DMR Copy of Record

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the <a href="https://www.npde.com/npack-need-to-the-

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit Permit #: IN0003361 Permittee: CARGILL, INC. Facility: **CARGILL INC** Major: No **Permittee Address:** 1502 WABASH AVE **Facility Location:** 1503 WABASH AVE 1502 WABASH AVENUE 1502 WABASH AVENUE LAFAYETTE, IN 479051066 LAFAYETTE, IN 479051066 Permitted Feature: Discharge: External Outfall N-C COOLING, BOILER, BACKWASH Report Dates & Status **DMR Due Date:** Status: **Monitoring Period:** From 06/01/23 to 06/30/23 07/28/23 **NetDMR Validated** Considerations for Form Completion INDUSTRIAL MINOR LAFAYETTE, TIPPECANOE COUNTY **Principal Executive Officer** Title: 765-420-6612 **First Name:** Adam Plant Superintendent Telephone: **Last Name:** Hudson

No Data Indicator (NODI)
Form NODI:

	Parameter	Monitoring Location	Season #	# Param. NODI				Quantity or Lo	oading					<b>Quality or Concent</b>	ration		;	# of Ex	c. Frequency of Analysis	s Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
					Sample								=	8.0	=	8.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
	_ ==, = ==, ===========================				Value NODI															
					Sample						=	8.31			=	8.31	12 - SU		01/30 - Monthly	GR - GRAB
00400	рН	1 - Effluent Gross	0		Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/30 - Monthly	GR - GRAB
00100	<b>P</b>	1 Emdon Grood			Value NODI													J		
					Sample								=	75.0	=	75.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
00000	Contact Casponaca				Value NODI													Ū		
					Sample								<	5.0	<	5.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0		Permit Req.								<=	10.0 MO AVG	<=	15.0 DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
00002	on and glouds, notane out money				Value NODI													Ü		
					Sample	= (	0.0413	=	0.0413	03 - MGD									01/30 - Monthly	TM - TOTALZ
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG	MO AVG Req Mon DAILY MX	03 - MGD							0	0	01/30 - Monthly	TM - TOTALZ	
00000	riow, in conduit of this treatment plant	1 Emdon Gross			Value NODI													0		
					Sample								<	0.02	<	0.02	19 - mg/L		01/30 - Monthly	GR - GRAB
50060	Chlorine, total residual	1 - Effluent Gross	0		Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
00000	omorme, total residual	1 Emdon Grood			Value NODI													Ü		
					Sample			=	1.239	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
82220	Flow, total	1 - Effluent Gross	0		Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								Ω	01/30 - Monthly	RT - RCOTOT
02220	ozzzo riow, total	i - Elliuent Gross	U		Value NODI													U		

#### 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 June-2023 based upon the average daily flows in Jan-2023, Feb-2023, Mar-2023, Sept-2023, Oct-2023 and Nov-2023.

Attachments		
Name	Туре	Size
Special_Report_Attached_06_2023.pdf	pdf	26772.0
IN0003361_MMR_001A_06_2023_2.pdf	pdf	280185.0
IN0003361_MMR_001A_06_2023.pdf	pdf	267908.0
IN0003361_MMR_001A_06_2023_revision.pdf	pdf	167964.0
IN0003361_MMR_001A_06_2023_2_revision.pdf	pdf	66475.0

Report Last Saved By

CARGILL, INC.

User: CHRISFOSTER1
Name: Christopher Foster
E-Mail: chris\_foster@cargill.com

Date/Time: 2024-04-26 11:42 (Time Zone: -04:00)

Report Last Signed By

User: ADAMHUDSON Name: Adam Hudson

E-Mail: adam\_hudson@cargill.com

Date/Time: 2024-07-03 13:00 (Time Zone: -04:00)



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 0 0 ō 3 3 6 0 6 3 n PERMIT NUMBER OUTFALL NO No Discharge This is a revised submittal EFFLUENT CHARACTERISTICS FLOW BOD TSS Oil and Grease рН **EFFLUENT PARAMETER NUMBER** Q50050 C00400 Q Q C 0 lc SAMPLE TYPE Permit Condition 24 Hr. Total **GRAB GRAB GRAB GRAB** GRAB **GRAB GRAB** Monitored 24 Hr. Total **GRAB GRAB GRAB GRAB** GRAB **GRAB GRAB** FREQUENCY 1 X Monthly **Permit Condition** 1 X Monthly Monitored 0 X Monthly 1 X Monthly **EFFLUENT** Permit Minimum 6.0 10.00 LIMITATIONS Permit Average 9.0 Permit Maximum 15.00 UNITS = MGD HI LOW LB/DAY MG/L LB/DAY MG/L LB/DAY MG/I Thu 75 2 8.31 8 5 Fri 3 Sat Sun 4 Mon 6 Tue Wed Thu 8 9 Fri Sat 10 Sun 11 Mon 12 Tue 13 Wed 14 Thu 15 16 Fri Sat 17 18 Sun 19 Mon 20 Tue 21 Wed Thu 22 23 Fri Sat 24 25 Sun 26 Mon Tue 27 Wed 28 Thu 29 Fri 30 MONTHLY AVERAGE 75 5 8 HIGHEST VALUE 8.31 8 75 5 LOWEST VALUE 8.31 8 75 5 NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED **TOTAL FLOW** Prepared by or under the direction of (Certified Operator): Date (month, day, year) certify under penalty of law that this document and all attachments 7/20/2023 Adam Hudson were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly Operator's certification number Preparer's telephone number and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly 765-420-6612 N/A responsible for gathering the information, the information submitted Signature of principal executive officer or authorized agent Date (month, day, year) is to the best of my knowledge and belief, true, accurate, and (or attested by NetDMR subscriber agreement) complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and 7/20/2023 Adam Hudson imprisonment for knowing violations.



Indiana Discharge Monitoring Report State Form 30530 (R3 / 3-14) FACILITY NAME AND ADDRESS:

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Mail To:

Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42

100 North Senate Avenue

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	Monitored	1 X Monthly	1 X Mon	ithly											
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Indiana Discharge Monitoring Report
State Form 30530 (R3 / 3-14)
FACILITY NAME AND ADDRESS:

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100 North Senate Avenue Indianapolis, Indiana 46204-2251

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Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

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Mail To:

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Office of Water Quality, Mail Code 65-42

100 North Senate Avenue Indianapolis, Indiana 46204-2251

E-mail address: adam\_hudson@cargill.com

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July 20, 2023

Subject: Cargill Lafayette, IN June-2023 NPDES DMR Special Report

As previously reported in Cargill's April-2023 and May-2023 NPDES DMR Special Reports, the Cargill Lafayette, IN facility's NPDES Outfall 001A flow meter panel was damaged beyond repair on May 1, 2023 when a truck inadvertently backed into the flow meter's control / data recording panel.

This damage to Cargill's NPDES Outfall 001A flow meter panel caused Cargill to have no reportable Outfall 001A flow data for June-2023.

A new flow monitoring system for Outfall 001A has been installed and is in the process of being commissioned.

If you should have any questions or comments regarding this, please contact Adam Hudson at 309-827-7143 or <u>adam\_hudson@cargill.com</u>.

Thank you.

Adam Hudson

Adam Hudson Plant Superintendent