	RT - RCOTOT	
					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**  
Per IDEM's 4/3/2024 request, added estimated discharge flows for April-2023 based upon the average daily flows in Jan-2023, Feb-2023, Mar-2023, Sept-2023, Oct-2023 and Nov-2023.

**Attachments**

Name	Type	Size
Special_Report_Attached.pdf	pdf	66250.0
IN0003361_001A_MMR_04_2023_2.pdf	pdf	124927.0
IN0003361_001A_MMR_04_2023.pdf	pdf	122181.0
IN0003361_001A_MMR_04_2023_revision.pdf	pdf	153183.0
IN0003361_001A_MMR_04_2023_2_revision.pdf	pdf	63929.0

**Report Last Saved By****CARGILL, INC.**

User: CHRISFOSTER1  
Name: Christopher Foster  
E-Mail: chris\_foster@cargill.com  
Date/Time: 2024-04-26 11:23 (Time Zone: -04:00)

**Report Last Signed By**

User: ADAMHUDSON  
Name: Adam Hudson  
E-Mail: adam\_hudson@cargill.com  
Date/Time: 2024-07-03 13:01 (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:  
 Cargill, Inc  
 1502 Wabash Avenue  
 Lafayette, IN 47905

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: adam\_hudson@cargill.com

1	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	3
MO.		YR.	

No Discharge   
 This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		BOD		TSS		Oil and Grease	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C	Q	C	Q	C
SAMPLE TYPE	Permit Condition									
	Monitored									
FREQUENCY	Permit Condition									
	Monitored									
EFFLUENT LIMITATIONS	Permit Minimum									
	Permit Average									
	Permit Maximum									
UNITS =		MGD	HI	LOW	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			8.34		22		40		5.3
	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						22		40		5.3
HIGHEST VALUE				8.34		22		40		5.3
LOWEST VALUE				8.34		22		40		5.3
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										
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 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)
	Adam Hudson		5/11/2023
	Preparer's telephone number	Operator's certification number	
	765-420-6612		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
Adam Hudson		5/11/2023	



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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	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	3
MO.		YR.	

No Discharge   
 This is a revised submittal

EFFLUENT CHARACTERISTICS		TRC							
EFFLUENT PARAMETER NUMBER		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		0.02						
	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			0.02						
HIGHEST VALUE			0.02						
LOWEST VALUE			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 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)
	Adam Hudson		5/11/2023
	Preparer's telephone number		Operator's certification number
765-420-6612			
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)			Date (month, day, year)
Adam Hudson			5/11/2023



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I	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	3
MO.		YR.	

No Discharge   
 This is a revised submittal

EFFLUENT CHARACTERISTICS		TRC							
EFFLUENT PARAMETER NUMBER		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	0.00689297	0.02						
	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		0.00689297	0.02						
HIGHEST VALUE		0.00689297	0.02						
LOWEST VALUE		0.00689297	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 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): Adam Hudson		Date (month, day, year) 4/26/2024
Preparer's telephone number 765-420-6612	Operator's certification number	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Adam Hudson		Date (month, day, year) 4/26/2024



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

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1	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	4	2	3
MO.		YR.	

No Discharge   
 This is a revised submittal

EFFLUENT CHARACTERISTICS		FLOW	pH		BOD		TSS		Oil and Grease	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C	Q	C	Q	C	
SAMPLE TYPE	Permit Condition									
	Monitored									
FREQUENCY	Permit Condition									
	Monitored									
EFFLUENT LIMITATIONS	Permit Minimum									
	Permit Average									
	Permit Maximum									
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Sat	1 0.0413								
	Sun	2 0.0413								
	Mon	3 0.0413								
	Tue	4 0.0413								
	Wed	5 0.0413								
	Thu	6 0.0413								
	Fri	7 0.0413	8.34		7.582267	22	13.78594	40	1.82663705	5.3
	Sat	8 0.0413								
	Sun	9 0.0413								
	Mon	10 0.0413								
	Tue	11 0.0413								
	Wed	12 0.0413								
	Thu	13 0.0413								
	Fri	14 0.0413								
	Sat	15 0.0413								
	Sun	16 0.0413								
	Mon	17 0.0413								
	Tue	18 0.0413								
	Wed	19 0.0413								
	Thu	20 0.0413								
	Fri	21 0.0413								
	Sat	22 0.0413								
	Sun	23 0.0413								
	Mon	24 0.0413								
	Tue	25 0.0413								
	Wed	26 0.0413								
	Thu	27 0.0413								
	Fri	28 0.0413								
	Sat	29 0.0413								
	Sun	30 0.0413								
MONTHLY AVERAGE		0.0413			7.582267	22	13.78594	40	1.82663705	5.3
HIGHEST VALUE		0.0413	8.34		7.582267	22	13.78594	40	1.82663705	5.3
LOWEST VALUE		0.0413	8.34		7.582267	22	13.78594	40	1.82663705	5.3
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										
TOTAL FLOW		1.239								

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.

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Adam Hudson		4/26/2024
Preparer's telephone number	Operator's certification number	
765-420-6612		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Adam Hudson		4/26/2024



On Monday, May 1<sup>st</sup> we had a vacuum/water jet company on site to perform work in the loadout area. They needed to park near the power pole where the panel for 001A outfall meter was housed. The driver backed up too far and damaged the panel. It was not repairable and lost all data for April 2023 that would have been transferred later that day. We ordered a new meter immediately and it's estimated to delivery the week of May 22<sup>nd</sup>. Our Electrician will install when it arrives. The new meter data will tie into our network and can be transferred daily.

Regards,

Luan Isaacs

EHS Specialist

Cargill, Inc.

Lafayette, IN