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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(l)(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
Major:	No
Permitted Feature:	001 External Outfall
Permittee:	CARGILL, INC.
Permittee Address:	1502 WABASH AVE 1502 WABASH AVENUE LAFAYETTE, IN 479051066
Discharge:	001-A N-C COOLING, BOILER, BACKWASH
Facility:	CARGILL INC
Facility Location:	1503 WABASH AVE 1502 WABASH AVENUE LAFAYETTE, IN 479051066

Report Dates & Status			
Monitoring Period:	From 06/01/23 to 06/30/23	DMR Due Date:	07/28/23
Status:	NetDMR Validated		

Considerations for Form Completion
INDUSTRIAL MINOR LAFAYETTE, TIPPECANOE COUNTY

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

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						=	8.0	=	8.0	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					=	8.31			=	8.31	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						=	75.0	=	75.0	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						<	5.0	<	5.0	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 June-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_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)



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

I	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	6	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	24 Hr. Total	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
	Monitored	24 Hr. Total	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	Permit Condition	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly
	Monitored	0 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average									10.00
	Permit Maximum		9.0							15.00
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Thu 1									
	Fri 2			8.31		8		75		5
	Sat 3									
	Sun 4									
	Mon 5									
	Tue 6									
	Wed 7									
	Thu 8									
	Fri 9									
	Sat 10									
	Sun 11									
	Mon 12									
	Tue 13									
	Wed 14									
	Thu 15									
	Fri 16									
	Sat 17									
	Sun 18									
	Mon 19									
	Tue 20									
	Wed 21									
	Thu 22									
	Fri 23									
	Sat 24									
	Sun 25									
	Mon 26									
	Tue 27									
	Wed 28									
	Thu 29									
	Fri 30									
MONTHLY AVERAGE						8		75		5
HIGHEST VALUE				8.31		8		75		5
LOWEST VALUE				8.31		8		75		5
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED				0		0		0		0
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		7/20/2023
Preparer's telephone number	Operator's certification number	
765-420-6612	N/A	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Adam Hudson		7/20/2023



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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	6	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	GRAB	GRAB						
	Monitored	GRAB	GRAB						
FREQUENCY	Permit Condition	1 X Monthly	1 X Monthly						
	Monitored	1 X Monthly	1 X Monthly						
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average		0.06						
	Permit Maximum		0.06						
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Thu	1							
	Fri	2	0.02						
	Sat	3							
	Sun	4							
	Mon	5							
	Tue	6							
	Wed	7							
	Thu	8							
	Fri	9							
	Sat	10							
	Sun	11							
	Mon	12							
	Tue	13							
	Wed	14							
	Thu	15							
	Fri	16							
	Sat	17							
	Sun	18							
	Mon	19							
	Tue	20							
	Wed	21							
	Thu	22							
	Fri	23							
	Sat	24							
	Sun	25							
	Mon	26							
	Tue	27							
	Wed	28							
	Thu	29							
	Fri	30							
MONTHLY AVERAGE			0.02						
HIGHEST VALUE			0.02						
LOWEST VALUE			0.02						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			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 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	7/20/2023
	Preparer's telephone number	Operator's certification number
765-420-6612	N/A	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
Adam Hudson	7/20/2023	



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 Indianapolis, Indiana 46204-2251

I	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	6	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	GRAB	GRAB						
	Monitored	GRAB	GRAB						
FREQUENCY	Permit Condition	1 X Monthly	1 X Monthly						
	Monitored	1 X Monthly	1 X Monthly						
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average		0.06						
	Permit Maximum		0.06						
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Thu 1								
	Fri 2	0.00689297	0.02						
	Sat 3								
	Sun 4								
	Mon 5								
	Tue 6								
	Wed 7								
	Thu 8								
	Fri 9								
	Sat 10								
	Sun 11								
	Mon 12								
	Tue 13								
	Wed 14								
	Thu 15								
	Fri 16								
	Sat 17								
	Sun 18								
	Mon 19								
	Tue 20								
	Wed 21								
	Thu 22								
	Fri 23								
	Sat 24								
	Sun 25								
	Mon 26								
	Tue 27								
	Wed 28								
	Thu 29								
	Fri 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			0						

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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 N/A	
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

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

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100 North Senate Avenue
Indianapolis, Indiana 46204-2251

E-mail address: adam_hudson@cargill.com

I	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	6	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	24 Hr. Total	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
	Monitored	24 Hr. Total	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	Permit Condition	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly
	Monitored	30 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly	1 X Monthly
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average									10.00
	Permit Maximum		9.0							15.00
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
Thu	1	0.0413								
Fri	2	0.0413	8.31		2.757188	8	25.8486375	75	1.7232425	5
Sat	3	0.0413								
Sun	4	0.0413								
Mon	5	0.0413								
Tue	6	0.0413								
Wed	7	0.0413								
Thu	8	0.0413								
Fri	9	0.0413								
Sat	10	0.0413								
Sun	11	0.0413								
Mon	12	0.0413								
Tue	13	0.0413								
Wed	14	0.0413								
Thu	15	0.0413								
Fri	16	0.0413								
Sat	17	0.0413								
Sun	18	0.0413								
Mon	19	0.0413								
Tue	20	0.0413								
Wed	21	0.0413								
Thu	22	0.0413								
Fri	23	0.0413								
Sat	24	0.0413								
Sun	25	0.0413								
Mon	26	0.0413								
Tue	27	0.0413								
Wed	28	0.0413								
Thu	29	0.0413								
Fri	30	0.0413								
MONTHLY AVERAGE		0.0413			2.757188	8	25.8486375	75	1.7232425	5
HIGHEST VALUE		0.0413	8.31		2.757188	8	25.8486375	75	1.7232425	5
LOWEST VALUE		0.0413	8.31		2.757188	8	25.8486375	75	1.7232425	5
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0			0		0		0
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.

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



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 adam_hudson@cargill.com.

Thank you.

Adam Hudson

Adam Hudson
Plant Superintendent